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IS THERE LIFE WITHOUT MOTHER?

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Clinical and literary materials are presented to illustrate the compulsive need some children (frequently abused and/or deprived ones) continue to feel as they grow up for submission to and identification with the earliest parental figure. Intrapsychic loss is threatened by intense murderous hatred felt toward a parent without whom the child's survival is not possible. Conflicts over sadomasochistic fantasy, feeling, and action are used to hold on to the parent within and without the mind, and these can dominate the child's life.

INTRODUCTION

I have observed that my most resistant patients—the ones who cling hardest to their pathology and resist change (they are not necessarily the sickest patients)—are those who are inordinately obsessed with clinging psychically to their parents. We all start out with an absolute dependence on our parents with whom we identify in earliest childhood to form a core of our own identity. In this sense, there was once a time for all of us when there was no life without mother. But I am referring to adults who on some level of their mental functioning are still living out an inordinately close attachment to parents—in part by identifying with them, in part by compulsively submitting to or defying them (defying means negative submission). Others aside from parents tend not to count much for these essentially, but not necessarily obviously, childlike narcissists. They are terrified of losing their parents because of conscious and unconscious murderous hatred to-

ward them. Some of these people have had bad parents (e.g., psychotic, psychopathic, sadistic, deficient, or absent ones), and childhoods that featured abuse and neglect which obviously evoked rage. But for others, there is no obvious explanation: are they born with a surfeit of aggression?

I feel that hate and aggression are part of human nature as well as the product of the inevitable frustrations involved in growing up. The human dilemma stemming from early childhood, to want to get rid of the very parents we feel we cannot live without, is a burden for all of us that is never completely transcended. I am telling the reader something he or she already knows, but the question, "Is there life without mother?" evokes anxiety that can make therapists as well as patients uncomfortable. This is illustrated by a slip in a flyer advertising my giving a version of this paper in New York City, which reads: "Is There Life without Mother?" by Leonard Shengold, author of *Soul MOTHER* and *Soul MOTHER Revisited*. The slip epitomizes my theme: the need to hold on to mother has resulted in *mother* replacing *murder*.

CLINICAL VIGNETTE

An accomplished, intelligent, and educated man in his middle thirties had achieved success and status in an important profession. In his work, he was regarded as a "somebody," a decisive person who could adaptively wield what looked like self-confidence or even arrogance that seemed to justify the impression he made on others. But in his mind, he "felt like a nobody. I should have come for treatment years ago." He had found it hard to maintain meaningful relationships, despite having many admirers and acquaintances whom he called friends. What bothered him most was not having been able to sustain a long-term bond with a woman.

At first, he seemed more motivated by the fear that some deficiency might be noticed by others, rather than by feeling any great distress about not being able to love. I felt he had retreated to characteristic regressive, narcissistic defense—an automatic distancing of

caring about others. His descriptions of his emotions seemed intellectualized. He was good-looking and could be charming; his being able to act and even feel (with what seemed to be convincing honesty and disarming charm) *as if* he didn't care gave him a kind of Byronic appeal that had fascinated many people of both sexes.

But his insouciance was deceptive. In the analysis, the patient soon revealed how tormented he could become if he felt unloved or unvalued by his parents and those few whom he cast in their roles. This was most intense in relation to his disturbed and unhappy mother. She had been alternatively overseductive and neglectful. He hated and yet idealized and longed for her. He consciously shared his mother's devaluating opinions of his father, whom she had divorced when the patient was five. He was initially unaware of the strength of his emotional and passive sexual longings for a loving father strong enough to rescue him from his dominating mother.

When he started analysis, the patient was in the habit of making a daily phone call to his mother, rationalized as intended to keep her happy. He traveled frequently, but any separation from her was dreaded. It took many years for him to be able to work responsibly on his emotional dependence on his mother and father as this came into focus onto me, but unacknowledged and intense reactions to separation were apparent from the very beginning.

The patient had lived what looked like an exciting and varied social and sexual life, but there had been no long-term sexual partners. He was also wont to play with bisexuality and sadomasochism. He presented this as a kind of pleasurable sampling, but it turned out to screen—primarily from himself—a compulsion to be polyperverse, expressing the wish to be and to have everything. The unconscious injunction from his conscience was to be faithful only to his overindulgent and seductive, but capricious and intermittently cruelly rejecting, mother. (I omit many details here.)

An incident from childhood burned in his memory. His mother had been obsessed by a fear that his genitals were too small. He remembered repeated embarrassing references to this in family conversations. His mother had frequently asked his pediatrician about it in the boy's presence, and once the doctor had laughed and told her

to stop asking because "there is nothing to worry about." The phrase had not reassured him; the "nothing" had rankled.

The patient went on to tell me his associated phosphorescent memory. His mother had undressed him one night when he was five, the age at which his father had been banished. She had "looked hard" at his genitals, sighed deeply, and said, "You have *nothing* down there!" He could still feel the terrible combination of fear, rage, and humiliation that had overwhelmed him. His tears made her angry, and she left the room. He began to cry again in the session as he quoted her words. (Lewin [1948] indicated that "nothing" can refer to the female genital.) As a man, he was still preoccupied with the idea that his testicles were too small; no reassurance from physicians or sexual partners could dispel this belief more than transiently. He realized that others were being realistic, but the obsession still persisted. (This is what I have called a "quasi-delusion" [Shengold 1995].)

A specific inhibiting difficulty was revealed early in the treatment. In the course of his work, the patient occasionally needed to travel. His leaving caused great anxiety. He felt compelled to call his mother from airports and train stations when departing. He had only in recent years moved from the grand family home of his mother to his own bachelor apartment, and he still frequently went "home" for his mother's meals, often sleeping overnight in his old bedroom. He almost always went there when he felt ill. In fact, he said, he couldn't shake the ridiculous idea that without his mother's nursing, he couldn't get well. He craved the magic promise of her presence rather than any actual nursing she might provide. Even when the illness was only a bad cold, he felt compelled to at least phone and tell her about it.

I think it was after this confession that he first asked (with some humor, which I felt was an encouraging sign), "Is there life without mother?"—a question to be often repeated, eventually with great anguish. In the periods dominated by these anxiety-ridden expectations, he would seriously wonder if life were possible without mother. An automatic, unconscious, negative answer to this question was obviously evoked by the intense anxiety associated with the prospect of separation from her. He realized this intellectually long before he could accept and own it emotionally.

My vacations, cancellations, and even weekend separations were at first treated "as if" they didn't count, although it was obvious to me that the patient cared. He began to report transient emotional reactions, waved away by what seemed to be an almost magical mantra: "I don't accept that."

Fairly late in the analysis, he said to me after I had announced plans for my summer holiday, "I've just realized that whenever you've told me you're going away, I've been unable to believe that you really would do it. Isn't that amazing? Not believing was automatically there, and," he repeated, "I've just realized it." This was the beginning of his conscious, responsible awareness that what he had in passing typically called his "disbelief" was actually his nonacceptance of a forthcoming reality. "I don't accept that" was the way he had dealt with many traumatic happenings of the past and present. I had previously interpreted this many times, with little effect. He had to feel it for himself and to own it.

The triangular relationship with mother and father featured the patient's conflicts over wishes to murder, rape, and passively submit sexually to both of them. He was eventually able to work on this, especially by way of transference onto me. By that time, despite a few significant regressive occasions, he had begun to establish within and without his mind that there *could* be life without mother. He could "accept" this possibility and be left only with the more ordinary difficulties most of us have with it. He left the analysis with great trepidation about whether there would be life without *me,* but from what I have since heard from and about him over a period of many years, he seems to have maintained his gains. He has been able to marry and father children.

In retrospect, the patient's decision to start analysis can be viewed as a crucially important first step—one taken on his own on the path toward a separate and more authentic identity. I feel that he has become a qualitatively different and more human person, with more meaningful (less *as-if)* relationships, especially with his wife, and most fully with his children. His need for narcissistic defense and merger with a primal parent was reduced toward a more ordinary and wavering intensity. He acquired the ability to accept and feel his hatred

toward both parents, *alongside* his love and need for love from them. This allowed for periods of sustained caring that could even sometimes be arrived at with the use of his conscious will. (I judged this to be within the shadowy range of "normal.") He could love others and love himself. Simone Weil wrote, "The belief in the existence of other human beings as such is love" (see Auden and Kronenberger 1962, p. 90). That kind of love for others made life without mother possible for this man.

DISCUSSION

We all have or had mothers and fathers who left indelible traces in the course of our development and maturation that added to and modified the mysterious inherited givens with which we were born. Our minds contain uniquely digested and distorted dynamic versions of the mother and father figures with whom we have interacted and identified. The earliest mothering figure in the infant's mind (the primal parent) derives its power and character from the clamorous needs and emotions of the infant. At this early time, according to theory and infant observation, emotions tend to be intensely good = blissful or bad = terrible. These alternating contradictions in perfervid feelings threaten to allow for no compromise, moderation, or mutual existence. Experientially, this would amount to paradise alternating with hell. Fortunately, the contradictory intensities are interspersed with blank or comparatively peaceful emotional interludes.

During this earliest period of psychic development—when the mind emerges out of chaos and fusion that eventually lead to a separate identity—the mental universe is, for a considerable time, reduced to (and therefore is subsequently reducible to) a giant parental figure that begins to bring order out of chaos, and a nascent, gradually enlarging figure of a separating self. These two primal figures remain in the unconscious mind even after the child can separate its picture of the self from that of the more realistically perceived parents. In the course of individual maturation and development, the separated-out mother, initially, and then the father, are registered in the mind. Gradu-

ally, the rest of the world outside the mind that at first centers on the infant's body, and then on family and family surroundings, is also registered; here for a while the nursery becomes the child's universe.

For both boy and girl, the father can, but does not always, eventually take over, at least for a while, as the principal (in contrast to the primal) parent. But the early, undifferentiated, godlike, primal parent figure (usually by then linked to the actual mother) remains in the unconscious mind, and it can be reactivated in situations of extreme need. It never disappears, and in the sense of its potential for return in emergencies, there is a sense in which we all cannot live or at least retain our sense of identity without it. But its continued activation (usually partial) or regressive reactivation can give rise to the delusional or near-delusional conviction that there is no life without a mother or a father who continues to have something of the godlike and/or diabolic, magical power of the primal parent. "Only my mother counts."

"Is There Life without Mother?"

This was my patient's *cri de coeur*, and it seems to me to express the feeling at the heart of an inescapable human dilemma that starts with the psychological and physiological separation trauma of birth. This primal distress continues despite the developmental achievement of a separate identity (never fully satisfactory) for the child. Every human being—man or woman—has to bear an individual version of this burden of incompleteness. For the fortunate (one needs good luck as well as a strong ego), the weakness and dependence may not be apparent to others, and in the course of optimal development, may not appear to matter that much to the self. But many either never achieve adequate psychological separation from early parenting, or are, to varying degrees, subject to intermittent compulsion—or at least intense longing—to regress and remerge. Such regressions also surface as reactions to trauma and loss in later life.

Freud (1941) felt that it was the long period of dependence on the parents in human beings that makes for the inevitability of neuro-

sis in everyone. This continuing dependence as the mind and body mature, together with our inborn aggressive drives, give rise to individually varying versions of the human dilemma of wanting to get rid of the person without whom we feel we cannot live. This universal psychic double bind loosens with maturation and health, but it never disappears.

The double bind is strongest in those who—because of traumatic circumstances, environmental deprivation, or deficient endowment—are unable to achieve a predominantly separate adult identity. There are many ways to remain psychologically a child or even an infant, with or without an adult façade. Even if an individual has achieved a strong sense of separate identity, the vicissitudes of fate and the eventual inadequacies of our physical and mental endowment can result in a regressive return, out of need, toward the earliest period of mental awareness, in which the primal parent was felt as an integral part of the self. My patient's cry was for his mother.

It is the mother or the mothering person who usually initially inherits the primal parent's role in consciousness. People approaching death frequently call for their mothers directly, but in displacement, the cry for help can be directed to one of the mothering figure's supplementary successors. As I have stated, the first important one is usually the father, but both father and mother can be replaced, for religious believers or those who transiently become so when in need, by God. The initial mental picture of the primal, parental, mothering figure as it emerges from symbiotic chaos, omniscient and omnipotent and possessing features of both sexes, is the psychological prototype of God, whether or not She or He or It exists. The initial deities historically were apparently mother gods, and this makes good psychological sense.

A LITERARY INSTANCE OF THE LIFELONG EFFECT OF BEING A CHILD OF A PERSECUTING PARENT

The question of whether life without mother is possible remained a lifelong burden for the great French writer Jules Renard, whose work

has been comparatively neglected in the English-speaking world. Renard's novel about his own childhood, *Poil de Carotte* ("Carrot Top"), published in 1894, described his dishonest and sadistically malicious mother, whose favorite object of persecution and brainwashing was her son, a redheaded boy nicknamed "Poil de Carotte." Like Poil, Renard was the last-born of four children. His father, François, apparently became depressed after the death of his first child, a daughter, and told the young Renard he subsequently could not care about the other children as much. François's wife, Anne-Rose, was apparently a cruel, hateful, and self-righteous woman. As Madame Lepic in the novel, she was depicted as exhibitionistically seductive, a sneak, a liar, and a hypocrite. The parents constantly quarreled, especially about religion.

Renard's biographer, Toesca (1977), wrote of "that acid atmosphere" (p. 14) of Renard's early family life. Shortly after Renard was born, his father stopped talking to his mother, apparently never speaking to her again directly for over thirty years. Blaming Renard for this may be part of the reason why his mother turned on him as her chief scapegoat. Renard hated her, was obsessed by her cruelty to him, and felt burdened for life by his miserable childhood. (In *Poil de Carotte,* Poil wished he had been lucky enough to have been born an orphan.) But it is obvious that, like all victims of soul murder, Renard continued to long for her to change and to love him. He wrote about his mother throughout his career: in the *Journal* he kept from 1887, when he was twenty-four, until his early death in 1910; in the novel *Poil de Carotte;* and in the last of the plays he finished, *La Bigote* ("The Bigoted Woman"), published in 1909.

Here are two short passages from *Poil de Carotte.* They illustrate soul murder (Shengold 1989, 1999) and obviate any need for definition of the term. They seem to me to be all the more powerful because of the sardonic, dry, and uncomplaining tone in which the torment is presented. The first is from a chapter entitled "The Nightmare."

> Poil de Carotte doesn't like overnight guests. They upset his routine, they take his bed and oblige him to sleep

with his mother. And though in the daytime he has every fault, his main fault at night is snoring. Of course he snores on purpose.

The big room, glacial even in August, has two beds in it. One is Monsieur Lepic's; Poil de Carotte will have to sleep in the other, on the wall side, next to his mother.

Before dropping off, he coughs a few times discreetly under the sheet to clear his throat. But maybe he snores through his nose. He blows gently through his nostrils to make sure they are not stopped up. He practices not breathing too hard.

But the moment he falls asleep, he starts snoring. It seems to be a passion with him.

Immediately Madame Lepic digs two fingernails into the fattest portion of one of his buttocks. That is her chosen weapon. *[Le pic* = the pick, or the pickax.]

Poil de Carotte's scream wakes Monsieur Lepic, who inquires: "What's the matter?"

"He's had a nightmare," says Madame Lepic.

And softly, like an old nurse, she hums a lullaby.

Bracing his forehead and knees against the wall as though to demolish it, pressing his palms against his buttocks to parry the pinch which is the inevitable response to the first note of his guttural vibrations, Poil de Carotte falls back asleep in the big bed, on the wall side, next to his mother. [1894b, pp. 10-11]

Another chapter is called "Begging Your Pardon." The young Renard was apparently not allowed by his mother to leave his room at night to use the bathroom.

It grieves me to say this, but at an age when other boys take communion clean in body and soul, Poil de Carotte still soils himself. One night, for fear of asking, he waited too long.

He had hoped, by means of graduated wrigglings, to appease his distress. What optimism!

Another night he dreamed that he was leaning comfortably against a secluded boundary stone, and still innocently asleep, did it in his sheets. He wakes up.

> Madame Lepic is careful to keep her temper. Calmly, indulgently, maternally, she cleans up. And next morning Poil de Carotte even gets his breakfast in bed like a spoiled child.
>
> Yes, his soup is brought to him in bed, a carefully prepared soup in which Madame Lepic with a wooden spatula has dissolved a little of it, oh, very little.
>
> At his bedside big brother Felix and sister Ernestine watch Poil de Carotte slyly, ready to burst out laughing at the first sign. Spoonful by little spoonful, Madame Lepic feeds her child. She seems, out of the corner of her eye, to be saying to big brother Felix and sister Ernestine: Look sharp! This is too good to miss.
>
> Yes, Mama.
>
> They are already enjoying the grimaces to come. They ought to have asked a few of the neighbors in. Finally, with a last look at the older children as though to ask them: Are you ready?—-Madam Lepic slowly, very slowly, lifts up he last spoonful, plunges it into Poil de Carotte's wide-open mouth, rams it deep down his throat, and says with an air of mingled mockery and disgust:
>
> "Ah, my little pig, you've eaten it, you've eaten it, your own from last night."
>
> "I thought so," Poil de Carotte answers simply, without making the hoped-for face.
>
> He's getting used to it, and once you get used to a thing, it ceases to be the least bit funny. [1894b, pp. 12-13]

Renard's lifelong tie to his mother, full of hate as it was, is evident in his sad, wise, and bitter *Journal*, in which Renard, after the publication of *Poil de Carotte,* continued to call his parents "Monsieur et Madame Lepic." After he became popular, he himself—a blazing redhead—was called "Poil de Carotte" by people on the street.

Renard also identified with his persecuting mother. Poil de Carotte revealed how tortured the boy was when his mother forced him to become the one who was assigned the hateful duty of killing the wounded partridges that his father would bring home in his hunting bag; his siblings called Poil "the executioner." In a later chapter, he saw a mole outside the house and fulfilled an urge to kill it after playing with it, as a cat would a mouse. He was horrified, and yet his rage

at his victim increased when the mole, after he had thrown it up in the air and let it fall on a rock, seemed to come to life again after appearing to be dead. Despite himself, he had become a tormentor of animals, a murderous sadist like his mother. He described shooting an old, sick cat because he was told that baiting with cat meat is the best way to catch crawfish. The predominantly masochistic boy, the reader is told, "is no beginner. He has killed wild birds, domestic animals, a dog, for his own pleasure or at the behest of others" (1894b, pp. 123-124).

Renard consciously loved his emotionally withdrawn father, but very little feeling was expressed between them. He also hated his father for not rescuing him from his mother's persecution and seductiveness, which—despite her deceitful and hypocritical attempts at disguise—were too much a part of the family atmosphere for his father not to have been aware of them.

When Poil de Carotte became an older schoolboy, attending a lycée away from his home village for most of the year, he finally dared to disobey his mother's orders openly. She seemed crushed by this. It helped him greatly to sustain defiance toward her—which had always been the stance of his older brother—when afterward, his father had the compassion to tell him that he, too, did not love the mother.

Soul Murder

In the last chapter of *Poil de Carotte,* Renard included a series of short entries which illustrate the effects of the abuse of children, as follows. (These five points contain my translations from the French [Renard 1894a].)

(l) How the child can develop the expectation of a no-win or "double-bind" situation. "Madame Lepic: Poil de Carotte, answer when you are spoken too. Poil (with mouth full): Yeth, baba. Madame Lepic: I think I've already told you that children should never speak when their mouths are full" (1894a, pp. 176-177).

(2) The inculcation of psychopathic behavior. Here Poil, in addition to being like his mother the liar, cites an adaptive use of lying: "Whatever they do to you, Poil de Carotte, kindly Godfather says to him amicably, you should not lie. It's a bad defect, and it does you no good because everybody knows you're lying. Yes, replies Poil de Carotte, but it gains you time" (1894a, p. 177).

(3) An instance of the masochistic need to lose and to fail in the service of suppressing rage in oneself and others in order to try to hold onto relationships. "The children measure their heights. Big brother Felix is obviously a head taller than the others. But Poil de Carotte and sister Ernestine, even though she's a girl, are about the same height. And when sister Ernestine raises her heels and stands on her toes, Poil de Carotte, in order not to upset anyone, cheats and slouches slightly, to minimize the difference" (1894a, p. 178).

(4) Abused children compulsively hope—or even sometimes almost delusionally insist, frequently knowing better—that the next confrontation with the abuser will turn out differently. "Believing that his mother is smiling at him, Poil de Carotte, flattered, smiles too. But Madame Lepic, who was only vaguely smiling to herself, suddenly resumes her black, wooden face with her black-currant eyes" (1894a, p. 181).

(5) The sadistic adult tormentor induces murderous and incestuous impulses, along with guilt and fear of loss in the child. Madame Lepic tells the boy: "If your father were no longer here, you would have long ago struck me, plunged this knife in my heart, and *put me in the dirt"* (1894b, p. 215). (I believe the original French *"me mise sur la paille"* has definite sexual connotations analogous to the English "roll in the hay.") This was a prophecy, a self-fulfilling prophecy, that was to be effectively carried out in the boy's fantasies and dreams.

Poil hated the fact that his father was always talking about sex to him. Renard wrote in 1901, after his father's death:

> Oh how it bothered me when [Monsieur Lepic] took me into his confidence concerning that pretty, dirty young girl.... [He once told me that] "Madame Lepic had a certain freshness. I went to bed with her without love, but with pleasure." ...[He] despises me because I don't seem to be preoccupied with women. His scabrous stories embarrass me more than they do him. I turn away, not to laugh, but because I blush. [1887-1910a, p. 133]

In 1894, when Renard was thirty, he wrote in his *Journal* of his mother's exhibitionism when he was a boy and a youth. He revealed his sexual response to her and his subsequent oedipal dreams with an astonishing frankness. (This was written before Renard could have heard of Freud's theories about childhood sexuality, and before Freud had even formulated the Oedipus complex.)

> Madame Lepic was given to changing her chemise in front of me. In order to tie up the laces over her woman's breast, she would lift her arms and her neck. Again, as she warmed herself by the fire, she would tuck her dress up above her knees. I would be compelled to see her thigh; yawning, or with her head in her hands, she would rock on her chair. My mother, of whom I cannot speak without terror, used to set me on fire. [The fire is still alive in the married man.]
>
> That fire has remained in my veins. In the daytime it sleeps, but at night it wakens, and I have frightful dreams. In the presence of Monsieur Lepic who is reading his paper and doesn't even look our way, I take possession of my mother, who is offering herself to me, and I re-enter that womb from whence I came. My head disappears into her mouth. The pleasure is infernal. What a painful awakening there will be tomorrow, and how dejected I shall be all day! Immediately afterward we are enemies again. Now I am the stronger. With those same arms that were passionately embracing her, I throw her to the ground, I crush her; I stamp on her, I grind her face against the tiles of the kitchen floor.
>
> My father, inattentive, continues to read his paper.
>
> If I knew that tonight I should again have that dream I swear I would flee from the house instead of going to bed and to sleep. I would walk until dawn, and I would not drop

> from exhaustion, because fear would keep me on my feet, sweating and on the run. [1887-1910b, pp. 85-86]

In 1897, when Renard was thirty-three, his father became ill and shot himself in the heart with a rifle. Renard wrote that he was proud of his father because his father's suicide was motivated by his not wanting to live as an invalid. He documented his ambivalence in his journal; he was glad his father was dead, but longed for him and kept bursting into tears of sadness and longing.

Renard's father had been mayor of the village in which the younger Renard had grown up. After his father's death, Renard became mayor; he stepped into his father's shoes. After his father died, Renard usually kept away from his mother. This repeated for her the shame she had felt in front of the neighbors about her husband's silences. Renard thought that this kind of shame motivated her more than any loving desire to see her children. Passing by her house when he knew she was alone, he would overhear her talking loudly to herself in order to make passersby think she had visitors.

When his older brother, Maurice, suddenly died of a stroke or a heart attack in 1900, Renard's wife (a kindly person—even described by her husband and others as saintly—but who had been very badly treated by her mother-in-law) persuaded him to visit his mother. Note that in the following journal entry, after Renard's brother's death, mother is not Madame Lepic, but "Maman."

> Maman. My heart beats a little faster, out of uneasiness. She is in the passageway. She immediately begins to cry. The little maid doesn't know where to look. [Maman] kisses me at length. I give her one kiss. She takes me into papa's room and kisses me again, saying: "I'm so glad you came! Why don't you come now and then? Oh my God, I'm so miserable." I answer nothing and go into the garden. I am hardly outside before she falls at [my wife's] feet and thanks her for having brought me. She says: "I have only him left. Maurice never looked at me, but he came to see me...." It was more than a year since I had seen her. I find her not so much aged as fat and flabby. It is still the same face, with that something disquieting behind the features. Nobody

> laughs or cries as easily as she does. I say goodbye without turning my head. *At my age, I swear nobody affects me as much as she does.* [1887-1910b, p. 125, italics added]

Renard is here struggling with the question, "Is there life without mother?" And, five years later (1905), when he wrote in his journal of "the moments when, I know not why, I feel like punishing myself" (1887-1910b, p. 179), one can see a holding on to his mother by way of identification with her as the aggressor. He continued to write down the nasty things she said. He saw her more often, but was almost as silent as his father had been in her presence.

In 1909, his mother was viewed by Renard as much weaker:

> Maman. Her illness, her stage-setting of the armchair. She gets into bed when she hears [my wife's] footsteps. Her moments of lucidity. That is when she does her best play acting. She trembles, rubs her hands, clacks her teeth...eyes slightly wild.... Three states, lucidity, enfeeblement, real suffering. In the lucid state, she is still entirely Madame Lepic. She sends [someone] to tell us: "Don't leave! I feel I'm going!" In the manner in which she holds one's hands and presses them, there is almost an intent to hurt. [1887-1910b, p. 241]

Renard wrote that his mother had talked of wanting to go and see the leaves floating in the well. She wanted to sit on the well curb. A month after this, he wrote:

> "Forgive me! Forgive me!" maman says to me. She holds out her arms and draws me to her. She falls at the feet of [my wife and my sister]. To these "Forgive me! Forgive me!"s, all I can find as a reply is, "I'll come back tomorrow." Afterwards, she gives herself violent blows on the head with her fist. [1887-1910b, p. 242]

Shortly after this, his mother died. She had apparently gone to sit on the well curb, probably suffered a seizure of some kind, fell backward into the well, and was drowned. Renard did not believe that she had thrown herself into the well, but he could not be sure. He wrote:

"Whether she died by accident or committed suicide, what is the difference from the religious standpoint? In the one case, it is she who did wrong, in the other case, it is God.... What is left?" (1887-1910b, p. 243). Here he was asking, "Is there life without mother?" His answer about what was left was "Work" (1887-1910b, p. 243).

"Maman" died in August of 1909. In October, Renard's last play *(La Bigote),* with his mother as the villainess, hypocritical and sanctimonious, opened with great success. The play depicts the battle between Monsieur and Madame Lepic in relation to religion and priests. In the play, the father feels that his marriage has been ruined by his wife's putting the *curé*'s welfare and influence before those of her husband. She has been faithful to him, but has used the *curé* to try to rob Monsieur Lepic of his authority, and Monsieur Lepic characterizes his marriage as a ménage à trois. He warns the man who wants to marry his daughter not to give into Madame Lepic's and the *curé*'s wish that the couple be married in the church, as Monsieur Lepic himself had done.

In the play, Monsieur Lepic interferes with his wife's plans, as Renard's father had not actively done on behalf of Renard when he was a boy. It is not clear at the end that the father will win, but the play is constructed so that he morally triumphs over his wife and the priest. In the play, Renard could identify with his dead father and repudiate his recently dead mother.

But in the month following the premiere of *La Bigote,* he became ill with heart disease: "Crisis. Shortness of breath; disgust with everything. Death might come in an hour or in ten years. To think that I should prefer ten years!" (1887-1910b, p. 244). He should have, but did he? Later that month he wrote, "As soon as one has looked it in the face, death is gentle to understand.... Already, I am developing a taste for walking in cemeteries" (1887-1910b, pp. 245-246). His heart condition got worse. He had arteriosclerosis, and his son (a physician) discovered that Renard had an enlarged heart.

Renard died in May of 1910, nine months after the death of his mother. He died in Paris, but was buried beside his parents in Chitry. He was only forty-six.

The last entry in his *Journal* is from April, 1910:

> Last night I wanted to get up. Dead weight. A leg hangs outside. Then a trickle runs down my leg. I allow it to reach my heel before I make up my mind. It will dry in the sheets, the way it did when I was Poil de Carotte. [1887-1910b, p. 248]

The return to Poil de Carotte occurred on the way to join Madame Lepic in the grave. There was to be no life without mother.

In a journal entry several months before the death he was expecting momentarily, Renard wrote that an ordinary man usually knows little about his heart—he is as indifferent to it as he would be about a watch. He was thinking here both of the enlarged organ in his chest, ticking away like a watch, and of the machine-like unawareness a man has of the nature of his passions and of the meaning of death.

He added: "And yet, I have written *La Bigote.* Madame Lepic awaits. But why has *he* let me write *La Bigote?"* (1887-1910a, p. 997, my translation). Who was this mysterious *he?* His dead father? God? His masculinized dead mother who awaits him and without whom there may be no life? It is an enigmatic statement, but surely Renard was ambivalently anticipating rejoining parents who "awaited," and who (here I speculate) might punish him for writing his blasphemous play.

Renard consciously hated the mother who had seduced and tormented him; he kept away from her as an adult as much as possible; and although he made a good marriage, he did not have a happy life. He tried to reduce his mother's power over him by writing about her, and that may have helped him. Of course, the reasons for his death are complex, and his cardiovascular system was, by the time he reached his early forties, gravely damaged. Still, I feel haunted by the thought that the years of rage-filled feelings—so much of them turned against himself—had undoubtedly contributed, in action, reaction, and in motivating unconscious masochistic fantasy, to whatever potential organic deficiencies Renard had. The Poil de Carotte identity in his unconscious mind may have been determined to rejoin his hated and longed-for mother.

The hardest legacy of childhood torture is the need to hold on to the tormentor (body and soul)—by some mixture of identification, intense hatred and defiance, and longing and submission, a mixture that leads to psychic conflict and pain. Some creative individuals, like Renard, can master part of the conflict by externalizing it in their work, and by so doing, in sublimation, "solve" or attenuate it transiently. But, for all of us, death beckons as a return to mother as the primal parent—even for hardened atheists like Monsieur Lepic and his son Poil de Carotte, who despise the idea of an afterlife.

In our unconscious minds, at least, there continues to exist a struggle with the paradox that starts in early life as an accompaniment to our aggressive, murderous drive: rage pushes us to want to get rid of the indispensable parental other, without whom we feel we cannot live. This self-contradictory burden flourishes during both the infant's preoedipal (two-person psychology) and the child's oedipal (three-person psychology) developmental periods, sustained by the onset and onslaught of murderous aggression. Even after our psychological world comes to be peopled by multitudes, we can never lose—and in regressive need, we recharge—the delusional conviction stemming from our early years of awakening psychic awareness that there is no life without mother.

Here is the last passage of *Poil de Carotte*. It comes after the boy has told his father that he hates Maman. He wants to leave home and go to a boarding school. Father refuses to send him and has no rescue to offer. But, as I have noted, it comforts Poil when his father says he hates her, too.

> Sister Ernestine is soon going to marry. And Madame Lepic permits her to walk with her fiancé, under the surveillance of Poil de Carotte. Go on ahead, she says to him, and skip away. Poil de Carotte goes on ahead. He tries to skip up front like a dog, and when he forgets and slows down, he hears, despite himself, the sound of furtive kisses. He coughs. This unnerves him, and suddenly, as he finds himself before the cross of the village, he throws his cap to the ground, crushing it underfoot and cries out: No one will ever love me, me! At that instant, Madame Lepic, who is not deaf, raises

> herself from behind the wall, a smile on her face, terrible. And Poil de Carotte, aghast, quickly adds: Except for mama! [1894b, p. 183]

"Mama" is and has the last word.

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THE MOTHER WITHIN THE MOTHER

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This paper describes the subjective experience of internalization, focusing on the daughter's inner world as she encounters becoming and being a mother. Three case vignettes at three phases of a woman's mothering cycle are used to demonstrate modes of registration and expression of her own internalized mother as these in turn involve her offspring. Some issues in analyzing the new mother are raised by the material, as well as implied questions about how "mothering" behaviors emerge at later junctures.

The Child is Father of the Man;
And I could wish my days to be
Bound each to each by natural piety…

But for those first affections,
Those shadowy recollections,
Which, be they what they may,
Are yet the fountain light of all our day,
Are yet a master light of all our seeing…

—William Wordsworth, "Ode: Intimations of Immortality from Recollections of Early Childhood"

INTRODUCTION

Often, it is only when a woman becomes a mother herself that she experiences the full impact of her own internalized mother. Becom-

ing a mother is a developmental process, and carries with it positive and negative effects on a woman's subjective sense of herself (Benedek 1959; Bibring et al. 1961; Dahl 1999; Deutsch 1945; and many others). The topic of the mother's manifestations of the internalization of either of her own parents regarding their sex and gender is a vast area. All of these influences may integrate together seamlessly, and may even be too subtle for an individual to detect, unless there are acute troubles that bring them to undeniable attention. I have therefore selected for discussion here only a few features and aspects of the internalization of mothers as shown in their daughters when they, in turn, become mothers in their own right. I will focus especially on the new mother in treatment—what it is like for the new mother, the nursing mother, and who the analyst is to the new mother. In addition, I address the implications of holding the analytic treatment frame as far as possible. The importance to the mother of internalization of experiences, expressed over a lifetime, is illustrated in the second and third cases.

My vantage point in this piece is the subjective experience of the discovery in consciousness of a behavior or attitude that struck the patient and therapist (either at the time or later) as a manifest creation in the image of the patient's own mother. Such an emotional constellation may seem as though it were newly called into service by the mother/patient at a particular moment in her own mothering of children, and consequently initially took her by surprise. Another woman, before having children, may consciously repudiate her mother or idealize her, seeing the negative or positive characteristics as belonging clearly to mother, but gradually becoming aware of her own apparently identical behaviors emerging in motherhood; or the woman may not have noticed any maternal influences at all, and the therapist becomes the first to be privy to observing the change.

NEW MOTHERHOOD

It is reasonable to imagine that a clinician learns most about maternal internalization as it affects contemporary mothering from patients

with whom the therapist has worked prior to and during the experience of pregnancy and delivery, and then in the time of brand-new motherhood. One would think logically that this could provide a particularly fresh experiential chance for the analyst to see, hear, and compare shifts in thoughts, feelings, and behaviors within the before-and-after experience of mothering that could be subject to the benefits of the patient's own reflections and observations. Such a process, however, proves not to be so straightforward.

I have had the privilege of seeing some women in considerable psychotherapeutic and analytic intensity during these times. Such patients often bring the baby into the office for one or another reason, so that one has the opportunity to see the interaction about which one has heard so much. Such sessions, of course, occur more often with face-to-face therapy patients than in analysis. Most new mothers have a strong wish for the therapist to admire their babies (Friedman 1996; E. Loewald 1982). According to individual dynamics, some will experience an even greater "need" or urgent wish for admiration, or even a need for an overseeing of the baby's progress in a continuous way.

No matter what the mother's internal climate, from the urgency of many enactments involving the therapist to an expression of mild wishes toward the analyst in relation to the baby, there seems to me to be an actually lessened interest in self-reflection among nursing mothers. I have come to regard this as common during this life experience. Friedman (1996) wondered whether patients who were actively breast-feeding when in analytic treatment, but who later claimed they had "forgotten" to discuss breast-feeding in their sessions, were "reticent" because their analysts were reticent, too. Friedman worried about an analyst's missing opportunities to explore a mother's ambivalent feelings toward the infant, and was also concerned about the engagement of the analyst in what could become an enactment of a variant of a primal-scene triad, in which mother and baby are a secret couple, while the analyst colludes and hence becomes left out.

These speculations have merit, but I believe that the "reticence" may be related mainly to the *patient's* level of availability to the opening of hidden meanings while in this phase. Stern (1995) and Stern

and Bruschweiler-Stern (1998) observed this phenomenon, too, but blamed it squarely on the entire mental health field for misunderstanding and ignoring the new mother and her special mental state. This is not quite fair with regard to psychoanalysis, as evidenced by chapter 14, "Pregnancy and Motherhood," in the annotated bibliography of the psychoanalytic literature of female psychology by Schuker and Levinson (1991). These articles demonstrate a continuing, complex struggle to grasp the subtleties of this time of life.

When I was a candidate in analytic training in the 1970s, there seemed to be a tacit agreement in the analytic ambiance that pregnancy and new motherhood were "inappropriate" times for analysis because the new baby took up too much of the patient's internal energies, leaving nothing for the analysis of transference. I cannot track down exactly how this common view became a dictum. Certainly, Deutsch, in the 1940s, and Benedek and Bibring in the 1950s and '60s, did not hold this opinion, and included these phenomena for analytic scrutiny. In the 1970s, with the social impact of the feminist movement, such maxims and other certainties regarding female development were energetically opened for reevaluation by those such as Blum (1976), Kestenberg (1980), Pines (1993), and many others. Work that involved reporting the experience of pregnant therapists was begun by Balsam and Balsam (1974), Lax (1969, 1997), and Nadelson et al. (1974). Increasingly, analytic thinkers have become open to seeing and hearing about these experiences with their female patients.

New motherhood does not seem to me to be a "bad" or "inappropriate" time to continue an already-established, ongoing analytic treatment. Like all other epochs, it requires particular attention to what is happening in the patient's life, as well as a willingness to work alongside, but not set *against,* a patient's ego defenses in the exploration of further meanings. The transference at such a time to the analyst as a wished-for, benign presence—representing a split-off, all-good mother (which may, of course, conceal the dreaded all-malignant mother)—seems to me to be as potentially analyzable as any other transference, either at the time of the experience or later. Stern (1995) identified this as the "good grandmother" transference in the context of his

"motherhood constellation," and advised that it be "accepted as appropriate.... It does not have to be fought against" (p. 186). I agree with his observations about patients, but I disagree with his treatment recommendations to therapists, whom he implies should therefore feel free to "act out" by making home visits, giving advice, etc., seemingly to give free rein to their own feelings and gratification of the patients' requests without respecting the complexity of the interaction.

Many analytic therapists would take a different tack from Stern's. For example, E. Loewald (1982) spoke to great subtlety and delicacy in making individual choices about the conditions under which answering this kind of wish on behalf of an individual patient would either further the treatment or derail it. In my experience, it is a matter of the individual mother's choice as to how she wants to handle treatment should she become pregnant in the course of a long-term therapy, more than it is the solipsistic choice of the therapist regarding what is best. What is possible can be worked out together. If the patient opts to stay in treatment for whatever reason, the pace of the analysis will be different in this newly maternal state than in the nonpregnant state. Treatment becomes more languorous regarding integration or working through, but it is, on the other hand, vividly experiential. The shared experience can provide much material for eventual integration if the young mother continues in therapy or analysis well past the weaning stage.

Patients in new motherhood will talk to the therapist a lot about everyday, current experiences and issues: the evolution of outside relationships, especially with other females who have or have had babies; their own mothers, alive or dead; in a lesser way, their fathers, the husband, or significant other; child care joys and trials in the home; the baby itself; and observations about the baby's experience. They do not seem to be given to elaboration on complicated aspects of their feelings, however, or to the creation of reactive or evoked fantasies emanating from inner autonomy in interaction with the outside world. Observations about the baby, therefore, are usually viewed as "real," rather than as part fantasy due to normal projection. They are related to and described as "needs."

Perhaps introspection is more possible for a patient who is troubled by some aspect of the mothering experience and is actively seeking help for it. E. Loewald (1982) reported four cases in psychoanalytic psychotherapy, ranging in psychopathology from neurotics who brought in the baby occasionally, to a borderline patient who needed continuous, active help with mothering. In these new mothers, Loewald, too, noted the limits of the patients' interest in or use of extensive introspection as a helpful direction in approaching their experiences. She proposed that the baby acts as a transitional object between the therapist and patient, and between the patient and the outside world. The sheer (appropriate) vitality of the "me–not me" of the mother's experience of the baby may preclude much in the way of examination of her own fantasies and/or primitive and deep ambivalences involved in her own thoughts and interactions with the baby.

The mother's mother is manifest in the treatment material of the new mother in a graphic, concrete, show-and-tell manner. There are plenty of stories told *about* the grandmother's interaction with the new dyad. The narratives are external. Much actively conscious learning, observation of the attitudes of the grandmother, and apparently active and experimental refashioning of the relationship in the present tense is going on in the environment. The patient's mother often comes to life, as described to the analyst, in a newly invigorated way. Earlier, a consistent, particular picture of a patient's mother may have emerged, or she may have been schematized, her presence more vividly detectable within the transference than in current stories. She was, as far as the patient went, "cold" and "vain," or "warm" and "accepting."

The "cold" remembered mother of the patient's infancy may be transformed into what sounds now like a confused and befuddled new grandmother, awkward with the baby. This observation is a discovery for the patient, and may even call into question the simplicity of her former notion of "cold." Yet the patient is more interested in how to cope with this new version of her mother, and if and when to trust her mother with the infant, than in taking up questions that invite self-reflection, such as, "What about your shifts in perception of

your mother?" Another "cold" mother may be surprisingly touched by the birth of a grandchild, telling her daughter that her little grandson is the boy she always wanted for herself, and for the first time—to the patient's knowledge—expresses envy of her.

A "warm," sensible-sounding mother may become entranced by the new baby, besotted, and unable to separate from daughter and baby, making life difficult for the young mother who may not want to set boundaries or hurt her feelings. The patient may move from a formerly comfortable tenderness tempered by distance from the mother, to a feeling of acute jealousy stirred by her child. These feelings may take her by storm, as though from an outside source, because they were not permitted in consciousness before. Another "warm" mother may continue her loving, supportive behavior, easily encompassing both her daughter and grandchild; the impact of the new experience stirs up new variants of old moments for further transformations.

The baby in the therapist's office has many meanings. My preference as an analyst is to prioritize an attempt to preserve space for the patient to explore these many meanings, if at all possible. With the mother's wish to show the baby, the therapist is privileged to be included in the mutual sharing of the wonder of the gift of new life. Countertransference and reactive proud feelings of being an "analytic grandmother" may well surface, but may not need to dominate the scene.

I have found new mothers to be delighted to show their babies to me, and that they want me to share in their admiration of them. I remember this pleasant desire also from my own analysis, when I showed my analyst a photograph of my kindergartner, and he responded with admiration and appropriate restraint, but with much interest. In short, I think that the main wish of the patient/mother is to receive glowing approval, admiration, and pride from the analyst in this miraculous production: I should see that this baby is more special than any baby ever born before or any baby I have ever seen (including my own, as one patient revealed long after). In comparing the baby to a child's transitional object, E. Loewald wrote "...the 'wonderfulness' of the baby is not to be measured" (1982, p. 400).

Deutsch (1945) wrote of the immense triumph over the old mother which the new mother experiences as a natural part of generational progression. "The queen is dead! Long live the queen!" expresses an attitude that plays a role in the normal perception of this baby as the best of all babies, and by implication the mother as the best-ever mother. No matter that the patient's mother may have been "good enough"; there is a certitude possessed by the new mother that she and her baby are "better than good enough," as one patient asserted. This attitude is heightened by an intense and even more desperate hope in women who have a predominantly negative view of their mother's child-rearing capacities. The counterpart of Freud's (1914) characterization of "His Majesty the Baby" is that his mother is queen of her realm.

If the therapist engages as the patient would like, whether or not the baby is present, the talk would preferably center around topics such as the different looks of the baby, feeding too much or too little, or sleeping too much or too little. When the baby is present, a comment offered from a more analytic stance—for example, about a patient's aroused feelings with regard to the baby's prolonged colicky attack of the previous night ("You sound worried")—might result in the patient talking animatedly to the baby, "Is mom worried about you, then.… Is that right.… What is that lady over there saying? [Tickle, tickle.] You look just fine now! Nobody would know what a little devil you were last night, getting mom and dad out of bed all night long!" The baby gurgles delightfully and delightedly—naturally.

Somehow, this does not seem the right moment for "the lady over there" to draw attention to the baby as a mode of distraction and an aid to the mother's avoidance of her inner anxiety or her ability to reflect! The mother looks up and says, "He does look okay now, doesn't he? Just like a different baby." The therapist says, "You had a rough night." The patient looks relieved and merely agrees, "We sure did." And then she may go on to complain that her husband had been clumsy or comforting, or to say how great or how awful her mother's remedy was. And so it goes.

As an interesting show-and-tell, such sessions may demonstrate to the analyst intriguing elements of conflicted maternal behavior that

the patient had previously referred to as relevant to her interactions with her own mother. The time to work with such observations and the transference is usually later, in my experience.

Case 1

Ms. E, the mother of a four-month-old baby boy, came late to her analytic session. She had been in treatment for three years for chronic marital problems. Carrying her sleeping baby in her arms, looking harassed, she explained that her baby-sitter was sick that day and had not come. She bumped down on the couch breathlessly with the inert infant on her lap. The baby stirred, opened his eyes, and smiled winningly at her. Then, noticing the strange place (and perhaps her body tenseness, I assumed), he started to whimper.

"I'll try feeding him. That way I might be able to talk, because there was something I really need to talk to you about. Where will I sit—should I sit on the couch, or should I sit on the chair?" She looked very nervous and flustered. "Whatever," I said. (When I am doing basically analysis, I continue to sit in my analytic chair because I can also face the therapy chair, although at a greater distance from the patient.)

Heading for the therapy chair, Ms. E said, "I just need to sit over here. I hope you don't mind. I couldn't *imagine* sitting on the couch and feeding him. I want to keep this apart from the analysis. [She laughed.] I don't want to mess it up.… This is not about breast-feeding. I've been very comfortable with it." And indeed, she sat in the chair, opened her canvas bag, proceeded to take out and spread a huge towel backed with a plastic sheet over her lap, covering the chair arms as well and stretching down to the floor. Then, in a very competent and cozy manner, she fed her little boy, holding him tenderly. He spat up and she clucked and wiped him with another towel. And when she finished, she wiped her breasts with yet another towel. This behavior was patterned and methodical, with sweetness and calm. She did not comment further about "messing up" the couch or her elaborate towel ritual, which I assumed had sprung into place four months

previously, along with her nursing activity. We exchanged some words about her enjoyment of breast-feeding, and I reminded her of her earlier concerns about this; she agreed without elaboration that she had worried in advance.

Ms. E then told me what she had planned to say that day, about how her mother was insisting on buying new plastic coverlets for her living room furniture. "I don't know why. We don't need it. She thinks it's this gift. I *hate* covers of any kind over furniture! I believe in kids making a mess. They have to enjoy themselves, and Tom and I see eye-to-eye on this one. That's one thing I've always said. I certainly won't be like her that way—covering up every stick of furniture when I was a kid in case I'd make a mess! I want to think more here about how to stand up to her, to put my foot down. It's *my* house and I'm the mother now, and I'll do what I want to, thank you."

I think that the reader will readily see here the deep influence of the patient's fastidious internal mother in this vignette, now actively being expressed in the enactment with the towels, and accompanied in the session by a rather typical emphasis that the new mother/patient typically places on the here and now, and her wish for advice or interaction about the practical dialogue with mother, in order to "put her foot down." One can also appreciate that the gentle reminder about her previously expressed fear of breast-feeding did not result in any willingness to associate. This would probably have invited the mother's regression in relation to the analyst, a condition to be warded off in favor of her participation with the "transitional object," the baby. The direction of her thought took us instead forward into the current active scene of the (presumably) anal struggle between the patient's own mother and herself as daughter.

LATER MOTHERHOOD

The following is a sequence of revelations in the dawning of conscious awareness of the patient's internalized mother, showing up within the analytic process at a time of more mature motherhood, when a woman's capacities for introspection are often more available

than in the previous example. (I wish to point out that in the effort to select, curtail, and present material relating only to my topic, the syncopated rhythms of the analysis as a whole have been muted. This is an inherent problem in presenting a live sequence while also trying to convey a reconstruction that utilizes understandings gleaned from the periods before and after the sequence occurred.)

Case 2

Ms. T, a 34-year-old, married teacher with a 5-year-old daughter, in her second year of analysis, reported the following dream: "I see a large, wooden doll, painted and shiny in reds and greens, with a babushka and a shawl—I realize it's a Russian doll. I pick it up and it falls in half, and out comes a smaller, identical one, and then out of the bottom of that one (that's weird) comes the really small one. That's all. Oh, and I remember I was both pleased and somehow embarrassed; I add that because I know you'll ask me if I had any feelings in the dream."

Associations led to Russian dolls that Ms. T and her daughter, Alicia, had seen in a toy shop. She told Alicia that she had never had dolls when she was little. The five-year-old had been fascinated by "poor mommy's" story, wanted the doll, and the mother had bought it. Ms. T reported a momentary, conscious sense of revenge against her "mean" mother. She had also noticed that she gloried in Alicia's approval: "I can't believe I'm saying this—I've turned her into the mother I always wanted—someone who would approve of my gift, play with it, and say thanks! I'll have to get over that!" The patient laughed.

They had gone home companionably. At first, Ms. T was pleased that the child was enjoying the toy, but after a while, she became annoyed and eventually "driven mad" by Alicia's putting the dolls in and out of each other, opening and closing them. Ms. T was trying to mark a student's exam in the living room after supper, before her daughter's bedtime, while her husband was out; she could not concentrate with the clacking of the doll parts and the little girl's rhym-

ing repetition, "Put-in-his-thumb, and pull-out-a-plum!" Alicia would laugh and start again, entirely absorbed. Finally, Ms. T exasperatedly banished the toy, and, irritated, she lifted the child and "whipped her off to bed" on the dot of 7:00 P.M., Alicia's usual bedtime. Perfunctorily, Ms. T read her a story, but could not wait to get downstairs for peace and to get on with her task for school. Alicia went to sleep obediently. The mother was aware that she was afraid her anger would get out of control.

"I felt compelled to get rid of her, but compelled to let her stay," Ms. T explained. "I threw the doll in the wastebasket. When I cooled off, I took it out before Alicia got up this morning. There was no harm done, but I was pretty angry—far angrier than I've ever been with Alicia. I felt she'd abused the privilege of my getting her the doll. I felt abused *by* her."

Now, on the couch, Ms. T gave rein to her fury. Her angry associations led to the "opening and closing thing" and to her daughter's singing some of the words of "Little Jack Horner." (Alicia's father was called Jack. The child was probably having a joyful sexual fantasy as she engaged in a quasi-masturbatory way with the dolls; this was far from the patient's conscious attention at the time, however.) The words "sitting in a corner" led Ms. T to think of childhood punishments for bad behavior. The thought of "abuse" came next—"Gosh, that's what mother called masturbation! Is *this* what's going on? I can't believe it. I'm too sophisticated to have guilt about *that!* All because of a daughter and a doll that has other dolls inside it?" She was angry all over again, this time at me in the transference for her struggle against the temptations to play with words and ideas which might lead into taboo territory.

Over the following months, we reconstructed the scene between Ms. T and Alicia, i.e., the sudden outburst of fury at Alicia as it related to the underlying desire to "throw away the abuser" (Alicia as a self-representation of a bad, sexual girl) by banishing the doll, throwing the doll in the trash (instead of the child), or "whipping" Alicia off to bed, followed by the reparative, undoing actions of reading her a story and retrieving the doll from the trash. This kind of scene had likely occurred frequently between little Ms. T and her

own mother, and was now repeated in the next generation. Ms. T was usually very measured in her affects and dealings with the child. Previously, she had considered this orderliness an aspect of identification with her own strict mother; it now occurred to her that perhaps even her mother, like Ms. T herself, might have struggled against forbidden pleasures. The story of the Russian doll imagery thus became more complicated, alluding to interconnecting, identificatory layers of patterned prohibition set up against impulse as well as against liveliness.

Ms. T had grown up as the only child of older parents. They were staid and religious. Her wish in treatment had been that she would not be as constricting toward her children as her mother in particular had been toward her. Ms. T was a depressive character who was conscientious and reliable, kindly but with a limited appetite for pleasure. On the advice of a therapist friend whom she bemusedly admired because of her easygoing ways, the patient had decided to spend some of her inheritance after her parents' death to seek analysis. Ms. T had internalized the narrow limits of her rigid mother, who in particular had little time for or sympathy with play. Life was too grim for a large variety of reasons. This was the first layer of her story.

The patient had started treatment when Alicia was three years old. She had employed a warm, indulgent, Jamaican baby-sitter, whose influence, as we discovered later, was supposed to help safeguard the girl's capacity for pleasure—because Ms. T had severe doubts about her own ability to nurture this capacity, although she knew theoretically that it was "a good thing." By the time the dream of the Russian doll was reported in analysis, the patient had established a consistent, maternal transferential attitude toward me as a disciplinarian, dubious of "wasted time," and expecting "results." In the reported session, the reader will appreciate that the transference took an opposite turn, toward me as sensual tempter to play. Ms. T seemed ashamed of her own childish desires. She herself was "the teacher," after all. We uncovered much about her strong childhood desire to be (prematurely) grown up, at one level to please her white-gloved, proper, unplayful mother, and at another, more concealed level, to fulfill yearnings to be more included as a third-equal party in this elderly couple's or-

derly, well-scheduled, adult activities. One could appreciate in this material hints of a possible hidden oedipal situation.

One day, Ms. T dropped incidentally that she was always left behind at home during her parents' "monthly visits into the city to have dinner and attend a concert, the opera, or the ballet." This revelation took me by surprise. I began to wonder about the hidden aspects of this mother, apparently highly disapproving of childhood play as a "waste of time," yet a regular at the opera house, where high emotion and passion reign, and many of the plots and actions are amongst the silliest and most improbable, playful inventions imaginable! The Russian doll dream was introduced into the analysis just after this hint of the mother's inhibited playfulness had emerged. It symbolized the patient's sense of taking off outer layers of her mother to look at the insides "from the bottom."

At another time, still working with the doll imagery, Ms. T said, "I want so badly *not* to be like mother. But I can't help it.... Mother used to get angry in just the same way as I get with Alicia. She'd be hard, so hard...wooden, really. Maybe that's another meaning of 'wooden doll?'.... I don't know which is harder: showing you my feelings, or showing her my feelings, or showing Alicia my being out of control. I feel all anxious. I *hate* being disturbed like this. It's you and this damned analysis that's making me lose my temper. I'm restless and moving about. Mother used to say, 'Sit at *peace*, will you?' "

I commented on how nervous she felt being not wooden, not a wooden doll like her mother. "I can't believe it's so hard for me to be full of feelings," Ms. T responded. "I am annoyed. It feels like you're my mother sometimes, and I'm in here like an embarrassed little girl. But then I seem to find that my mother had far more feelings than I'd credited her with. There are layers upon layers: there's me here as if in you, and then there's me inside my mother, and then there's Alicia inside me."

This patient was clearly becoming acquainted with the dimensions of strictness and play, and with the complex internalizations they represented within her character. In turn, these represented her mother together with her, and informed her own mothering as well as her attitudes in the analytic maternal transference.

MOTHER CARING FOR MOTHER

Case 3

This example is taken from the opening phase of treatment with a 61-year-old woman, Ms. N, the mother of grown children, who had an unexpected experience shortly after beginning therapy: her 92-year-old mother suddenly fell ill. As she cared for her mother, Ms. N discovered the insight of being "made in the image" of her mother. This vignette elaborates the moment of insight itself. Partly due to the intrigue aroused by this experience, Ms. N later decided to enter analysis, during which a subsequent working-through process deepened her initially startling awareness.

Ms. N was a loud, jolly, practical, blunt, no-nonsense woman who volunteered as a nurses' aide. She came to treatment for mild but chronic depression, which had begun after her children were grown and she had been divorced. Her own mother, Ms. F, was a gentle, dreamy, frail woman who still loved to read romances, was struggling to remain physically capable, and was keen to preserve her independence in her own apartment with her cat. Ms. N and Ms. F had a mutually respectful relationship.

A few days before the session I will describe, Ms. N's mother had dialed 9-1-1, having fallen and broken her hip. Ms. F had undergone an emergency hip replacement and seemed to be recovering, but was now in cardiac failure. Ms. N had accompanied her to the hospital and remained there for the days and nights preceding the session; she looked exhausted. She told me that her "poor little mother" had been at first brave, "chattering away" to the doctors, "all full of trust," and was an object of admiration and marvel to the emergency room staff, who "thought she was so cute." The patient then began to weep. She apologized, saying that this was not like her.

"The most painful aspect of the whole thing was when she got some kind of sedation after the operation," Ms. N continued. The patient's face crumpled in agony as she wiped her eyes. "My mother wept and clung to me like a baby, crying that she was going mad and she was going to die, and *wailing* loudly that she wanted out of there.

She even cursed the nurses! I didn't know she knew such words. She got violent and confused, and was thrashing around and had to be tied to the bed. I've never, ever seen her like that before; she's so ladylike and dainty and soft-spoken. She would *never* carry on like that. She would be so humiliated if she knew. She does know, I guess.... I was humiliated by her. I hate myself for saying it."

The patient wept for a long time. I was thinking how much of a dainty little doll she had imagined her mother to be, even at ninety-two years of age—but, perhaps, *especially* at ninety-two, if she were shrunken and pale and frail-boned…? I was just getting to know Ms. N; she had been through many hardships in her life, had survived wars and floods. She appeared to me to be tough, like a strong galleon that still sailed dependably in high seas, despite accidents and repairs. She often used profanities in conversation. I was thinking about how she had managed to create herself in this seafaring image for me, and how it wove into my own personal life experiences. I was imagining her mother under the influence of the toxicity of the drug, cursing "like a sailor"—not unlike my patient? I wondered why Ms. N was so humiliated by her mother's disinhibition, why she had apparently not been able to generate any empathy for it, despite the fact that she herself boasted of being free from "feminine" niceties. I was surprised to observe that she valued so highly the ladylike accent on refinement in her mother. I had a sense of not wanting to interrupt her tears, since I thought that this might have been the first moment of sufficient quiet for her to manage to grasp and attend to her feelings.

Soon Ms. N began to tell me a dream she had had the previous night. A pale, angelic girl was alone in her crib. Her hair was blonde, like a halo. Maybe Ms. N had seen a baby like that in the nursery of the hospital where she worked? That was all. Her associations then led to a sudden memory of something that surprised her because she had not thought about it for years. "Why am I telling you this?" she wondered. The following story came to light.

When the patient was about three, her parents and she were in a terrible car accident at night. Her mother was driving. Ms. N had been asleep in the back seat when the car suddenly bashed into the

guardrail of a freeway. Miraculously, she escaped injury, but her parents were hurt and swept off to the hospital. She said, "I was very confused. I'd no idea where I was or what had happened, but the policemen were lovely, gave me things to eat and showed me all over the police station while they sent for my aunt to pick me up. Maybe they took me to the hospital, too. I thought the nurses were lovely. My folks were fine. They said how relieved they were that all they lost was a bunch of metal."

Ms. N smiled, yet looked at me quizzically. I was quite shocked by this story, shocked also by the cheerful, upbeat way she told it, with all the emphasis on how great the police and nurses had been. Knowing that she was not in the same emotional place that I was, I nevertheless said, "That must have been terrible." "Yes," she agreed. "It was awful to be in an accident." I realized that her heart was not in this statement and that she was being polite to me. She went on, "I was a very sweet child and very trusting. You wouldn't think I was once so sweet! They said I didn't even cry. I just chattered away and knew everything would be fine. I was right, too."

I pointed out that her bravery as a child in this story—for example, her appreciation of the policemen's help—seemed very similar to her mother's reaction in the emergency room when she first entered the hospital, behaving in a brave way and "chattering," which was admired by the staff. The patient was intrigued with the similarity, which came as a surprise, and felt that this answered her question about why she had dreamt this dream now. "I don't usually think of myself as so like my mother at all. But this is interesting."

Ms. N added that maybe this memory was also her way of telling herself there were things to be discovered, and that it referred to the perils of an interior journey, like a trip on the highway. I was left contemplating the breathtaking similarity between the patient as a child and her description of her mother's current personality characteristics. I felt enlightened to know more about her mother's reaction formations, exposed by the sedative's loosening effect on her ego defenses. I thought about the patient's having entrusted me with a brief glimpse of the psychohistory of her inner world, including her carefully hidden maternal identification with delicacy, which might,

I supposed, have been maintained at a heavy cost to herself had it endured and been elaborated. Over the years, this identification had clearly undergone radical modification. Her own internal image of her frailty was a shock, albeit a pleasant one, after sixty-one years of seeing herself as predominantly tough and strong.

DISCUSSION

Many book titles bespeak the acknowledged drama of a girl's identification with her maternal object—Chernin's *The Woman Who Gave Birth to Her Mother: Seven Stages of Change in Women's Lives* (1998), Stern and Bruschweiler-Stern's *The Birth of a Mother: How the Motherhood Experience Changes You Forever* (1998), and Chodorow's *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (1978). Although each writer represents a very different point of view, the titles suggest that the fantasies and mental processes involved in becoming a mother lead many observers to note the repeating pattern of an adult who "gives birth" to a child, who in turn "gives birth" to an adult, ad infinitum. Chernin used a quote from Jung to introduce her book: "Every mother contains her daughter in herself and every daughter her mother, and every woman extends backward into her mother and forward into her daughter." This is a recognition in metaphor of a psychological system of projection, introjection, reprojection, and reintrojection of certain unconsciously incorporated and imitated elements of the "m/other," be they in body or mind. These internalizations become available to consciousness particularly when special milestones of the life cycle are reached by the next generation.

The cases I have presented here include episodes that can be placed along a lifelong trajectory. Each time a life crisis or new person or situation is encountered, as H. Loewald (1960) theorized, we encounter the "ghosts" of our past, who seek an opportunity to become embodied in life once more. It is inevitable that a woman will internally encounter as "remembered present" (to borrow a term from cognitive science) the intimate actions and attitudes of her primary

caretakers as they have imprinted themselves within her. In every analysis, the patient discovers either overt or hidden beliefs that the parent's way of doing things is still the gold standard, even though more worldly experience will have informed the patient differently. When this happens, the presence of the "ghost" is vivid and capable of being superimposed upon the contemporary version of the individual. In such major events as pregnancy, childbirth, and certain aspects of child care—each of which a woman's mother once did to and for her—these life-identical passages most heavily bear the imprint of the mother. The mother's illness and death is another such time for the intensification of internalizations.

I think that the biologically based elements of a woman's life, such as the facts of mature body shapes, menstruation, pregnancy, childbirth, and menopause, carry with them the most conscious and yet the most unconsciously powerful markers of psychological identifications with the mother. I am aware that a modern feminist reader may view my remarks as "essentialist," which is a way of saying that thinking which includes biology lays down laws based on the *inevitable* biology of a woman. However, I believe that there is a cogent argument against applying the essentialist label in this case. I agree that a woman's capability to give birth and other aspects of her physiological makeup do not necessarily predispose her to primary masochism, as Deutsch claimed in 1945; such a supposed predisposition does not accord with clinical experience and serves to tie the denigration of women to a "necessary" biology. This kind of thinking is "essentialist" (Chodorow 1996).

Feminist writers such as Chodorow, though, have reached an impasse concerning the links between female anatomy and physiology and the gendered inner world of women, an impasse with which I would like to struggle. Observation of the clinical, and theoretical demonstration of moments of compelling similarity between the biologically based experiences of mother and daughter, do not require a deterioration into essentialist thought. Such observation becomes only a psychological starting point, as used here, for a discussion of the psychological power of internalization. Such clinical and theoretical demonstrations need not constitute an explanatory end point.

Fluidity follows, and not fixity. Subsequent inner reactions to these phenomena, when accessed into consciousness, may become altered and transformed into almost unrecognizable shapes, such as in the case of Ms. N. Not every aspect of a mother's characteristics or regulatory interaction that has been internalized either needs to be or will be accessed at a given moment. Also, Schafer (1968) reminded us that "internalization is a matter of degree" (p. 14), and that the degree of stability of its organization varies. In presenting these three cases, I have attempted to demonstrate different reactions to the reexternalization of an ancient internalization, and a sense of the possibilities for fresh access at different points in the life cycle at which mother and daughter are reinventing their internal closeness.

In regard to the new mother, Stern and Bruschweiler-Stern (1998) also noted an absence of detailed accounts of the inner world of the new mother, especially accounts given by women themselves. These authors' belief is that the absence of data has to do with the following: (1) faults in post-Freudian theory developed prior to their own contributions, which, in their book for the lay woman (albeit oversimplified for the consumer), promise to fill the void caused by "strangely mute" "health professionals and society at large," who have not "attended to this intimate psychological experience" (p. 18); and (2) a feminist caste to emphases in female psychology on "the need for equality...[in] the workplace, sports, politics—rather than in the more problematic area of childbearing" (p. 17).

What I consider apt is the observation by Stern and Bruschweiler-Stern of "how rarely...the experience is described by mothers going through the process" (1998, p. 17). Surprisingly, though, Stern (1995) categorized this "motherhood constellation" as an entirely "new" and "unique" state of being for a woman *because,* he said, it brings into operation "the mother's discourse with her own mother, especially with her own mother-as-mother-to-her-as-a-child; her discourse with herself, especially with herself-as-mother; and her discourse with her baby" (p. 172). But these inner "discourses," as Stern himself simultaneously asserted, represent the psychodynamic development of a *continuous* inner evolution of mother and daugh-

ter. It is a contradiction, therefore, to claim that they are entirely "new."

Stern added that "the motherhood constellation" pushes to the background "the Oedipal triads of mother–mother's mother's–father and its new edition of mother–father–baby" (p. 172). This statement does not warrant a "new" designation either, since psychoanalytic writings from Deutsch (1945) onward have commonly privileged the primacy of the mother–daughter relationship when it comes to the topic of motherhood. Stern and Bruschweiler-Stern believed that a woman "develops a mindset fundamentally different from the one she held before, and enters into a world of experience not known to non-mothers" (1998, p. 5). This, too, seems exaggerated. Sisters, for example, have often closely identified with each other's birth and parenting experiences. Teenaged big sisters have often taken charge of tiny babies for overwhelmed mothers. These "mothering" experiences are related to a woman's having her own baby. Winnicott's (1956) description of and term for this stage, "primary maternal preoccupation," has not been improved upon.

Review of Case 1

In conventional analytic terms, Stern's observations correlate with a possible defensive split in the functional ego, whether temporary or more fixed over time (Freud 1938). Ms. E, for example, evidenced this split as a defense when she fed her baby in an office armchair, virtually covered by a tent of plastic, while simultaneously decrying her mother for covering upholstery with plastic to keep mess at bay—vowing that she would never do such a thing! She was certainly in discourse with her internalized mother, while also talking to me about herself, and concerning herself, too, with the immediate welfare of the infant. The analyst at this moment seemed held in a compartment of wished-for, all-good, and admiring mother, an aspect of the archaic mother. The forefront of the patient's mind (appropriately) was largely occupied by her interactions with the baby, while an *unconscious,* interactive presence of childhood experience with her own mother was enacted in the office.

Such a fresh opportunity to address aspects of the maternal relationship has been discussed by Benedek (1959) and others. It was Balint (1949) and then Benedek who first used the term "symbiosis," though in a more organic way than in Mahler's work of the 1950s and '60s (1952, 1968), where it was spelled out as metaphor for the interrelation (Moore and Fine 1990). Benedek felt that the new mother related symbiotically to her infant, and that, internally, there was a reactivation of the original symbiotic relation with the internalized mother. Ms. E spoke vigorously about her conscious disidentification with her mother and her desire to be entirely different, but analysis demonstrates the frailty of such desperate barriers.

E. Loewald (1982) noted rightly that "therapy is *not* the same two-person event with a small baby in the room" (p. 394, italics in original). The baby becomes both the activator of the mother's unconscious process, and an agent to help ward off the integration, possibly because of the associated unconscious anxiety. E. Loewald pointed to the similarity of the infant's devotion to his or her transitional object and the new mother's devotion to her baby. "This is a way station in the baby's development of object relations.... The mother too normally makes such a transit during her baby's early months from an 'inner' perception to an 'outer' perception of his reality" (p. 398). This description of this stage of a mother's existence, as well as my own observations, seems to affirm Benedek's sense of the "spiraling of interpersonal processes" within the new mother. The schematically perceived, all-admiring, or unexamined, "all-protective," presence of the analyst or therapist may provide a benign constancy to soothe a more hidden tumultuous inner world—one so active in its progressive regression that it must stay in the here and now, as yet unable to find verbal expression.

Review of Case 2

Ms. T was more mature in her motherhood. Her phase involved working on her increasingly undeniable identification with her mother. She showed an ability to engage in the analytic process and

to bring conflicts home to the interaction with the analyst. She struggled between forbidden pleasures and their severe prohibitions. She reexternalized her internalized mother into the room. This process was given much vigor by the simultaneously stimulated conflicts with her daughter Alicia. Would Ms. T have had such inhibitions to work through had she not had a child? Perhaps. I believe that the conflicts would have shown themselves, possibly in other forms, in some situations of intimacy with those whom she could symbolize as children—people she viewed as needy, dependent on her, and looking to her for help.

The urgency to work through conflicts varies among patients, of course, depending on the environmental tolerance and/or how much these conflicts offend the patient's best aspirations for him- or herself. Similar problems may have come to light with Ms. T's school pupils, for example. But the immediacy of her reactivations and her desire to work out better avenues here were propelled by her ambitions for her daughter as her reactivated self, and also by her own ambitious mother within her.

The imagery of Russian dolls seems to me a poetic expression of the intuitive knowledge of internalization. Ms. T's dream of the doll is particularly apt to my topic of the importance of interwoven physicality in the interactive drama of gradual internalizations between a girl and her mother. Ms. T 's analysis of her daughter's doll revealed the following: central curiosities regarding wishes to explore the mother's exterior surface and mysterious interior cavity with the hands; an omnipotent desire for the physical power to take her mother apart and put her together again; and affective mastery of the symbiotic fantasy of separating and reuniting. These issues were condensed in the concrete actions of Alicia, who parted and joined the dolls while rhyming "thumb-and-pull-out-a-plum." This behavior suggests an informing fantasy of the search in the body's interior for something delicious, hidden from view, good enough to consume, and something to which there are barriers.

Childhood genital masturbation was the focus of Ms. T's guilt in this session, as it had become externalized in a challenging way with her oedipal-age daughter. The memory of embarrassment at her own

masturbation and her parents' reactions was presented for work in the transference by including the analyst in the strict parental imago and using the session's associative verbal play to express the impact of comparison with masturbatory pleasure. Ms. T's desire to confront the phenomenon and overcome her inhibition was fired by the motive of freeing her own sense of pleasure, thereby freeing her child's pleasures. Pleasure in the body was a part of Ms. T's aspiration for her child, and less directly so for herself.

Even in this brief vignette, one can appreciate how such a maternal or superego ideal (Blum 1976) can appear to be a solipsistic ideal attached to an abstract notion of *the* ideal mother. In analysis, similar unconscious aspirations of the mother of the previous generation will frequently be noted. Here, Ms. T's mother is certainly remembered as having been *unplayful;* yet a paradox was introduced in the revelation about the mother's passion for the opera, suggesting a coexistent, hidden measure of positive feeling about play. We may here be dealing with *three* generations of female bodily pleasure inhibition, now represented by the behaviors surrounding the dolls within the doll.

The visual shape of these Russian dolls also expresses the girl child's thought experiment about her future body—the bulges of the breasts and hips and the narrower waist (Balsam 1996). Alicia graphically demonstrated her fascination with and attraction to both being like mommy and being better than mommy. (The doll was purchased in the context of the story about mommy always wanting, but never having, a fine doll like that one.) Female-to-female physical comparisons and the struggle for superiority would not be surprising components of further material as it unfolded in the analysis, backward and forward in time between Ms. T's daughter and her own mother. The shape and physicality of the female analyst, especially, often become intermediary foci of attention in sorting out such strands (Balsam 1996). Thus, each physical component of connection between daughter and mother becomes subject to the process of internalization, carrying with it the interpretation of the subject's attitudes, which will emerge and be expressed in the future as the situation arises.

Review of Case 3

Finally, in the case of Ms. N, the child becomes not "Father of the Man" (Wordsworth 1990), but "mother of the woman." The reversal of roles in later life seems to call up from the depths for reworking the earliest encounters and earliest internalized experiences with primary caretakers. Turrini and Mendell (1995), in their overview of the literature, pointed to developmental threads—from as early as the age of eighteen months—in little girls' behaviors that suggested the beginnings of caretaking attitudes toward their own mother. For example, in play designed to "comfort herself when her mother is away," the little girl "may be heard to say 'mama' and 'baba' while cradling and rocking her doll" (p. 103). Further, "from being soothed to becoming the soother exemplifies the internalization and establishment of maternal behavior" (p. 103). Turrini and Mendell also noted the mother's role in directing the child to turn hate into love, thus laying the interactive foundation for ego defensive operations such as reaction formation. One can see echoes of these processes still being activated in Ms. N at the age of sixty-one.

Ms. N's elderly mother, Ms. F, seemed to have a very different personality from Ms. N, who thought of herself as the opposite of her timid, romantic mother. She was also very fond of her mother, and demonstrated well-developed abilities to take care of others; the patient did not shy away from her mother's health crisis. These responsible, caregiving behaviors were also consistent with help given to her own children over the years. Ms. N gave reason to believe that her mother had been a competent caretaker, so it can be assumed that these gifts had originated in her early experiences with the now-frail mother. One can see that the maternal and feminine identifications involved in the patient's stable and reliable caretaking abilities stood quite separate from what she rejected as "feminine wiles."[1]

[1] This kind of data emphasizes to me the caution with which we should use the concept of "femininity" in theory building, since we run the risk of conflating too many qualities of being female under this one umbrella, which may disguise inherent value judgments that assume how women *should* be.

Seductive and coy female behaviors were indeed a part of Ms. N's mother's femininity. It is an interesting puzzle to wonder how the Ms. N of the rollicking expletives had emerged from the nest of Ms. F. What had become of the potential for this mother to offer her daughter for internalization the "feminine" delicacies which so often bring social approbation? The crisis in the emergency room seemed to suggest routes toward solving this puzzle. The story of the shocking car accident, and Ms. N's probable confusion and terror in being separated from her injured parents so suddenly, with all kinds of chaos going on in the night, point to the role of trauma in the ultimate fate of the variety of possible internalizations.

The three-year-old Ms. N, by all accounts, was at that time able to use charm and little-girl seductiveness toward the alien grown-ups, the policemen and nurses. This suggested a strong imitation of these aspects of mother. Her apparent friendliness in these immature identifications was highly adaptive at the time. Yet in her present-day dream, the child in the crib appeared lifeless, even though "angelic." The reference to a halo probably encoded a reference to death in the air, both on the night of the accident and now at her mother's bedside. Mother had "chattered away" in the emergency room, just like little Ms. N at the police station after the accident—cheerful on the outside but alone and afraid on the inside, as suggested by the child "alone" in the dream. Mother's fury had been released subsequently upon the same doctors and nurses who had called her "cute" in the emergency room!

The present and past were thus blended for Ms. N. The effects of the early trauma may be postulated to have left little Ms. N much more wary of presenting her cheery, affable, "feminine" self to the world. One would need to know much more, but it is tempting to wonder whether the now-patterned aggressive, cursing, "sailor" mode had been constructed to retaliate against her mother for her failure to protect her on the night of the accident. Underground anger could be detected in her adult tone of brusqueness. Of course, more than one experience would be required to account for the widespread, stable structure in these reaction formations, which had given a particular flavor to her entire character.

The surprising aspect that Ms. N revealed to herself and to me at this time was how *alike* she and her mother actually were, as revealed in these moments of acute stress, and that they were especially alike in their tendencies to create reaction formations. Ms. N's more alienating claim of being the direct opposite of her mother was only partially accurate. The capacity for tender caretaking could now begin to be fully owned by Ms. N, without a fear creeping in that if she were to reveal her tenderness, the world would find her exposed, turn suddenly chaotically cruel, and rob her of the dear bond with her beloved mother.

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ON TRYING SOMETHING NEW: EFFORT AND PRACTICE IN PSYCHOANALYTIC CHANGE

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This paper describes one of the ingredients of successful psychoanalytic change: the necessity for the analysand to actively attempt altered patterns of thinking, behaving, feeling, and relating outside of the analytic relationship. When successful, such self-initiated attempts at change are founded on insight and experience gained in the transference and constitute a crucial step in the consolidation and transfer of therapeutic gains. The analytic literature related to this aspect of therapeutic action is reviewed, including the work of Freud, Bader, Rangell, Renik, Valenstein, and Wheelis. Recent interest in the complex and complementary relationship between action and increased self-understanding as it unfolds in the analytic setting is extended beyond the consulting room to include the analysand's extra-analytic attempts to initiate change. Contemporary views of the relationship between praxis and self-knowledge are discussed and offered as theoretical support for broadening analytic technique to include greater attention to the analysand's efforts at implementing therapeutic gains. Case vignettes are presented.

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INTRODUCTION

In Freud's view, and those of many subsequent practitioners and theorists, action was an obstacle to insight. Historically, this view has been rooted in the economic model of psychic functioning, holding that drive discharge and gratification sap the mind of any internal pressure to overcome repression. Action, serving as the vehicle for instinctual gratification, was seen as counterposed to thought and reflection, serving as the vehicles for insight. Action was therefore conceived of as a problem intruder, to be disarmed with proper technique and, if necessary, analytic scrutiny of one's countertransference.

Current thinking takes a less banishing posture toward the influence of action in psychoanalytic process, its inevitability, and its usefulness (see, for instance, Jacobs 1986; McLaughlin 1991). The idea that many interpretations are preceded by enactments is widely held, at least in those circles influenced by relational theories. From this point of view, the material to be interpreted makes itself known initially through action and reciprocal reaction within the patient–analyst dyad (Renik 1993). The idea that action in some form is directly linked to the deepening of understanding is central to the thinking of many contemporary theorists, who have come to view action and understanding as sharing an intimate connection in the analytic process of change. Action becomes a necessary precursor to understanding, a means of expressing what is understood, or a means of conveying understanding to another. The emphasis is on acknowledging and legitimizing action between members of the analytic dyad within the analytic hour. The major implications of these ideas relate to the therapist's technical handling of what are now termed "enactments," and to an understandably welcomed lessening of therapeutic guilt when noninterpretive actions transpire.

In the discussion that follows, I examine the role of the patient's efforts at change outside of the therapy hour in furthering therapeutic gains. Specifically, I argue that the patient's effort to apply knowledge gained in the therapy setting to "real life" is a crucial step in integration of that knowledge, inasmuch as these attempts highlight fresh conflicts, reveal new facets of previously explored conflicts, de-

marcate the extent to which therapy gains are transferable and accessible, and firmly anchor new understanding in complex patterns of cognitive—affective—motor responses. I refer to these purposeful attempts to alter one's response patterns and adopt new modes of feeling and relating as *psychoanalytically informed elective action*. For the sake of brevity, I will use the less cumbersome and more concise phrase *elective action* for the remainder of the present discussion.

ELECTIVE ACTION

Elective action refers to conscious, intended actions or responses, including explicit behaviors, thoughts, and feelings that are attempted under the aegis of a psychoanalytically informed perspective on oneself, and which represent attempts to alter habitual modes of responding. Elective action is to be distinguished from impulsive action as well as from conscious, planned but habitual responses. I have chosen to expand slightly upon Valenstein's (1983) term *analytically informed action* because I wish to emphasize the conscious aspect of the process I am discussing. Vanggaard (1968) suggested the term *actions of trial and error* to distinguish between these attempts by the patient at more adaptive responses and acting-out behaviors.

Many of the ideas expressed here are not new, but have been relatively underemphasized in our literature and in our discussions of technique because they are hard to reconcile with traditional theories of neutrality, abstinence, and the nature and goals of the therapeutic process. I hope to show that current thinking about action and its relationship to knowledge offers an opportunity to reassess the role played by active attempts at behavior change outside of the analytic relationship in furthering progress in symptom change. The following clinical example illustrates the process I will discuss, described in the words of a patient attempting to alter a troubling inhibition.

Clinical Vignette 1

Mr. A, a patient in analysis for several years, reported the following. A friend was having difficulty with one of his children, who had

become involved with drugs and alcohol. Mr. A felt he should call and acknowledge the problem and offer advice and support. He had heard of the problem indirectly, through office rumors and gossip. He felt that reaching out by initiating a call might help his friend, who he imagined must be suffering enormous shame. Hearing of the problem, a woman friend had expressed a sense of moral outrage and condemnation of the situation. In speaking with this woman, Mr. A had suggested that someone call the man and inquire directly about the situation, stem the gossip and rumors, and offer assistance. In a moment of uncharacteristic boldness, Mr. A agreed to make the call himself.

Having committed himself to making the call, Mr. A felt a mixture of both pride and anxiety. He was pleased that he had been able to so easily put himself forward in this manner. Part of his purpose in entering analysis had been to free himself from the inhibitions which so often kept him from stepping forward and assuming leadership roles. He had considerable talent in his chosen field and was liked and accepted by his peers, but often inhibited himself from pursuing opportunities which he felt put him too much in the limelight or were too competitive and assertive. Over the course of Mr. A's analysis, he had done considerable work on this problem and had come to understand many of the dynamics behind his inhibitions.

Alongside his pride over having committed himself to act in this particular situation, Mr. A began to experience an equal, if not greater, degree of anxiety and trepidation. For a week he avoided making the call, consciously rationalizing his avoidance while simultaneously struggling with the multiple, anxious fantasies which flooded him. In these fantasies, his friend became his older brother, whose fragile narcissism the patient had preserved by adopting an obsequious, admiring posture in return for his brother's interest and mentoring. Calling to offer advice and support was an aggressive, competitive act and risked (in fantasy) shaming his brother and provoking rage and abandonment. The assumption of intimacy and equality he felt was implied by his calling was an act of assertion that engendered much anxiety. Mr. A anticipated, and fantasized repeatedly, that his call would be met

with derision, scorn, and humiliating dismissal. He imagined a variety of scenarios, all permutations on the theme of "Who do you think you are, pip-squeak?"—to which he would react with mortification and a near incapacity to speak.

That Mr. A had promised his woman friend he would call complicated the situation further. He began to feel that a woman had promoted him into an uncomfortably familiar role. During Mr. A's childhood, his mother had selected him as her favorite child and confidante. He felt himself to be the salve for her disappointment in his father, a silent, unavailable man who had stubbornly removed himself from her emotional neediness. In his fantasies, Mr. A once again assumed the role of a strong, responsive man who would listen to, appreciate, and respond actively to the entreaties of his mother. This was a role he had always assumed ambivalently. While he derived considerable libidinal gratification from this role, he also felt himself to be a little boy suddenly coerced to take on the role of a man and expected to satisfy the emotional needs of a grown woman. The anxiety and dread he felt at such "promotions" to manhood he likened to that of a seven-year-old who has suddenly awoken to find himself at bat in the World Series.

After much agonizing, Mr. A finally made the call, and it was met with appreciation and gratitude. He was enormously relieved and felt a boost of energy, pride, and self-satisfaction. In discussing the incident, Mr. A stressed the internal debate he had had when he finally stopped procrastinating and sat down to make the call. He described it as an "existential moment," in which he felt he could decide to go forward and risk new behavior or simply continue the same avoidant stance. His description of the events leading up to the actual making of the call were apposite: he spent an hour in his office, alternately picking up the phone, feeling flooded with anxiety, and replacing the phone on the hook. He would then examine his thoughts and feelings, identify the fantasies generating his anxiety, and attempt to consciously counter them and "reality-test" them. This process would help quell his fears somewhat and enable him to try again.

Mr. A could distinguish in his feelings the difference between being a frightened little boy who was trying to please his mother (which

he experienced as a dreaded obligation) and his "own" wish to be able to behave in a more assertive, less anxious manner. He was aware of many of the reasons for his anxiety, and all of the background dynamics and fantasied meanings of the situation discussed above were readily available to him. Still, he remarked, he was frightened; he had a choice of how to behave, and that choice contained one of the important goals he had set for himself in the analysis. Mr. A believed that his analysis to date had enabled him to get to this point, and that his actions were more a matter of conscious choice at this point than they could previously have been. Despite this, he emphasized, he was filled with anxiety, and ultimately had decided to push on in spite of his fears because he felt it was a "real-life" challenge to practice what he was trying to accomplish. Talking about his anxieties more in analysis would help, he stated, but he did not think that talk alone would dissipate his dread.

Discussion. This vignette was chosen because it illustrates a patient's attempt to transfer gains in self-understanding from an analytic setting to an extra-analytic situation. Mr. A felt he had "come as far as he could" in the analysis itself unless he simultaneously attempted to work through his anxieties outside the analytic setting and attempt new, less inhibited responses to "real-life" challenges. Mr. A's capacity to interrupt a symptomatic response and attempt (successfully) to respond in a manner more consistent with his therapeutic goals, informed by a greater awareness of the dynamics of his inhibition, illustrates what I term *psychoanalytically informed elective action*. Note that Mr. A felt able to distinguish between action he might undertake in response to a fantasied obligatory demand and action he wished to undertake as an extension of his goals for himself. The struggle to adopt a new response was experienced as quite conscious, and although there undoubtedly were also many unconscious factors at play, the patient experienced himself as faced with an essentially existential choice. He felt himself to be working against established patterns and anxiety-reducing responses, and instead attempting to institute newer patterns which in the moment were anxiety-ridden but derived from his overall goals. Mr. A experienced himself as practicing something new and previously unavailable, and spoke of it as trying to do

something different which felt both possible and awkward at the same time. Knowledge acquired in the analytic setting served to support and encourage him.

How do we understand psychoanalytically what happened here, what Mr. A accomplished? Is this a bit of behavior change which can be taken for granted as the expected outcome of prior analytic work? Is Mr. A a closet behaviorist, pressing on in the face of anxiety to desensitize himself? How much do we allow ourselves an explicit interest in such changes in symptomatic behavior? What role, if any, do we accord to Mr. A's conscious efforts to try something new?

THE NEGLECT OF SYMPTOM CHANGE

In popular culture, psychoanalytic therapies are frequently lampooned as forms of endless self-examination leading to little change in behavior or real-life circumstances. As members of our field, we often respond to critiques like this quite defensively, suggesting that in a variety of ways the criticism reflects negative transference not thoroughly dealt with, or that in some other fashion the analysis did not reach necessary interpretive depth. The exact nature of the response follows the lines of one's theoretical preferences, so one might respond that a lack of progress resulted because the patient's masochism was not worked through, conflicts over aggression were not sufficiently addressed, the patient's real self was not authentically engaged, or needed conditions of safety were not established. The particular response made and its applicability to the case at hand are not my main points.

Rather, I wish to emphasize the tendency to view the patient's success or failure as directly and exclusively tied to experiences occurring within the therapy setting, and, furthermore, as depending primarily on whether certain conditions described by our theories of technique are established. It is this idea—that the actions of the analyst as expressed in and through interpretation, the communication of empathy in various ways, and the provision of an analytic environ-

ment—are generally sufficient for meaningful change to occur in the capacity of the patient to live a freer life which I wish to challenge. Certainly, these elements are necessary for forward movement to be possible. Everyday clinical experience affirms that bad outcomes are all too easily obtained if basic aspects of the therapeutic experience and process are missing. The issue is one of sufficient conditions, not of necessary ones.

Like many concepts in our field, the idea of change in analytic therapy has many referents. Discussion of change can focus on various aspects of a patient's experience, including the capacity to relate in a more emotionally open fashion to the therapist, to associate more freely (Kris 1982), to allow for the acknowledgment of less socially acceptable and more primitive aspects of one's inner life, to be freer of anxiety or guilt, to be able to observe with greater clarity the workings of one's own mental processes (Busch 1992, 1993, 1994; Gray 1994), to know one's unconscious fantasy life more fully, to develop and reflect on a fuller transference experience, to become less overtly symptomatic, or to be able to behave in ways outside of analysis not previously available, or available in only restricted or anxiety-laden ways. Doubtless there are other definitions possible. See, for example, Fishman (1996) and Wallerstein (1965).

One can broadly categorize definitions of change in psychoanalysis according to whether they are process changes or outcome changes. Simply put, process changes are those that occur in the process (or quality) of the analytic experience itself. For instance, it is often argued that progress is being made if there is a deepening in the transference or if the patient is able to associate more freely. Outcome changes typically refer to something tied not to the therapy itself, but to the life of the patient outside of therapy. Goals for these changes are often clearly stated by the patient as he or she enters therapy, and are the raison d'être for doing so. These are the painful symptomatic difficulties or compromise formations that limit our patients' lives, the eventual changes in which will determine their evaluations of whether psychoanalysis helped them.

Despite the obvious importance of outcome goals, explicit attention to therapeutic change has a mixed history in psychoanalysis (for

a full discussion of this topic, see Bader 1994, 1998). For instance, referring to the centrality of outcome goals, Stone (1984) wrote, "I know of no adequate rational motivation for turning to analysis —and persisting in it through its deeper vicissitudes—other than the hope for relief of personal suffering" (p. 425). Freud (1912a) expressed a similar view years earlier when he wrote, "It is a matter of complete indifference whether the patient overcomes this or that anxiety or inhibition in the institution [treatment setting]; what matters is that he shall be free of it in his real life as well" (p. 106).

However, as Bader (1994) has convincingly pointed out, there is ample evidence of a "tilt toward process goals and away from therapeutic goals" in the clinical literature and in our clinical discussions. Bader traced what he believes to be subtle privileging of process goals in psychoanalytic theory and practice, accompanied by a disinterest in, and often a devaluation of, outcome goals. He demonstrated how the pursuit of therapeutic aims and the pursuit of understanding have often been posed as in conflict with each other, originating perhaps in Freud's own mixed ambitions as a healer and a scientist. Although it is by no means an uncontested viewpoint, many psychoanalytic theorists and teachers over the years have argued that we should suspend interest in symptomatic change or therapeutic accomplishments.

Among many others, Bader cited Oremland (1991) as an example of this opinion. Emphasizing the superordinate role of self-understanding in psychoanalytic work, Oremland wrote, "The psychoanalytic orientation attempts to understand...not offer the promise of relief, healing, or cure (medical concepts) or salvation (a religious concept)" (p. 11). More recently, Bader (1998) has argued that the postmodern influence in contemporary psychoanalytic thought unintentionally buttresses the de-emphasis on striving directly for therapeutic results seen in much of classical theory. By stressing uncertainty, ambiguity, and the co-constructed nature of the clinical process, postmodern thinking conceptually disarms "our ability to find regularities, lawful relationships, and useful validation criteria" (p. 27).

THERAPEUTIC INTEREST AND NEUTRALITY

In classical psychoanalytic thought, admonitions against aiming for therapeutic gain stem from concerns over the analyst maintaining a neutral posture. Freud (1912b) warned against "therapeutic zeal" (p. 115). Bion's (1967) caution against "memory and desire" implies a suspension of interest in any particular outcome. Allison (1994), stating a position which he apparently felt to be so mainstream that it required no discussion, wrote, "By contrast [with psychotherapy], psychoanalysis proper does not have specific goals..." (p. 344). Hoffer (2000), in an elegant discussion of neutrality and therapeutic alliance, wrote in a similar vein:

> The patient seeks relief from suffering which implies change and presumably better conflict resolution. The analyst's goal—while he or she would be happy if the patient achieved the goals mentioned above—is, I submit, a somewhat different, more basic one. Specifically, I will argue that the analyst's primary goal is to help the patient explore and elucidate as fully as possible both sides of the meaningful conscious and unconscious conflicts in the patient's life. *Period.* [p. 35, italics added]

Hoffer was perhaps somewhat more ambivalent than some others; he allowed permission for the analyst's pleasure in therapeutic advance, while distinguishing this from the analyst's "basic" goal. Yet he seemed to be in subtle conflict with himself over where the analyst's wishes for the patient end. By labeling exploration of conflict as the analyst's "primary goal," he seemed to be suggesting that the analyst has other, secondary or tertiary goals. He seemed to imply that therapeutic goals might be among them, since he acknowledged that the analyst might take pleasure in the patient's resolution of conflicts. Yet he ended his statement with a rhetorical "period," indicating he left no room for the analyst to have goals beyond that of exploring and elucidating conflict. Hoffer seems to have left us with a portrait of the analyst that allows for

reactively taking pleasure if change should occur, but not for any particular commitment to encourage it. This vision of the analytic process and the analyst's interest is a familiar one to any reader of our literature. The analyst elucidates conflicts and interprets transference; actual change on the patient's part outside of analysis is a by-product, not a goal, of the process.

Hoffer's advocacy of a "neutral" position with respect to therapeutic change has many advantages, not the least of which is that it encourages in the patient the suspension of urgency in the service of reflection and examination. Of equal importance is the radical freedom offered the patient to come to his or her own resolutions free of the burden of pleasing the analyst. However, adopting a posture of neutrality toward any particular resolution and change is not the same as remaining neutral toward whether change (here defined as change in symptomatic behavior) occurs at all. Furthermore, to adopt a tactical position that discourages an overemphasis on change in order to encourage the deeper exploration of obstacles preventing change, or a more complex elaboration of what change the patient might ultimately intend, is not the same as adopting an analytic philosophy that ultimately professes no interest in whether or not therapeutic change occurs. To suspend interest in symptom change for periods of time in order to explore conflict is one thing; to set aside all investment in it is another.

Nor is adopting a neutral posture toward outcome goals and symptom resolution as straightforward as it may at first appear. As has been noted recently with respect to many behaviors of the analyst, what may seem neutral to the analyst may appear quite unneutral, or even abandoning, to the patient. Kris (1990), for instance, has discussed how the therapist's silence in the face of the patient's self-criticisms is often experienced as agreement rather than neutrality. Similarly, indifference to whether symptomatic change is manifested outside the analytic hour can be experienced as quite unneutral by the patient.

A slightly different perspective on the problem of the analyst's neutrality toward outcomes was offered by Oberndorf et al. (1948), who pointed out that although therapeutic zeal may reflect problem-

atic countertransference, a passive stance toward outcomes may reflect countertransference as well. More recently, the concept of neutrality itself has been challenged (Renik 1996), inasmuch as any analytic intervention or lack of intervention reveals facets of the analyst's subjectivity. Echoing Oberndorf, Hoffman (1996) reminded us that not responding to an aspect of the analytic material is in itself a response, and is therefore inescapably freighted with meaning. In the end, restricting our analytic attention to the exploration of conflict and to the vicissitudes of the transference may not offer the degree of protection against countertransference "acting out" that such a restriction is intended to afford us.

THE TECHNICAL EMPHASIS ON TRANSFERENCE

In the earliest days of psychoanalysis, symptoms and their resolution had a much more prominent, if not preeminent, position in treatment. Psychoanalysis began by focusing on symptoms. Patients arrived (as they do now) with a list of symptoms and symptomatic behaviors, seeking relief from them. Early technique was very symptom-focused; it involved asking the patient to tell all he or she could about the symptom and aiming to trace its topography and natural history to a point that it could be fully understood, and the strangulated affects associated with its origin released. This "chimney-sweeping" procedure, as Anna O. called it (Breuer and Freud 1893-1895, p. 30), gave way to what we know today. The patient determines the content of the hour, beginning with whatever is on his or her mind, without necessarily focusing on any particular symptom. Direct interest in symptom change has lessened, replaced by a variety of more familiar foci, such as articulation of unconscious fantasy life, development and resolution of transference neurosis, or the goal of a greater capacity to experience an authentic self. Accompanying this shift in emphasis may be a tendency to disparage any direct interest in symptoms. This tendency is often buttressed by a view that symptoms are superficial, surface expressions of dynamic conflict. The richer depths are the

more proper concern of psychoanalysis. For an analyst to avow an interest in symptoms per se is to flirt with the danger of being labeled a "behaviorist."

Theoretical and technical advances in understanding and handling the transference also contributed to a decline in emphasis on overt symptom resolution. As theory developed concerning the crucial role the development of a transference neurosis played in a successful analysis, the necessity of gauging therapeutic progress according to symptom relief was de-emphasized by many, and replaced by increasing attention to the unfolding transference drama. This shift in analytic attention away from symptoms also served as a protection against transference cures. Technical attention shifted accordingly, with the clearest examples of this shift perhaps being Gray's (1994) close scrutiny of the moment-to-moment shifts in mental functioning within analytic hours, and Gill's (1982) well-known argument for a heightened, active transference focus as the primary concern of the analyst.

Recent interest has moved toward examining the transference as an intersubjective, mutual, or co-constructed experience (Aron 1996; Stolorow and Lachmann 1984/1985). Reviewing the merits of any of these developments is beyond the intended scope of this paper. The point I wish to make here is that the trend toward greater focus on the transference—and, in a related vein, toward greater emphasis on intrasubjective and intersubjective processes as they emerge in the immediate analytic hour—exerts an ineluctable pull on the attention and interest of the analyst. Dynamics rooted in both identification and compliance can lead patients in the same direction. The result, as Bader (1994) warned us, is an analytic process too insulated and hermetically sealed, without sufficient means of checking its own efficacy.

Like the undervaluing of overt symptom change, the tendency to be suspicious of action in analysis tends to create an environment in which reflection, introspection, and pursuit of ever-deeper and more subtle nuances of understanding can be overvalued relative to the acknowledgment that an increased capacity to think, feel, experience, or do outside of the analytic dyad is the ultimate goal of analysands.

Gabbard (1997), for instance, has recently felt it necessary to remind us that

> Analysts must always keep in mind that the ultimate purpose of analyzing transference is to facilitate greater understanding in the patient's *other* relationships. Patients enter analysis with the expectation that what they learn in analysis will be applicable to outside life. [p. 23]

Until recently, discussions of action on the part of the analysand or analyst have tended to focus primarily on the function of the action as expressing resistance, "acting out," or countertransference. Many contemporary theorists have begun to question this viewpoint, asking instead whether actions taken within the analytic dyad may be more fruitfully thought of as expressions of dynamics not yet capable of being processed verbally. Although not directly addressing the topic of the analysand's activity outside the analytic setting, recent theorizing marks a renewed interest in examining the role of action in contemporary theories of therapeutic change.

INSIGHT AND RESPONSIBILITY

An early supervisor of mine described his orienting remarks to patients beginning analysis. After informing the patient that an attempt should be made to share as much of his or her thoughts and feelings as possible, and that from this effort would come the opportunity to learn much the patient did not yet know about him- or herself, the supervisor added, "At some point, you will have to try to put into practice in your life what you learn here." I have never heard this type of statement from any other supervisor, nor has any of a number of analysts I have polled about it. This one-sentence addition to the fundamental rule radically underscores what Rangell (1981) called the "responsibility of insight" (p. 129). Rangell's felicitous phrase captures the sense of obligation that insight carries to actively attempt change in the wake of newly won perspectives about oneself. My supervisor's addition to the fundamental rule operationalizes this

obligation in the form of an expectation the analyst carries, in line with the therapeutic goals of the analysand.

The analytic situation as it is often conceptualized involves a kind of suspension of time in which all aspects of an emotional struggle can be delved into and examined without reference to the fact that time is passing. Hoffman (1996) made this point when he stated:

> *There is never any hurry in psychoanalysis....* A common illusion that I think we try to maintain is that analysis is a kind of *sanctuary* from the world of choice.... Opportune moments for action come and go. They do not necessarily recur, and they certainly do not last forever. [pp. 106-107]

To put it in the language of computers, analysis takes place in real time.

Renik (1998) has stressed the dangers inherent in allowing an analysis to proceed without anchoring it securely to the everyday, therapeutic goals of the analysand. He stated, "Referring to therapeutic goals locates a clinical analysis within the reality of the rest of the patient's life. Otherwise, there is a danger of analysis becoming a sequestered, self-sustaining, escapist exercise—a separate reality, so to speak" (p. 581). Comments like these by Hoffman and Renik should serve to remind us that analytic exploration takes place in time, not during a kind of "time out." Poland (1997) captured this view succinctly when he wrote, "The unconscious is timeless, but life, the clock and the calendar are not" (p. 192). Analytic perspectives that do not keep this fact in the foreground tend to minimize the need for analysands to grapple actively with their problems in the present tense, outside as well as inside the analysis.

There is always something more that can be said about a problem, some relevant dynamic worth further exploration or elucidation. This fact of psychic life can cause very vexing problems. The desire to explore further always wins out in psychoanalysis. To again use the language of the computer world, it might be said that further exploration is the default option when the eventual necessity of trying to do something new (and potentially scary) in one's life is not kept in clear view someplace on the analytic computer screen.

Freud (1919) was aware of this when he wrote that the analysis of severe obsessionals "is always in danger of bringing to light a great deal and changing nothing" (p. 166). While his concern was valid, I believe the danger he described is present in many other analyses as well.

In the same vein, I have often been impressed with the role a partner or significant other can play in serving as an emotional gyroscope to keep a therapy on a utilitarian course. In my experience, a partner's complaints or trenchant observations often contain invaluable feedback about what is not being carried over into an analysand's extra-analytic life. Such observations, although usually couched in some degree of transferential distortion and offered with complicated agendas, contain potentially crucial feedback for the analyst willing to take such complaints seriously. Furthermore, external demands for change, in the form of a partner's complaints or some other life pressure, can play an important role in reminding the analysand that active attempts to struggle toward new responses in extra-analytic life are an intrinsic aspect of any successful change.

Although the element of practice has not historically been emphasized in psychoanalytic theories of change, neither has it been completely overlooked. Valenstein (1962) wrote:

> However vital and veritable it may become there is nothing magical about insight; in and of itself, it is not equivalent to a change in behavior, nor does it directly produce the relatively conflict-free readaptation which is the hoped-for outcome of a successful psycho-analysis. For there to be final adaptive change, alterations in behavior, whether subtle or obvious, must somehow come about as a result of modifications of action patterns. [p. 323]

It might be assumed that the concept of "working through" might include this aspect of analytic toil. Yet Brenner's (1987) well-known review paper on working through, except for mentioning Valenstein's (1983) work, paid little attention to the necessity for effort and practice on the analysand's part as an important aspect of the change process. Likewise, Wilson (1992) in his review of working through, did

not mention this factor, other than to cite Valenstein (1983) in his literature review.

The earliest recognition of the analysand's eventual need to struggle directly with new behavioral responses and against symptomatic patterns belongs, not surprisingly, to Freud. In 1919, commenting on the difficulties encountered in treating phobias, he wrote:

> One can hardly master a phobia if one waits till the patient lets the analysis influence him to give it up. He will never in that case bring into the analysis material indispensable for a convincing resolution of the phobia... One succeeds only when one can induce them by the influence of the analysis...to go into the street and to struggle with their anxiety while they make the attempt.... It is only when that has been achieved...that the associations and memories come into the patient's mind which enable the phobia to be resolved. [pp. 165-166]

I believe that this observation has wider implications and need not be restricted to the analysis of clinical phobias. It can be argued that all neurotic symptoms have a phobic element to them. Rangell (1981) referred to the "diffuse phobic mechanisms" (p. 130) at the core of every neurosis, suggesting that this phobic aspect of neurotic life often prevents insight from leading to action. Insight becomes sterile, solipsistic, or impotent, and does not lend itself to the development of new capacity or response. The patient may understand more but is no freer. Ultimately, insight leads to change only through its capacity to be translated into new action. Rangell (1981) stated:

> While expansion of insight and reduction of anxiety are major steps, they are only way stations toward the goal. Results then depend on actions, which were tested and interrupted during the formation of the neurosis, being completed.... Positive actions become desirable if not necessary *both in the analysis and in life.* [pp. 122, 130, italics added]

It might be argued that the analytic relationship itself affords the proper setting for the analysand to practice new responses, protected

as it is and yet simultaneously available to the analyst's participation-observation. This perspective rests heavily on the "treatment situation as laboratory" model which so intrinsically forms the basis for our understanding of transference analysis and its relationship to change. Although powerful, this model is limited in effectiveness precisely to the extent that the treatment situation becomes divorced from the patient's everyday life (Renik 1993, 1998). When going well, a good analysis includes a great deal of practicing, rehearsing, and "trying on for size." However, even when such practicing brings about a greater degree of comfort with newer responses in the transference, the step of carrying these responses over to nonanalytic situations remains. This carryover is necessary because no extratransference situation exactly mimics the transferential one. Additionally, there are many problems that can only be incompletely replicated in the transference. Although significant and necessary work can be accomplished on such problems within the analytic setting itself, the ultimate establishment of new responses requires practice and effort outside the analytic dyad, "closer to home," in order to achieve ecological stability.

THEORETICAL CONSIDERATIONS

Wheelis (1950) attempted to tackle many of the issues discussed here. Working from an energy discharge metapsychology, he stated that personality changes of lasting significance occur only as new modes of action are established. Older established behaviors suffice until they no longer guarantee tension discharge. Trial action in thought allows for the planning of new courses of behavior aimed at more complete satisfaction, but these new courses of behavior do not and cannot be established as integral aspects of the personality until they are constituted repeatedly in action. The repeated lowering of tension brought about by new responses leads to a variety of related personality adjustments, including "new ways of feeling and reacting, new attitudes toward people, a new orientation to many aspects of living which are appropriate to that way of life" (p. 143).

In a series of papers, Rangell (1968, 1969, 1971, 1981) discussed the psychoanalytic understanding of decision-making. He argued that decision-making, the capacity to intentionally embark on a course of activity, should be rightly included among the executive functions of the ego. In Rangell's view, new and more adaptive responses, either behavioral or emotional, follow from the increasing development of insight if there is no impairment or deficit in the capacity of the ego to test, choose, and implement courses of action. Where such an ego weakness exists, it is to be considered a pathological variant, which must be explicitly attended to in the course of analysis. What Rangell (1971) specifically clarified in the traditional psychoanalytic theory of change was the frequently overlooked role that active choice and decision, either at a conscious or unconscious level, play in the translation of insight into adaptive change.

Valenstein (1983) suggested that the traditional tripartite division of consciousness into cognition, affect, and conation stops short of a complete accounting of the modal functions. To these principal functions of consciousness, he adds action, defined as "the actual carrying out of an (impelled and sensed) imminent activity" (p. 358). For Valenstein, the importance of this addition rests on the fact that having added action to the list of modal functions, the analyst can begin to phrase interpretations in such a way that action (or any of the other three elements of consciousness) can be selectively stressed and emphasized. Thus, Valenstein was interested in providing a conceptual and theoretical rationale for justifying interpretive attention paid to what he called "action potentials." He did not, however, present any clinical material to demonstrate how this might be done. Valenstein's technical suggestion appears to have gone largely unnoticed. Schlesinger (1995) recently commented: "My experience is that the action modality tends to be neglected unless the patient's acting is grossly inappropriate or excessive and evokes the epithet 'acting out' " (p. 674).

In a series of papers, Renik (1993, 1998) advocated an analytic stance that aims to orient itself by keeping therapeutic concerns clearly in focus. He argued forcefully against the idea of directionless inquiry, insisting that "...without clearly defined goals pertaining to the

reality of the patient's distress in his or her life, authentic analytic investigation does not proceed" (1998, p. 582). His attitude is a utilitarian one in which analytic activity should relate in some discernible fashion to the overall goal of symptom relief, and in which "self-understanding functions as a means to an end," rather than an end in itself (1998, p. 582). Following on this attitudinal stance, his technical recommendations include asking patients directly how their current thinking relates to their overall goals, and reality-testing their thinking and decision-making. Through this stance, he clearly intends to challenge patients to examine explicitly how they use or fail to use the treatment relationship as an avenue for change in their extra-analytic life.

KNOWING AND KNOW-HOW

Part of the problem is that we need better ways of understanding the relationship between knowledge and its expression, knowing and praxis, and the way in which knowing becomes "know-how." Let me describe some possible avenues I think are worth pursuing. Schon (1983), describing the epistemological basis of a number of applied professional disciplines (among them psychotherapy), distinguished between "Technical Rationality" and "Reflection-in-Action." Technical Rationality, the traditional model of knowing in many professions, is defined as "instrumental problem solving made rigorous by the application of scientific theory and technique" (p. 21). In this approach to knowledge, an underlying, basic science is the foundation for all professional actions that are delivered via certain skills and attitudes. In other words, skills reflect the applied knowledge derived from employing fundamental knowledge to solve specified, bounded, and clearly defined practical problems. Notice that there is a hierarchy of implicit value here. As Schon stated, "Applied science is said to 'rest on' the foundation of basic science" (p. 24).

The relevance of this model to the current discussion becomes clearer if we translate the terms into more familiar ones. The Technical Rationality model would argue that one's basic self-knowledge

(the *basic science* of one's own psychology) is developed in the laboratory of the psychoanalytic session, has a privileged status as knowledge, by definition precedes any elective action, and, most important, antedates the development of any new capacity. In essence, the Technical Rationality model is the one that has underwritten traditional views of therapeutic action in psychoanalysis. Self-knowledge is viewed as born in the analytic "laboratory," as holding a primary position relative to its use in the "real world," and as having an intrinsic worth readily divorced from practical concerns.

Schon contrasted the Technical Rationality model with "Reflection-in-Action," a model he believed more closely resembled the actual practice of many professionals. Schon described the Reflection-in-Action model this way:

> When we go about the spontaneous, intuitive performance of the actions of everyday life, we show ourselves to be knowledgeable in a special way. Often we cannot say what it is that we know. When we try to describe it we find ourselves at a loss, or we produce descriptions that are obviously inappropriate. Our knowing is ordinarily tacit, implicit in our patterns of action and in our feel for the stuff with which we are dealing. It seems right to say that our knowing is *in* our action. [p. 49]

In the Reflection-in-Action model, the linear relationship between basic science and the development of skills breaks down, and with this breakdown, the privileged status that basic science has over skill development disappears. Framed in the terms of our discussion, elective action can itself be a form of knowing in this model, and it can convey knowing, can codify understanding, and can precede knowing (knowing in the form of being conscious and able to be articulated). The usual boundaries between knowledge and action that have bedeviled psychoanalysis for many years are usefully blurred in this epistemological model. Either knowledge or action can give rise to the other, can precede the other, can inform or fulfill the other. One may display skills for which one's knowledge base is readily retrievable, or one may display skills in the absence

of the ability to articulate the rules or procedures that underlie them.

Many activities in daily life would be impossible if they required conscious articulation prior to initiation. Other activities rely on knowledge that is quite difficult to specify even if one tries. For instance, think of the "know-how" involved in a professional golfer's ability to adjust his or her swing to account for wind conditions. The knowledge is in the action. In this model, know-how can be embodied in the very action that expresses it, rather than following upon that knowledge. Most important, actions may precede conscious knowing, and may then "turn thought back on action and on the knowing which is implicit in action" (Schon 1983, p. 50). I believe this is what Renik (1993) meant when, in discussing enactments, he spoke of "trial thought in action" (p. 478).

Advances in cognitive science, when extrapolated to psychoanalysis, lead in directions similar to those discussed by Schon. Clyman (1991) used the concepts of declarative and procedural memory systems to describe how therapeutic change can be understood from a cognitive science perspective. His approach allows for a contemporary understanding of why elective action is required for the establishment of new behavioral responses in psychoanalysis. Clyman suggested that psychoanalysis attempts to affect two distinct memory systems, one involving declarative memories and another involving procedural memories. Declarative memories involve information that can be learned, stored, and retrieved, and that can be conscious, preconscious, or unconscious. For instance, the memory of a particular event in one's life would be stored as a declarative memory, perhaps unconsciously if it was a traumatic event or consciously in the case of a pleasant, enjoyable one. Procedural knowledge is unconscious and constitutes the know-how underlying skills and abilities. Returning to the golfer sensitively adjusting a swing to account for wind changes, we can see that the golfer's success or failure rests on procedural memory.

Clyman speculated that much of our emotional life is organized as procedural memories, stemming as it does from early attachment and family-life experience. He stated, "Emotional procedures orga-

nize our emotional lives. They organize how we interpret emotional situations and how we react emotionally to them.... Those procedures which are selected in development are observed as the individual's characteristic coping strategies" (1991, p. 364). From this perspective, psychoanalysis can be seen as attempting not only to affect declarative memories (making the unconscious conscious), but also to alter patterns of behavior grounded in procedural memory as well. These procedures—behavioral, emotional, and cognitive—can be controlled or automatic. Controlled procedures are under conscious direction and are therefore typically slower, more awkward, and less well integrated with other aspects of behavior. With repetition, procedures that were initially controlled become automatic and take on the qualities of greater speed, smoothness of execution, and integration with other aspects of behavior. Most important, once procedures are automatic, they no longer require conscious awareness and monitoring.

Psychoanalytic change in Clyman's model becomes a matter of converting automatic procedures into controlled ones, so that the declarative rules on which the procedures are based can be modified. The analyst catalyzes this process with interpretations, role-responsive behavior (Sandler 1976), or other forms of analytic intervention. New declarative rules prompt new behavioral responses if the rules are established through practice (elective action), and, in the process, gradually become increasingly automatic. Similarly, Clyman hypothesized that direct modification of emotional procedures can occur via an empathic experience with the analyst, without conscious processing. In either case, "working through modifies emotional heuristics through repeated insights as well as through the direct modification of emotional heuristics by *repeated practice*" (Clyman, p. 375, italics added).

TECHNICAL IMPLICATIONS

Greater attention to symptomatic change and to the effort and practice required to bring about such change points the analyst toward

emphasizing slightly different aspects of the clinical material than might otherwise be the case (see Valenstein 1983). Renik (1998) has shown how attention to reality-testing a patient's perceptions and attitudes can help patients evaluate and respond differently to extra-analytic situations. This is but one route toward helping patients take the risk of practicing new responses in their extra-analytic life.

Clinical Vignette 2

A man in analysis with me, Mr. B, was asked by his sisters to serve as the master of ceremonies at his father's seventieth birthday party, and in particular, to give a speech honoring his father. Mr. B had a very ambivalent relationship with his father, marked by anger and disappointment at his father's emotional reserve and unavailability. We had worked on his relationship with his father frequently, analyzing both his yearnings and his disappointments, and the complicated way these feelings interfered with his having as rich a relationship as possible with his father, as well as with other men. In the transference, we had noticed Mr. B's own emotional reticence and explored how his hesitance to engage me seemed to keep him "safe" and invulnerable to disappointment.

The sticking point for Mr. B was the speech at the birthday party. How could he possibly say good things in tribute to his father when in truth he was horribly disappointed and felt such unresolved anger and bitterness? We spent considerable time analyzing the conflicted feelings that surfaced. Mr. B was frightened of the fantasied competition with his older brother, who would also be attending but who had taken a laissez-faire approach to the party. The patient was angry that he would now be giving his father a kind of recognition and appreciation which his father had never been willing to give him. He voiced other feelings as well: his anger aside, Mr. B believed his father to be a good man who had never asked much for himself and who would especially enjoy a gathering of the entire family.

We discussed all of these feelings for several sessions leading up to the party, culminating in Mr. B's sharing an anxious fantasy that he

would deliver a stunningly emotional speech, one that would establish his greater maturity, charm, and eloquence, and ensconce him as the primary male in the family. We analyzed this wish and the transference anxieties and competitive strivings linked to it. Shortly before the birthday party, however, he announced he would refuse his sisters' request.

I was unsure how to proceed at this point. I was well aware of the pain the patient felt in his relationship with his father, and I understood his resentment. But I was also aware that chief among his complaints were the repetitive nature of the emotional dullness in their relationship and the way his father avoided moments of potential emotional contact. I was also aware that Mr. B harbored a recurrent fear that his father would die without any real contact occurring between them. I felt that he was about to reenact the familiar dynamic between the two of them, and without some active intervention on my part, he and I would enact a similar emotional withdrawal in the transference-countertransference. It also seemed to me that time was short, and Mr. B had already explored much of the material likely to be relevant to his ability to attempt altered behavior.

After reminding the patient of his recurrent fear of his father dying before he could effect emotional contact with him, I said, "I think we know many of the reasons you don't want to do this and the fears you have about it, but I think you need to do it in spite of all you feel. We will have plenty of time to talk more about what it means to you, but this is the only seventieth birthday party you will ever have for him." Mr. B did not strenuously object, and even agreed with me. But he was startled by my telling him what he should do, and wondered if this was "analytic." I said I thought it was analytic for him to try and do something different with what he had figured out about himself and his father, and that it might even help us get more information about their relationship if he were to try and handle the situation differently than his gut reaction might prompt him. What did he think? I asked him.

Mr. B replied that he had not intended to give the speech and was only now going to do so because I had told him that he needed to. He felt this was right, but felt quite resentful of the obligation.

He was glad I had a firm position and would share it, but it made him worry that I might begin telling him other things he had to do in his life. He was ambivalent even about this fear, however: my voicing such a strong opinion also left him feeling deeply cared about, and he expressed relief at finally feeling another man was emotionally invested in his well-being. Yet this, too, raised new anxieties for us to examine.

As to the birthday party, the patient returned from it to report that he had struggled for a while in writing the speech, but finally made a conscious decision to focus on his father's good qualities and the positive memories he had of him. He was proud of how well it had gone. It was something positive he could hold onto in his relationship with his father, a kind of oasis in a desert. Yet he noticed in himself an increased poignancy and pain with respect to his father, arising from the attempt once more to make contact and the relative lack of response he felt in return. This became the source for further elaboration and analysis of his relationship with his father, and deepened our analysis of his diffidence in relation to me.

Discussion. Although support for the analyst openly stating an opinion has recently been offered by Renik (1998), many analysts might object that I told Mr. B what to do instead of further analyzing his conflicted relationship with his father. This is the traditional stance of analyzing conflict and leaving the ultimate resolution up to the patient. I do not agree that this is always the best course of action. There was plenty of time to further analyze my patient's complicated relationship with his father, but no time left to consider how to handle the birthday party. In fact, by not avoiding the situation, Mr. B became even more aware of the depth and complexity of the feelings he had toward his father. He had run the very real risk of not participating fully in the party, a choice that would have added to his sense of estrangement and alienation. My decision to assert my opinion so directly was made in the context of knowing this man for many years, and feeling that he was quite capable of arguing with me if he felt I was being too bossy. I also believed that, though his bitterness and resentment were well founded, he would regret the decision not to speak and feel that he had missed an important opportunity with his

father. In the moment, he resented the obligation he had, especially the duty he felt to himself to rise above his immediate feelings, to try and act differently than he might otherwise have done.

Analysts must maintain an explicit interest in the details of the patient's external life, especially in those situations directly related to the principal areas of difficulty with which the patient struggles. I do not mean to imply that such an interest in the details of the patient's external life is the only or even primary focus for the analyst's attention; however, when the status of a patient's symptomatic complaints and the efforts the patient is making to deal with them are not readily apparent, the analyst must find some way to inquire about this and to direct the patient's attention to examining it. These reminders to patients that they must try to act, feel, or think differently are sometimes experienced as unsympathetic criticism.

Clinical Vignette 3

Mr. C, a man whom I had been analyzing for several years, repeatedly complained that he was lonely and had no luck in dating women. He had entered analysis feeling depressed, and the depression stemmed from his still being single as he approached his midthirties. He could feel the clock ticking toward childless bachelorhood. He hoped analysis would help him solve his problems in relating to women.

Mr. C periodically became energized enough to make practical plans to combat his otherwise quite isolated life. On the surface, these usually seemed like reasonable plans that might afford some prospect of his meeting available women, and if not, at least offer some social contact and the chance to meet other single people. Having told me of a decision to join a group bicycle ride sponsored by a singles club, Mr. C arrived at his next session in a mood of depressed, glowering anger. My heart instantly sank a bit as I recognized his now-familiar mood state. I noted his "chip-on-the-shoulder," victimized attitude, which I knew from experience would announce itself by a long, silent refusal to speak, coupled with an "I-dare-you-to-help-me-

and-you-had-better-get-it-right-this-time" defiance toward anything I might say.

As he began slowly to speak, the patient's angry depression became even more palpable. He did not know why he was depressed, he said, as he did not usually know why. His moods came and went, and he pointed out that our efforts to track the rhythm of these changes and map them had never led to much success. He made no effort to hide the disappointment, rage, and bitterness in his voice. I said that I thought he wanted me to help him today without having to join me in the effort, and that we both knew this was a wish doomed from the outset. He shrugged, unmoved by my comment. I reminded him that this wish was one we knew well and had on many occasions traced back partly to his mother's postpartum depression and withdrawal from him after the birth of a sibling. This was emotional territory he and I knew well, and it had frequently surfaced and been worked on in the transference in the form of intense yearnings for nurturance, passive wishes to be cared for, intense rage reactions at my empathic failures, and gloomy, impotent, bitter depressions.

Since I had on many prior, similar occasions helped Mr. C to explore his rage and hopelessness, this did not seem to me the most promising avenue to again pursue. I remembered suddenly the bicycle trip and inquired about it. Had he gone, and was there anything about it that might explain the plummet in his mood? No, he said emptily, as if his anger had suddenly evaporated and he was in some distant, unreachable place. He had taken his bike to the repair shop the week before in preparation for the trip, and had gone to pick it up Saturday morning. He had wheeled it out to the curb, and while putting it into the car, had discovered the gear mechanism had not been properly reconfigured. He reentered the store, but realized he would have to stand in a lengthy line to get assistance. He became increasingly furious. "Why didn't the mechanic check it out properly and fix it right the first time?" he fumed to himself. He had instantly lost all interest or enthusiasm for the ride and had gone home, spending the remainder of the weekend by himself, depressed and angry.

Not unmindful of the many transference echoes in his story, and aware of the depth of his pain and anger, I nonetheless felt

that here was a clear example of the colloquial expression, "cutting off your nose to spite your face." I felt angry at my own sense of impotence in helping Mr. C and at his resolute commitment to a view of himself as a helpless victim of other people's insensitivity. I became aware at this moment that I had avoided taking up as directly as I might this aspect of his difficulties partly because I was uncomfortable with my own frustration with him. At similar moments in the past, I had tended to invite exploration of his transference feelings—an approach that would have led me, in this case, to treat his story of the weekend as a displacement—and in this unacknowledged fashion, downplay the real-life significance for him. I was also aware that certain aspects of our relationship had come to resemble my relationship with a very passive parent, who spent considerable portions of my adolescence pouring out complaints to me with the attitude that the situation was fated and could only be endured. The entreaty in both situations, it seemed to me, was for a constantly sympathetic but unchallenging ear.

With these thoughts in mind, I began to focus my attention more on the specifics of Mr. C's behavior and mood over the weekend. I began by saying to him that I knew he had been horribly disappointed over the weekend, but that this was the kind of situation that brought him into analysis in the first place, and we needed to try and understand it better. For this we would need to work together. Could he see that—the clerk's insensitivity notwithstanding—he had sabotaged himself by not asking for help?

The patient became increasingly angry at my question, and insisted that now I was blaming him for the outcome. At times in this discussion, he could barely bring himself to speak to me. I responded that I did not see how siding with his view of the situation would help him understand it, although I understood and sympathized with his anger and sense of hopelessness. Nonetheless, I continued, this seemed to me a recurrent situation for him, and one with real consequences for his happiness. Unless we could find some way to help him persist in a situation like the one of this weekend, *despite how he might feel,* I did not see how we could help with his stated goal of developing better relationships and possibly finding a partner.

Mr. C became angrier and more insistent. I was asking him to solve the problem and take all the responsibility for what happened onto himself. "No, I don't think so," I replied, "but I *am* asking you to take part of the responsibility. We've both learned that you react like this for a reason, but you ignore whatever you know about yourself in a situation like at the bike shop and act as if it is all simply mistreatment of you. I get the impression you think this will all change for you without your trying to react differently…?" He left in bitter silence.

At the next session, Mr. C started where we had left off. He felt I was pushing him unfairly and getting too "caught up in the reality details." The problem as he saw it was that he still felt awful in encounters like the one at the bike shop, and he could not proceed in the face of his feelings. He simply had no interest in going further once he began to feel this way. After all these years, didn't I understand this about him? All he wanted to do when he felt like this was retreat into himself and listen to classical music. He needed me to understand this about him and not expect him to act differently if he did not feel like it.

I said I knew this, but it did not help him to give in to this urge. What had he meant, I asked, by my being too caught up in the reality details? Mr. C explained he felt too bad to do anything differently when these moments occurred, and if he could understand them better, maybe he wouldn't be so upset. He needed to talk more about his feelings, his "inside self," as he called it. I told him that I felt he was expecting me to sugarcoat his situation by pretending with him that he could afford to wait until he felt less uncomfortable trying to handle problems differently. He said I was like the bicycle store mechanic, expecting him to do it on his own when he wanted help. I responded that I thought I had already given him a great deal of help and would be available to help more, but that my help was not a substitute for his trying to accomplish things for himself based on what we talked about. He was clearly distressed by the idea that he would have to attempt changes before necessarily feeling much better. He said he could not imagine it, and that it only made his unfair life situation seem doubly unfair.

At this point in the treatment, my patient was once again wrestling with a problem familiar to both of us: his belief that he had been a victim of life, and that further effort and discomfort on his part was an unfair expectation. This was a belief the various facets of which we had analyzed frequently, including the many intense transference wishes emanating from it. I felt throughout these sessions an urge to once again focus on the transference aspects of the problem, but felt that this would be less helpful than underlining the necessity for Mr. C to try to feel, think, and act differently in a repetitively disappointing situation.

Discussion. One could argue that the conflict developing in my relationship with this patient mirrored the problem at the bike shop (the wish to have someone be magically attuned to his needs and omnisciently powerful enough to relieve him of having to care for himself), and that it reflected the core of Mr. C's developmental difficulties. I would agree with this formulation. However, to focus on this aspect of the problem, given a history of prior discussions along similar lines, would have been to sidestep his failure to act on his own behalf. In essence, I believe an emphasis on the transference *at this point,* rather than an emphasis on the real-life consequences of his behavior, would have colluded with a view of our relationship as relieving him of the problem and burden of his conflicts. The intent of my interventions was not to avoid further analysis of the transference, but rather to convey that, while transference analysis was important and expected, time was passing, and Mr. C could not, *in his own best interests as we understood them at that point,* afford to wait until he felt more comfortable to try and act differently. In fact, efforts at helping patients act differently in their extra-analytic lives is not an avoidance of transference, but simply the recognition that transference problems must be worked on and worked out both inside and outside analysis.

SUMMARY

Analysands expect that analysis will ultimately prove useful to them in their extra-analytic lives. For this outcome to eventuate, however, new

ways of thinking, feeling, relating, and experiencing outside of analysis must come about as a result of insight and experience gained in the analytic setting. This carryover of new capacities is often thought of as a given of the analytic process, and therefore in need of no special attention. Careful scrutiny of the change process suggests that conscious effort and practice are often required in order to effect any successful implementation of new capacity, however. Although explicit attention to this aspect of the change process is sometimes avoided out of concern about unduly influencing analysands, or selectively ignored in preference for attention to transference-countertransference dynamics, new ways of understanding the relationship between action and self-knowledge argue for a more balanced view, and allow for greater comfort on the analyst's part in addressing the need for effort and practice in the calculus of change.

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SADOMASOCHISTIC RELATING: WHAT'S SEX GOT TO DO WITH IT?

BY ANDREA CELENZA, PH.D.

The sexuality in sadomasochistic relating is most often viewed as defensive, functioning to erotize the repetition of earlier trauma, as a defense against painful affect, or as masking early, nonerotic needs for recognition and autonomy. However, this emphasis on the nonerotic dimension of so-called sexualized experience leads to symbolic interpretations of sexuality; this "deliteralization of sexuality" requires some embodiment in the concrete and literal, or metaphor is delinked from that which it is derived.

Without discounting the validity of such formulations, this paper aims to put the drive (libido) back into formulations of sadomasochistic relations, and discusses the erotic dimension in sadomasochistic relations as an irreducible, hidden structure that both threatens and sustains the destructive attachment. It is suggested that sexuality is a driving force behind sadomasochistic interplay, while aggression may be recruited for defensive, concealing purposes. Through a case illustration, this paper demonstrates how sadomasochistic relating is symbolically penetrating, teasing, withholding, and intensifying in hate-inducing ways, all of which are designed to gratify and simultaneously harden the other. In many cases, sado-

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masochistic sexuality may be viewed as aggressivized, paradoxically, to maintain safety under the regressive pull of sexual and preoedipal longings.

Though sexuality has been de-emphasized, underestimated, or outright neglected in discussions of clinical psychopathology during the last decade (Green 1996), I doubt that it has ever budged from the forefront of our minds. Similarly, sexuality has virtually disappeared from much of the writings on sadomasochistic relating, with an emphasis instead on pregenital, nonerotic needs. As Green (1996) stated, it is as if the etiologic determinants of psychopathology are thought to be located "before" or "beyond" sexuality. Dimen (1999) attributes much of the desexualization of psychoanalysis to the paradigm shift in contemporary theory from drive to object relations, noting that "where libido was, there shall objects be" (p. 417).

In the case of sadomasochism, this theoretical downplay is even more glaring, given that sadomasochistic phenomena are frequently enacted in the sexual realm. Despite the seemingly indissoluble connection between sadomasochism and sexuality (Kernberg 1991a, 1991b), discussions of sadomasochistic enactments tend to be stripped of erotic desire, with an emphasis instead on the vicissitudes and functions of aggression. Furthermore, the bond between members of a sadomasochistic couple is well known for its immutability, despite intense surface conflict and manifest discontent of both members. What, if not sex, is keeping such a pair together?

For the purposes of this discussion, I define sadomasochism as a form of relating in which pleasure and satisfaction are tied to suffering, either by infliction or by receipt.[1] There is a manifest imbalance of power between the two members of a couple, and the interactions between them are fundamentally driven to reaffirm that imbalance. These relationships are dominated by an interplay of pain and humiliation, and the overt roles are usually relatively fixed.

[1] Normal or adaptive forms of sadomasochistic play have been thoughtfully considered by various psychoanalytic writers (cf. Bader 1993; Kernberg 1991a, 1991b). In this paper, however, I am referring primarily to maladaptive, pathological forms of sadomasochistic relating.

What is the glue that keeps such unhappy couplings together? What accounts for the solidity of this bond? As mentioned, these questions have prompted contemporary psychoanalysts to explore early, preoedipal—i.e., nongenital—issues underlying sadomasochism, with the idea that primitive needs, often related to the organization and coherence of the self, explain each member's attachment to and need of the other. Although continual affirmation of the sadist's power and the masochist's disempowerment are frequently enacted in the sexual realm, the sexual dimension within these relationships is typically viewed in one of the following ways: as driven by early, nonerotic needs for recognition (Benjamin 1988, 1994; Ghent 1990); as a defense against loss, helplessness, or intolerable loneliness (Cooper 1984, 1988; Novick and Novick 1991); as a defense against the loss of fantasized omnipotence (Blos 1991); as a denial of gender and generational difference (Chasseguet-Smirgel 1983, 1991); or as mitigating various dangers of autonomy, including loss, loneliness, hurt, destruction, and guilt (Coen 1992; Renik 1991).

Stoller (1979) viewed the excitement of sadomasochism as an erotized repetition of earlier trauma, while Freud (1905), focusing on drive derivatives, viewed sadomasochism as the erotic expression of aggression. Kernberg (1991a) discussed restriction of the range of sexual experience in perversions as the couple's attempt to elaborate and actualize aggression, specifically "the recruitment of love in the service of aggression, the consequence of a predominance of hatred over love" (p. 46). Finally, Wrye and Welles (1994) discussed deadlocked internal object relations, designed to manage rage and grandiosity, to deal with the fear of death, and to compensate for the inability to be alone; they described such object relational fantasies as perverse because of their intransigence and characteristic lack of vitality...*a place where conscious desire does not exist* (pp. 106-107, my emphasis).

But such preoedipal considerations need not be drained of sexuality. Benjamin (1994) artfully observed the sexuality inherent in the (erotic) dance of healthy mother–infant interaction (e.g., mutual gazing, gesturing, and vocalizing). She regarded the desexualization of preoedipal maternal representations as consistent with the more

generalized desexualization and de-erotization of the mother in our culture.

In contrast to the manner in which sadomasochism is treated in the context of clinical psychopathology, sadomasochistic phenomena are recognized as a ubiquitous and universal dimension of all self and object relations (Blum 1991). In this broader context, the erotic dimension of sadomasochistic play tends to be regarded as a basic affect and constituent of libido inherent in the experience of erotic desire, evident as well in aggressive elements. Both sexual and aggressive components comprise such sadomasochistic play, and in this context, sadomasochism is generally understood as reflecting the capacity to fuse sexuality with aggression (Bader 1993; Blos 1991; Kernberg 1991a, 1991b).

The distinction between adaptive, healthy erotic play and psychopathology lies in the degree of flexibility, affective range, vitality, and freedom inherent in the overall experience—not in whether sadomasochistic elements can be discerned. The sadomasochistic scenarios typical of perverse interactions are marked by rigidity, constriction of affect, and stereotypy. The desexualization of sadomasochism can be understood, then, as the result of constriction, the outcome of various defensive efforts to hide, mask, or totally expunge sexuality from conscious, subjective experience. Because of its lack of salience in conscious experience, I believe sexuality in pathological sadomasochism has been overlooked as a basic driving force behind the destructive attachment.

With the exception of Bader (1993), whose work will be discussed below, all the theoretical formulations referring to pathological sadomasochistic relating portray sexuality as a by-product or as a way to manage and master earlier nonsexual needs. Without discounting the validity of such formulations, this paper aims to restore the drive (libido) to formulations of sadomasochistic relations.

CLINICAL ILLUSTRATION

The patient is a 50-year-old, professional man who married his second wife in a desperate attempt to prove his devotion to her. He felt

he could not win her trust any other way. They had begun their relationship with an extramarital affair (both were married with children). He was aware that he was unhappily married, but was reluctant to leave his children, and vacillated between the two women for several years. His second wife has never forgiven him for this and now refuses to see his children. She had eventually threatened him ("Leave your wife or I will leave you"), to which he had finally responded by leaving his family and marrying her. Though this occurred more than ten years earlier, she still holds over his head "the years he made me wait" as proof that neither he nor any other man can be trusted.

They live in a house with her two daughters. He is allergic to dogs. She has a dog; he, therefore, is relegated to a study, not air-conditioned in the summer, in order to keep him away from the dog. The couple do not sleep together because the dog sleeps on the bed. The patient is not invited to family dinners. When he is bold enough to sit uninvited at the table, he is aware that he is not allowed to speak. The girls and their mother talk animatedly among themselves; if he speaks, they stare at him coldly and do not respond. He sometimes remains at the table anyway, but becomes too uncomfortable to eat. If he sneezes, his wife recoils in disgust; if he laughs, she is put off by his "loudness." Like Prufrock (Eliot 1917), he dares not eat a peach.

There is only one bathroom in the house. It has become an established rule, through various nonverbal rebuffs and territorial stakeouts, that his wife uses the bathroom first and then the girls, one of whom preens for close to an hour. It is then his turn, and he knows he had better make it quick. He also knows he is not allowed to express any desire or need for the girls to hurry, even if he is running late for work.

One morning, awakening with an urgent need to urinate and noticing that it was almost his time to use the bathroom, he gets up from his bed and waits by the bathroom door. His ever-more-pressing need, becoming almost intolerable, tempts him to knock and ask that his stepdaughter hurry, but he knows he will be met with protest and possibly a spite-filled, longer delay, so he does not. When his stepdaughter finally emerges, he is beside himself with urgency. She notices his discomfort and recoils in disgust, stomping off. He feels a

very familiar rejection and self-loathing, looks into the bathroom and decides he cannot now enter for fear that she may return and need it. He runs out the back door of the house to urinate in the woods.

This is not sexy. These various interplays are struggles over dominance, submission, power, and control. Or, to put it another way, this couple is locked in a sadomasochistic struggle which is manifestly nonsexual. They rarely touch physically, nor do they engage in bondage rituals. They are each essentially celibate, although they are hyperattentive to each other's presence. If anything, they stalk each other, or he at least stalks her. She pretends to ignore him, wears a chronically disgusted or disappointed expression, and continually reminds him that she "needs her space." She is unabashedly critical of his every move. They virtually do not speak and rarely go out together.

The patient has learned to be self-sufficient, although he periodically asks for a sign of affection, despite his wife's obvious communications to the contrary. Eventually he threatens to leave, which he has done on two occasions, to which she responds by becoming suicidal and begging him to return, adding a promise to be more affectionate. When he returns, they make passionate love once, after which the status quo returns.

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I have treated this patient for many years. Multiple themes have surfaced, been extensively explored, and to a greater or lesser degree relived in the transference. His life has measurably improved, professionally and socially, but only in the last year has his relationship with his wife changed. Largely through the exploration of preoedipal issues, he has developed a healthy sense of autonomy and internal strength. However, it was not until the sexual dimension of his tie to his wife was explored that a change came about in his feelings for her and in his pathological dependency on their aggressive form of relating.

In the early phase of treatment, the patient revealed a fear of his aggression, encapsulated in a self-representation of a life-sucking needi-

ness that he feared would emerge with a more available or engaging woman. In effect, his wife's rebuffs held him in. This was a self-image he now reports has dissipated, and I have observed his capacity to gain recognition, affection, and acceptance in other areas of his life. He is not as narcissistically fragile as when we first began.

Much of the work in treatment has involved mourning the wished-for mother, as the patient has come to realize the extent of his mother's sadistic withholding and depriving stance toward him. As a current example, let me mention that his mother has not spoken to him, literally, since he separated from his first wife—because, as she explains it, separation and divorce are unacceptable in her moral scheme. She visits her grandchildren and their mother (his first wife), though she leaves if her son drops by.

In the transference, I am experienced at times as the wished-for maternal object who responds empathically and understands the patient's concerns, or, at other times, as the negative, withholding maternal object who continues to deprive him of direct gratification. Alternatively, I am experienced as a negative paternal figure who frustrates and disappoints the patient as I silently listen, but impotently *cannot*—or, worse, cruelly *will not*—intervene in the painful engagement with his second wife/mother.

Another focus of treatment has been the tracking and bringing to the surface of the patient's (previously) unconscious aggression. He has realized that his second wife is more outwardly aggressive than his mother was, thereby presenting a greater capacity for engagement with him. She is a new object, less incestuously tied to him than his mother is. With his wife, he has been afforded the opportunity to fight the lifelong, chronically suppressed battle with his mother, while simultaneously actualizing his identification with her through a kind of martyrdom. It is an erotized repetition of earlier trauma, carrying with it the hope of triumph, or at least revenge (Stoller 1979).

We have discussed the control the patient wields through his passivity, and his capacity to frustrate his wife and engender feelings of contempt which reassure him that he has an impact on her. His wife has become actively suicidal when he has left her, reflecting in a dramatic way her need of him, though also making him feel trapped. He

has revealed a desire to see himself as a saint in comparison to her. His "goodness," reflected in his ability to restrain his aggression even when dramatically provoked, is a sadistic attempt to elevate himself and denigrate her.

The patient has had the idea that the more suffering he can endure, the more power he acquires to transcend the pain, and the more impotent he makes his wife as he experiences her phallic strength. He believed he would eventually anesthetize himself against the pain, thereby becoming a stronger man. Through his engagement with her hostility and aggression, he could disavow ownership of such impulses, temporarily relieving himself of the associated guilt which otherwise dominates him, and disclaiming responsibility for what is dangerous, destructive, and bad (Ghent 1990). Furthermore, his submission to his wife's power and fury could be seen as an attempt to feel the illusion of her protection and caring (Coen 1992).

In the transference, the patient enacted a sadomasochistic mode of relating with me as he tolerated his transference experience of my sadistic withholding. In the countertransference, I experienced him as frustrating my attempts to help him, which engendered a sense of impotent rage in me. I have felt hopeless, frustrated, and angry at him as he continually stopped short of asserting his needs, demanding better care from me or his wife, or becoming infuriated with the serious destructiveness in his marriage.

The sexualization of the patient's aggression has been explored, along with possible genetic roots. He has recalled moments of intense longing for his mother while he, titillated by her half-clad body, watched her perform household chores. His masochism, an identification with his mother, has also been viewed as a defensively sexualized repetition of his hostile aggression toward his withholding mother.

All of the above themes have surfaced over time and have been extensively explored and relived. Still, questions persist that I believe are worth pondering: Why doesn't he leave? What is the glue that binds them together? He says he fears he would not be as excited by another woman as he is by his wife. What is the essence of this excitement?

In later phases of this man's treatment, the erotic and nonerotic components of his attachment to his wife became familiar themes for exploration, with a particular emphasis on the sexual dimension of their interaction, underlying and masked by their sadomasochistic interplay. For example, on one occasion, I suggested that the "tension" between him and his wife seemed intense and gripping, engaging them both despite the apparently total absence of verbal communication. He made reference to the fact that his wife only *seemed* to ignore him, and that he felt unable to ignore her. He said, "She's dangerous and I know she watches me, too, though you can barely see it." I observed that danger is stimulating. He said, "She keeps me on my toes." "Or what?" I asked. There was a pause. He then said, "Or I don't know. I would feel like I didn't make a difference to her, like she didn't want me. Like I wasn't exciting to her."

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An interesting transference-countertransference enactment occurred that demonstrates an aggressivized but essentially erotic interplay. At the start of a session, the patient entered my office and acknowledged me with a shy smile. I silently observed that his initial discomfort seemed to give way to sadness. I asked what was happening, and he acknowledged that he felt tense but didn't know why. I asked what he had noticed as he walked into the room, but he was unable to respond. He remained silent for some time, and then began to recount an exchange with his wife that had occurred the previous evening, which was characteristic of their hate-filled, sadomasochistic interplay from years before. This type of interaction had diminished in recent months, so I was surprised and disappointed to hear of its return.

The patient recounted that his wife had been watching TV with her daughters in the living room. He was being ignored and knew he was not welcome to join them. He stood at the doorway and said, "I was wondering if now would be a time you might show me some affection." She scowled and stared at the TV. Her daughters did the same. He walked away, feeling rejected.

At this moment, I found myself unable to restrain an impatient, frustrated response, and I exclaimed, "She doesn't *want* you to ask her! It makes her *contemptuous* when you do!" The patient now fixed his stare at me, looking worried. He immediately said, "You're frustrated with me, too. We've talked about this a hundred times. How could I have said that to her? I wasn't going to tell you. Why did I?"

We then examined what had occurred in the session, from the moment he came in up to this moment. He said, "When I saw you, you looked so inviting, so warm. You smiled when you said hello. And I felt so needy after having been rejected last night. I felt I could cry and it made me nervous. Before I knew it, I was telling you about last night."

Because the interaction from the previous evening was so characteristic of the type of interaction the patient and his wife would have had up until about a year before this session, I wondered if he might have assumed, consciously or unconsciously, that it would irritate me, even fly in the face of our work together, and disappoint or frustrate me. I wondered if he was moved to frustrate me or make me angry in some way so as to defend against the longings he felt as we began the session. When I proposed these possibilities, he agreed, and added that maybe he became more sure of where he stood with me if he made me angry. He said, "It's clearer to me what to do."

These possibilities were incorporated into our understanding of the patient's attachment to his wife. In succeeding months, he seemed to desire her differently. For example, during one session, I interpreted his fixed stare at her after she had made an insulting remark as both hateful (which he was conscious of and readily acknowledged), as functioning to monitor potential danger (he agreed and felt he had no choice since she was likely to attack him again)—and as *desirous*. On this last point, he wondered what I saw and meant. I elaborated, "You stare at her. A long time. Like you're fixed on something you *want* to look at."

He responded, "I admire her meanness. For a while, it seemed the more I was repelled, the more I longed for her. Like I could control her hostility if I could get close enough, touch her body, hold her down. I wanted to. I was in awe of her ability to be so mean. Powerful,

like a strength, though I know it isn't. But I feel all this less intensely now. I respect it less. I guess I don't need it as much."

Especially in the last year of treatment, the patient's need for the aggressive overlay of their sexual interaction diminished. Unfortunately, the same could not be said for his wife, who remained untreated virtually throughout the five or six years of my work with her husband. He developed a genuine autonomy and began to make overtures in a less subservient, tentative manner. Though she has not readily responded, the tension between them has become defused. He seems to desire her less as well; she seems frustrated, almost a bit lost that he isn't playing the same old game. His affective stance toward her has become less dominated by a fear of her aggression against him, and more organized—at least from his point of view—around an appreciation of her fragility.

DISCUSSION

As mentioned, the sexuality in sadomasochistic relating is most often viewed as a defensive effort to transform negatively toned experiences into positive ones, culminating in an erotized repetition of earlier trauma (Blos 1991; Stoller 1979; Wrye and Welles 1994). This idea is based on an associative model, that the two occurred together in childhood, and can become fused or developmentally became fused, so that sex may explain the irresistible pull toward such destructive interplay. This couple's interaction can be viewed as sexualized in such a way, but I am suggesting that sexuality cannot be used defensively unless it is already there, unless there is something already inherently sexy in the interaction that can be selected, focused on, stoked, and enhanced. The emphasis of the nonerotic dimension of so-called sexualized experience interprets sexuality defensively and symbolically; however, this "deliteralization of sexuality" (Samuels 1996, p. 300) requires some embodiment in the concrete and literal, or metaphor has nothing from which to derive itself.

As you can imagine, I have been forced to dig rather deeply to discern the nature of this patient's tie with his wife. The distance be-

tween them is measured and recalibrated with each step forward or back. Still, I detect a subtle seduction beneath this icy dance. What follows is my construction of what might be their unconscious experience.

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He is relegated to the position of a disempowered, deflated subordinate who must intuit his master's desires and whims. He derives a kind of strength, however, from his constant, exquisite examination of her. He touches her with his vigilance. He is wise to her desire, knows what to verbalize and what not. Though he does not always follow her rules, he is always watching, and with his searing attentiveness to her dynamics, he penetrates her. He knows her desire without her having to verbalize it. She receives (and requires) his vigilant looking, though at a certain distance. She exhibits herself through her ubiquitous rules so that he may know her. He feels her presence everywhere; she can feel him around her.

With his persistent requests for caring and attention, he envelops her, touches her with his awareness, surrounds her by tenaciously clinging to the boundaries of the relationship. She acknowledges no desire, yet gets her needs met without having to verbalize what she wants. She has a telepathic lover who will answer every whim, but most importantly who will not leave, as if every "don't" and "stop" means "don't stop."

The wife's rebuffs and rejections make him hard. She withholds something vital, though she knows what he wants. He knows she has it to give, and imagines and hopes she is teasing him. His longing intensifies as the tension between them mounts. He consciously desires to transcend the pain of this relationship and feels a strength, feels himself more erect, with each rejection. He, in turn, is in awe of her strength, her ability to aggress against him. His obsequiousness and submissive entreaties make her hard in his eyes, and he wants to control her, possess her phallic power. Her ubiquitous criticism of him makes her palpable to him. She is everywhere in his consciousness; she surrounds him; he feels her. She envelops him with her per-

sistent criticism of his every action. When she is hard, he can feel her, unlike the cold indifference of his mother whom he could not psychically find or feel. He has taken his wife in; her rules are inside him.

The description of the sexual dimension in this couple's relating is not at the level of their conscious experience, but a hidden structure concealed by their sadomasochistic interplay. I am suggesting that it is the erotic attachment that is the tie that binds, and that aggression is recruited for defensive, concealing purposes, paradoxically to maintain safety under the regressive pull of sexual and preoedipal longings. The couple's sexuality has been aggressivized, and in this way, aggression is used to mask or defend against intolerable affects associated with sexual desire.

Such aggressivization of sexuality projects the illusion that one comes from a position of strength. An aggressive gesture at once engages and holds the other at bay. It passionately invites while maintaining an unconsciously measured distance. It summons the armor surrounding and hiding one's vulnerability, making one feel protected by virtue of self-protection, rather than relying on the other's goodwill. With a self-sufficient facade, an otherwise highly intimate and dangerous encounter feels safe.

This erotic dance leads with aggression, or at least it is aggression that is most palpable. Underneath, however, is a contamination, a fusion of sexuality and aggression, despite the aggression being most salient. I believe this couple's interaction is essentially erotic, however much it disclaims desire and need (thereby disclaiming vulnerability or the sense of a lack in oneself). This is the compensating organization of hate, superimposed on the disorganizing vulnerability of love (Bollas 1994). To cloak an intimate engagement in hostility is to circumvent the exposure of one's own vulnerability, longing, and potential defenselessness (Celenza 1995).

CONCLUSION

Bader (1993) has discussed the adaptive function of sadomasochistic play aimed at the achievement of increased sexual and psychological

freedom. He proposed that some forms of sadomasochistic fantasies and enactments can be liberating, since they serve to reassure the subject that the object can survive the full expression and power of his or her sexual desire. This formulation is consistent with the ideas presented here, especially in Bader's emphasis on the erotic dimension of sadomasochism, viewed as an irreducible, driving force which is naturally admixed with aggression. In his words: "The capacity to collide erotically with the object without self-consciousness or particular consciousness of the other is as important in a healthy sexual relationship as the capacity to empathize with the sexual needs and experience of the other" (p. 287).

Here aggression is represented as a collision, as one demonstrates the capacity to engage without consciousness of the other—i.e., the capacity to be alone, to take the other for granted, and to destroy the other's presence as one attends to one's own self-centered, bodily pleasure. In my view, as in Bader's, this concept underscores the dialectical tension between the capacity for relatedness and the capacity for aloneness underlying healthy mutuality and intimacy.[2] When one pole of this tension is not tolerated, as in the couple presented here, the experience becomes unbalanced, and one affective dimension can defensively function to conceal the other. Bader describes an adaptive use of sadomasochistic scenarios, in that they may provide a kind of transitional playing field to enact and experiment with the tension between sexual desire and aggressive power, culminating in an intensifying erotic experience. However, in the pathological enactments described above, the sadomasochistic roles are prescribed in a fixed, nonplayful, nonexperimental fashion, and function to constrict desire. Aggression is salient, and that is its function: to mask each partner's desire for the other.

To elaborate on Ghent's (1990) ideas, I believe that my patient's wife cannot allow receptivity for fear of being possessed; he mistakes surrender for submission. Each substitutes vigilance for caring. They desire to be overcome with feeling—to be swept away, as it were; nei-

[2] In some ways, this tension is analogous to the dialectic between destruction and recognition (cf. Benjamin 1988; Ghent 1990; Winnicott 1969).

ther can manage this without each vying to overtake and thereby control the other. Though they seek a self-affirming surrender, neither can tolerate or risk this regressive experience for fear of annihilation and enslavement. She mistakes his awe for adoration; he mistakes her contempt for strength.

To love ferociously, with a vengeance, is to shore up the boundaries of the self and to avoid feeling the full strength of one's longing to be overcome, to be possessed, or to surrender to the other.[3] To be overtaken or to submit to the other's will allows one to disclaim ownership of the desire, need, or longing for the other. The illusion is that submission is a choice over and against surrender.

In Puccini's last opera, *Turandot* (1926), the ice princess Turandot, the princess of death, seethes to Calaf, "No man will ever possess me; my heart burns with hatred!" Yet she invites him to solve a riddle, to exhibit his prowess, offering an opening for him to enter her. Later, after solving the riddle and demonstrating his phallic competence to her, he penetrates her armor with the question, "Do you know my name?" He invites her to see him, dares her to look. He persists as she fearfully looks away, then finally falls under his spell. It is a seduction laced with hatred, but a seduction all the same.

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[3] These constructions are to be rigorously differentiated from Bader's (1993) notion of "sexual ruthlessness," which he used to refer to the admixture of sexual excitement and aggression in mutual, erotic lovemaking, where the dialectical tension is successfully contained within each member of a healthy couple. In pathological sadomasochistic interactions, this tension devolves into a polarized, rigidified scenario of dominance and submission, with fixed roles for each member.

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BRIEF COMMUNICATION: EVENLY HOVERING ATTENTION

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No statement about psychoanalytic technique is more frequently cited than Freud's recommendation that analysts listen to their patients with evenly hovering or suspended attention *(gleichschwebende Aufmerksamkeit* in German) and depend on their unconscious to do the rest. In view of its wide currency, this precept for analytic listening seems to me to deserve closer attention than it has been given until now.

Freud first expressed the idea in 1912:

> The technique...is a very simple one.... It consists simply in not directing one's notice to anything in particular and in maintaining the same "evenly-suspended attention"...in the face of all that one hears.... If the doctor behaves otherwise, he is throwing away most of the advantage which results from the patient's obeying the "fundamental rule of psychoanalysis." The rule for the doctor may be expressed: "He should withhold all conscious influences from his capacity to attend, and give himself over completely to his 'unconscious memory.' " Or, to put it purely in terms of technique: "He should simply listen, and not bother about whether he is keeping anything in mind." [pp. 111-112]

He repeated the recommendation in 1923, in somewhat different words and with a slight addition:

> Experience soon showed that the attitude which the analytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity, in a state of evenly suspended attention, to avoid so far as possible reflec-

> tion and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and by these means to catch the drift of the patient's unconscious with his own unconscious. It was then found that, except under conditions that were too unfavorable, the patient's associations emerged like allusions, as it were, to one particular theme and that it was only necessary for the physician to go a step further in order to guess the material which was concealed from the patient himself and to be able to communicate it to him. It is true that this work of interpretation was not to be brought under strict rules and left a great deal of play to the physician's tact and skill; but, with impartiality and practice, it was usually possible to obtain trustworthy results—that is to say, results which were confirmed by being repeated in similar cases. At a time when so little was as yet known of the unconscious, the structure of the neuroses and the pathological processes underlying them, it was a matter for satisfaction that a technique of this kind should be available, even if it had no better theoretical basis. Moreover it is still employed in analysis at the present day in the same manner, though with a sense of greater assurance and with a better understanding of its limitations. [p. 239]

The reader will note the last sentence. Here Freud implied that by 1923, his technique had evolved somewhat, though the precise meaning of the sentence is far from clear. If, however, we turn to a later article, we find a much clearer statement of Freud's view of the ways in which psychoanalytic technique in the early twenties differed from that of ten years earlier.

> The analyst, who listens composedly but without any constrained effort to the stream of associations and who, from his experience, has a general notion of what to expect, can make use of the material brought to light by the patient according to two possibilities. If the resistance is slight he will be able from the patient's allusions to infer the unconscious material itself; or if the resistance is stronger he will be able to recognize its character from the associations, as they seem to become more remote from the topic in hand and will explain it to the patient. [1925, p. 41]

In this passage, instead of "evenly hovering attention" that leads to an understanding of the patient's unconscious wishes via one's own unconscious, what Freud gives us is an early or preliminary statement of the importance of listening to the interplay between wish and defense. It is the first indication of the change in technique that reached clear expression some ten years later in *The Ego and the Mechanisms of Defence*, with the technical admonition that the analyst should pay equal attention to each of the three aspects of conflict, aspects subsumed at that time under the headings *ego, superego,* and *id* (A. Freud 1936). Although S. Freud's name does not appear as coauthor of *The Ego and the Mechanisms of Defence*, there is every reason to believe that, at the very least, he reviewed and concurred with every important idea contained in it.

According to Kris (1950), the first analysis Freud conducted that was comparable in length to those with which we are currently familiar was that of the Wolfman (Freud 1918). His analysis lasted for four years. It was, according to Kris, the first analysis of which there is any record of an attempt being made to deal with a patient's defenses at length and analytically. If Kris's account is reliable, it is of particular interest that Freud's description of the analysis was that it was marked by "an excessively long process of preparatory education," as though dealing with the patient's defenses was preparatory to the real analysis (Freud 1918, p. 104).

I believe that, in fact, Freud's ideas about this aspect of analytic technique evolved over a period of years as his experience grew. He began with the idea that an analyst listens to a patient with the expectation that the nature of the patient's unconscious sexual ideas and fixations will become clear as the patient talks, since the patient has been instructed that it is essential in analysis to say everything that comes to mind. Freud's idea was that if a patient does that, if she or he "free associates," the listening analyst will perceive (= intuitively grasp) the nature of the patient's pathogenic sexual wishes and fixations, despite the patient's unconscious resistance to revealing them. They will be distorted and disguised, but the analyst, listening with evenly hovering attention, will be able to guess what they are and to acquaint the patient with the hidden meaning of the patient's pro-

ductions (= "free associations"). By 1910-1914 (the years of the Wolfman's analysis), Freud realized the importance of addressing a patient's defenses, rather than just circumventing them or trying, as it were, to outwit them by guessing at the sexual wishes they were defending against.

It was not yet clear to Freud, however, how dealing with a patient's defenses is related to analysis. He apparently thought of it then as something pre-analytic, as some sort of preparatory, educational work that might be necessary in some cases to make analysis possible. By 1925, though, what he wrote was much more in line with our current practice: in listening to a patient, one pays attention now to defense, now to what is defended against, depending on which is apparent in a patient's communications. From there, it was not too great a step to the position that analyzing defenses is as much a part of analysis as is analyzing what is defended against (A. Freud 1936).

In line with this view of the development of Freud's ideas on analytic technique, it is worth noting that as late as the 1930s, one of the criteria of analyzability was a patient's ability to "free associate." A patient who could not "free associate" was considered unsuitable for analysis. The idea that someone's difficulty in talking freely might or should be analyzed was either not understood, or, if somehow understood, was not, even then, comprehended clearly enough to be taken into account in assessing a prospective patient's analyzability.

In summary, I have tried to show that Freud's oft-repeated recommendation that analysts should listen to their patients with evenly hovering attention represents no more than a step in the development of psychoanalytic technique. I suggest that, if taken literally, it is by now as out of date as, for example, the idea he had at the same time that neurotic anxiety is soured libido. Early on, Freud believed that an analyst could listen to a patient's associations without expectation and without conscious effort, secure in the belief that the analyst's unconscious would understand the patient's unconscious as a matter of course. As time went on, however, and as his experience grew, Freud's views on listening changed. The position he took eventually was the one most clearly expressed by A. Freud, namely, that an analyst should listen to every aspect of a patient's conflicts:

to the sexual and aggressive wishes, to the anxiety associated with those wishes, to the defenses against them, and to the demands and prohibitions he subsumed under the heading of the superego. Those analysts who still believe that evenly hovering attention is the proper analytic attitude are, I believe, mistaken in citing Freud in support of that belief.

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BRIEF COMMUNICATION: PLAYING GAMES VERSUS BEING FOOLED

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The recent Italian film *Life Is Beautiful* described how a father engaged his five-year-old son in a game of make-believe in order to spare him the awareness of his plight as a prisoner of the Nazis, and to enlist him in the struggle to save his life. In the film's fictional story, the child allows himself to be "fooled" and plays his father's games. But even in the film, the degree to which the boy believes his father's games is left vague, while the importance of playing along is conveyed through his father's anxiety. Whether this is clear to the boy is left to the viewer to decide.

There was another child, nine years old—this one not fictional—who gives us a different view of a child's reaction to adult denial: In 1939, she and her mother were fleeing across the border between Germany and Belgium in the middle of the night when she fell into a ditch below the railroad tracks they used to guide them. There was water in the ditch, the child came up drenched, and started to cry. She did not want to go on. Anxiously, the mother said, "If you continue walking, I'll buy you the biggest ice cream in Brussels." Sobbing, the child replied, "How can you promise me ice cream? Won't we be refugees then?"

The important element in both stories is the child's cooperation in response to the parent's anxiety. The skeptical child, as well as the child who was seemingly fooled, went along with the requirements of the situation, making it likely that both were aware of the danger prompting the anxieties of the parents. Many who have seen *Life Is Beautiful* think that it trivialized a very real danger by introducing a

world of games, playing, and fantasy. I think that the fantasies presented to children to enlist their cooperation were set in the context of life-and-death struggles for survival, and the children's responses did not depend on whether or not they "bought into" their parents' attempts at engaging them in fantasy. Neither child was playing: each reacted to the parent's anxiety and the danger it conveyed.

To me, participation in the game in the movie was the only way a small child could be enlisted to leave his father and protector in order to save his own life, and it acts here in the service of realistic goals. In this respect, the game does not deny danger. It asserts danger to the extent of enabling the child to leave his father, rather than clinging to him for protection. Of course, I am examining the motives of a fictional child, who is younger, in the light of the reaction of an older child, and the comparison may not be warranted. There are those who think that the child is portrayed as unaware, and that this makes light of the horror. I continue to believe that the child in the movie knew about his father's anxiety and responded accordingly, just as I continued to walk even though I did not believe that my mother could buy ice cream once we were refugees.

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BOOK REVIEWS

THE POWER OF FEELINGS: PERSONAL MEANING IN PSYCHOANALYSIS, GENDER, AND CULTURE. By Nancy J. Chodorow, Ph.D. New Haven/London: Yale Univ. Press, 1999, 328 pp.

In a work of unusual breadth, Nancy Chodorow examines the sources of subjectivity, lucidly addressing both internal and cultural bases of individual meanings. Rooted in both contemporary psychoanalysis and cultural anthropology, she is able to address the way inner and outer forces combine in the construction of individual meanings. With her allegiance always to starting from experiential evidence rather than theory, she develops themes too often obscured in more segmental studies.

Two specific ideas crucial to psychoanalysis, yet rarely formulated, shape this work: (1) That meaning is the basic unit of analytic work and theory; and (2) That clinical analytic experience must be examined in terms of singularity, the particularity that makes each specific experience unique. These principles are so important, so crucial to the advance of analytic thinking, as to command close attention.

Coming from her pioneering work in feminism and having moved on to cultural anthropology, Chodorow has now formally studied and become a clinical practitioner of psychoanalysis. It would be hard to imagine anyone better positioned to address the simultaneous influences of inner psychodynamic and outer cultural contributions to the formation of personal subjectivity.

It is the development of personal subjectivity, of what might be termed self-definition or perhaps the creation of one's personal idiosyncratic voice, that is the object of this study. It has been said that the advancement of science comes from the slow erosion of the tendency to dichotomize. This is precisely the attitude that has led Chodorow to note the infinite varieties of masculinities and femininities that accord better with reality than do the images of "the masculine" or "the femi-

nine." Yet an unresolved problem remains. In powerfully presenting her case for singularity, Chodorow may go too far in arguing against what she terms "essentialism," a view of psychological predestination based on biology. Returning to that later, I shall first address the ideas that comprise most of the body of this worthwhile text.

Trying to integrate the uniqueness of an individual psyche and the imperatives of what is cultural in a way true to both, Chodorow starts and ends with psychoanalysis. Only after beginning from an analytic foundation does she turn to issues of gender and culture to explore the implications these carry for an analytic vision of subjectivity. Conscientious in trying to expose rather than obscure inevitable tensions present when bringing together inner and outer sources of subjectivity, she never loses sight of her central concern for the significance of unconscious meanings.

Feelings in *The Power of Feelings* are neither merely consciously experienced nor theoretically abstract affects. They are rather the emotional constellations of unconscious fantasies.

> Through the power of feelings, unconscious fantasy recasts the subject—emotions and stories about different aspects of self in relation to one another and about the self and body in relation to an inner and outer object world. In these senses, unconscious fantasy creates both the external and internal world. [pp. 239-240]

Dedicated to privileging evidence over theory, Chodorow defines analytic concepts always in clinical terms. She deems transference the root discovery of analysis, the process that demonstrates the ability of the inner world of psychic reality to help create, shape, and give meaning to the world we inhabit. What the inner world helps, culture, is addressed later. Considering relationships to be part of what is internal as well as external, Chodorow's jumping-off point is intrapsychic, evident in the title of her first chapter, "Creating Personal Meaning: Transference, Projection, Introjection, Fantasy."

Chodorow sees transference as both ubiquitous and psychologically necessary. She reviews the history of the concept: first overlooked; next seen as a clinical interference; subsequently considered

a narrow repetition of a specific experience with an important individual replicated in a specific clinical transaction; and more recently thought of as a way of relating to the broad context of the analytic situation as a whole. Loewald holds a special place in her view for moving transference from a simple, drive-defense dynamic in analysis to the more complex, still dynamically determined, mutual constitution of the transference-countertransference field.

Locating transference as existing in the immediacy of the present brings with it a difficulty in finding a place for the past. Making clear that fantasy and meaning creation are lifelong processes, she adds, "None of these is fixed once and for all in infancy or childhood, and each moment of the analytic encounter itself creates each new meaning" (p. 20). When the often-neglected importance of the present is so emphasized by Chodorow, however, the question of the power of the past is left to appear diminished.

Recognition of the newness of each affective moment seems too much to displace the power of the determinative past. As Leavy put it, "The past begins now and is always becoming."[1] It is not clear how much Chodorow feels that the determinative past can be moved into emotional experience for conscious consideration. Still, while reconstruction is not raised from its current fallen state by Chodorow, not even enough to make it into the book's index, her dedication to the place of the past in determining feelings is never absent from the clinical work she presents. It is work in which the clinical question of "how come?" always keeps its rightful place alongside that of "how?"

In order to illustrate the conjunction of inner and outer forces in constructing subjectivity, Chodorow turns in the next two chapters of her book to matters of gender. The first of these emphasizes the essential significance of what is personal and inner for constructing subjectivity and gender identity, and the second, the inextricable cultural contributions to gender meaning and clinical individuality. Using the magnifying lens of gender studies, Chodorow brings into sharp focus her insistence on the singularity of each individual's unique sub-

[1] Leavy, S. A. (1980). *The Psychoanalytic Dialogue.* New Haven/London: Yale Univ. Press.

jectivity. For each individual's sense of gender is a unique creation, resulting in an endless variety of individual masculinities and femininities.

Chodorow's open-mindedness as a serious thinker is evidenced by the way in which her growing experience has led her to reconsider her own earlier views on the centrality of external power pressures as overwhelming inner forces in the development of gender identity. While still fully respectful of the import of plays of interpersonal power, she now makes a strong case for the extent to which differences are individually determined. Arguing clearly for the place of individual emotional and fantasy-related meaning as going beyond supposedly superordinate cultural politics and linguistics, she points out that individuals create new meanings not limited by those categories.

Drawing on a broad range of references from both gender studies and psychoanalytic writings concerned with object and relational issues, Chodorow provides a valuable overview of current thinking. With meaning always seen as emotional as well as cognitive, she argues against extremes of a cultural point of view, demonstrating that cultural meaning does not precede individual meaning. It is precisely because of individuality that constructions of gender are always multiple and variable. Added to this are several illustrative vignettes from her clinical practice, work especially sensitive in showing how understanding unfolds in the context of a developing transference-countertransference engagement.

With her orientation ever to the unique evidence of specific instances, whether in terms of gender or of any other aspect of selfhood, Chodorow argues for analysts to be open to the importance of cultural demands. She believes that we have already seen enough in our clinical experience to help us overcome the lag in theory that has led some to postulate on *the* psychology of women or *the* role of gender. Emphasizing that analysts need to recognize linguistic and cultural contributions to gender, she criticizes most as continuing to assume that gender is a matter of only sexuality and genitals. Her caveats about unwitting cultural biases and about the tendency to universalize without adequate regard for individual uniqueness are wise and prudent.

The remainder of the section on gender concerns ways of avoiding the extremes of universalizing generalizations and of the crippling constraints of irreducible individuality. Chodorow constantly strives to maintain a both/and stance, insisting on the importance of both inner and outer forces in shaping subjectivity. Her examination of distinctions between objective and subjective gender opens a sophisticated consideration of such interrelationships that goes far beyond familiar polemics.

The third and largest section of *The Power of Feelings* moves beyond gender to examine the broad interplay between internal and cultural in the construction of selves and emotions. Committed to examination of psychoanalysis as an account of personal meaning, Chodorow insists that cultural meanings matter as they matter personally, and that personal meanings matter as they are shaped by cultural constructs. She opens this section by addressing the cultural anthropological disciplines, stressing attention to the essential psychodynamic contribution to the creation of meanings. In a chapter aimed mainly toward our collegial disciplines, Chodorow makes observations comparing current debates within cultural anthropology with their parallels in contemporary psychoanalytic controversies. She points out how some ethnographers (sadly, like some psychoanalysts) tend to reduce the self to a conscious self, narrowing the potential for deep understanding. Indeed, she also alerts us to the fact that the very idea of a self can unknowingly be shaped by Western cultural conceptions.

Although addressed more to those working in cultural anthropology, this thoughtful review serves as a useful introduction to those of us removed from that field. Chodorow's clinical footing here, too, adds richness. Even passing phrases open incisive delight, such as when, in speaking of reports of field work (or implicitly of clinical case reports), she mentions the advantages of "the leakiness of case studies" (p. 143)—the benefit of data that enable a reader to draw inferences not knowingly intended by the writer/reporter.

Chodorow next presents in more detail some of the psychoanalytic ethnography that examines the intertwining of the personal and the cultural, giving priority as always to the specificity of the individual. Her effort is to call our attention to the need to question our commit-

ment to concepts and views that obscure the evidentiary data of individual experience.

This may be the best point at which to turn to what I find to be faulty threads woven through an otherwise estimable tapestry, the unresolved problem to which I referred earlier. Sympathetic to and appreciative of Chodorow's basic principles as I am, I nevertheless feel her spelling out of those valuable principles leads her at times to undervalue countervailing forces. Such an attitude appears when Chodorow repeatedly sees the "bioevolutionary position" as something that constricts and betrays respect for individual uniqueness. It may be that she intends no more than a repudiation of those who are not just interested in experiences of the body but who concern themselves with phylogenetic fantasies. If so, the text at times lends itself to a misreading. Certainly, particularities of the individual must always command first place for clinician and theorist, but concern for that primacy can be as misapplied as any other view—as it is, I believe, when biological and developmental imperatives are minimized or disparaged.

Chodorow's valid regard for an individual's lifelong growth potential and creation of meanings also lends itself to the impression of her minimizing the power of childhood patterning. Disagreement with simplistic developmental theories imposed on data in a Protean fashion ought not to be read as dismissal of traditional accomplishments in the study of psychosexual development and the recognition of biological imperatives.

Chodorow entitles her chapter on the role of the past in psychoanalytic thinking "The Anxieties of Uncertainty." By this, she means an analyst's focusing on the past as a defensive way of avoiding discomfort in the present. Concern for the power of the past, as she ultimately acknowledges, is properly more than merely defensive. However, the chapter at times reads as if clinical concern for the past is mainly defensive on the analyst's part. This tilt in the book seems particularly regrettable in that Chodorow agrees that dynamics ought not to be used to defend against genetics, that genetics ought not to be used to defend against dynamics, and that a way of thinking is necessary that gives full place to both. Fortunately, this tilt is *not* reflected in Chodorow's own reported clinical vignettes.

Unusual for her, Chodorow becomes a bit strident when she champions object and relational views not as enriching traditional ones, but as negating or superceding developmental views. It is as if her valid concern for specificity and uniqueness leads her to tend to draw back from whatever might be thought of as essential or intrinsic. The imperatives of biology in development are part of the given (yes, essentials) of what each individual must deal with. They are not undone by individual variation but actually are a central part of what makes such variety possible. The significance of the body is more than that of body image as it affects subjectivity, the primary way the body is considered in this work. Could one really understand the powers with which an individual must struggle as personal meanings are born if one does not respect the early life history of the individual, including the unfolding multiple, powerful, biologically determined demands of the body?

Considering the oedipal complex as merely a Western or even a nineteenth-century artifact is based on a distortion of what psychoanalysis means by that concept. Every child born into this world has to integrate notice and consequences of the differences between the sexes, whatever the cultural packaging of those matters. Every child born into this world has to depend on and deal with a generation of people older, whatever the cultural shaping of what is parental or communal. Every child must deal with biological stipulations of hunger and orality, of muscular activity and relations with those more powerful, of bodily functions, of sexual urges, whatever the cultural constraints that shape their outcome. Questions about the ways in which issues of gender and generation are handled will not be settled merely by anthropological studies of manifest behavior. Of course, culture and time influence anyone's judgment of what might be deemed normal or proper behavior. However, study of personal inner meanings—such as those exposed by psychoanalytic investigation—will provide the only convincing data as to whether there exists a culture in which growing children are exempt from resolving the riddles of sexual and generational relationships, the complex we have come to call "oedipal."

Within specific clinical material presented, Chodorow respects these various forces. Yet when discussing theory, she at times sounds as if bodily demands were escapable, as if a mind and its cultural world

not only shape the expressions of bodily imperatives, but also even choose whether or not to have such commanding elements. She speaks of Tahitian cultural emotional schemata that, in a transcultural sense, can be said to be wrong "because they do not label what is 'really' there" (p. 186). Might not this alertness to what may lie behind the manifest also apply to oedipal and biological matters too easily viewed on a manifest level and therefore scorned? Oedipal forces speak of what is "really" there, not merely what derivatives a culture allows or does not allow to be seen on the surface.

There are other occasional modernist reflections on psychoanalysis that seem jarring in this generally thoughtful book. For instance, Chodorow says

> Freud (1911) divided the world into psyche and reality and considered that psychological development consisted in coming to terms with a previously given reality, the "external world…." In the account I have been developing, by contrast, reality is constructed by the individual as she creates self and world. [p. 216]

It is likely that Chodorow merely intends to make the point that even "reality" is created as well as presented. If her point is that the external reality with which one comes to terms is already filtered through the lens of transference, already shaped by unconscious fantasy, then there is no cause for calling this a contrast. Trying to address both psychoanalytic and anthropological fields in the same work may unavoidably lend itself to misunderstandings by one side when the other side is being addressed.

To state that making the unconscious conscious or that working so that where id was there should ego be meant that Freud aimed for "*banishing* of those unconscious id forces" (p. 241, italics added) seems to be the grossest of distortions of Freud's ethos. To say that the supposed psychoanalytic goal of "erasing of unconscious life" (p. 241) was Freud's goal defies reasonable reply.

In this era when relational and object-oriented views have been said to be triumphant, earlier psychoanalytic contributions too often are paraded as if they were only the straw men of orthodoxy. Arguing

for individualism over essentials, Chodorow's theory at times falls short of giving full credit to both, even as her clinical work presented here reveals far greater sensitivity. Have the battles of contemporary analysis really become so parochial that even as uncommon an integrative mind as Chodorow's would believe, as she states, that Loewald, Bollas, and Mitchell developed "an interpretation of the relations of unconscious and conscious that turn Freud's work…on its head" (p. 244)?

Chodorow ends this volume with a coda on culture, stating her advocacy of psychoanalytic integration of understanding of the forces of culture and psyche. Personal symbols are always seen as operating on personal and cultural levels at the same time, with the two never reducible each to the other. She presents examples of the presence of culture within the analytic chamber, of how culture tends to shape an analyst's expectations and hearing.

This book *is* a serious and significant contribution to psychoanalysis. Chodorow brings to the forefront vital considerations not yet sufficiently recognized. Her contribution is consequential, even if her additions are not yet sufficiently integrated with prior learning. Questions unsettled do not diminish the volume's substantial merit. It is not required that Chodorow supply the last word; it is enough that she advances our understanding as we struggle toward full comprehension. *The Power of Feelings* is a true contribution to analytic knowledge that merits reading by both analysts and cultural anthropologists. Attention to the singularity of human experience and to the centrality of affective meanings makes this volume a genuine addition to analytic progress.

Chodorow's keen intelligence and broad experience reside in a restless mind, leaving her as open to being suspicious of her own conclusions as of those of others. Much more valuable than the easy closure of a new theory for resolving discomfort, this book provides us with a fresh examination of efforts to integrate paradoxes central to analysis: pulls between inside and outside and between past and present. Trying to stay true to clinical experience even when it is discomforting to the logic of our minds, she shows how we may move beyond narrow conceptualizations. Her doing so is in the best tradition of

psychoanalysis, that of maintaining revolutionary power by questioning experience rather than by resting on ideology and faith. This classic psychoanalytic tradition of privileging evidence over theory is important to all of us as we continue to confront both the orthodoxy of the old and the orthodoxy of the new.

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THE PATIENT'S IMPACT ON THE ANALYST. By Judy L. Kantrowitz, Ph.D. Hillsdale, NJ: Analytic Press, 1996, 284 pp.

There is a widely felt urgency in the air today that psychoanalytic theory must move forward. There are any number of possible directions calling for attention. Some individuals seek to advance our collective understanding of interpersonal phenomena in psychoanalysis and take various positions with that all-important, some might say umbilical, lineage with the intrapsychic legacy of psychoanalysis. The more sophisticated of these individuals recognize that the theories currently evolving in psychoanalysis are not about entering into the playing of a zero sum game, whereby one wins only by ensuring that another loses. Judy Kantrowitz, in this carefully researched volume, places her bid to join this particular chorus, and thereby to further expand the complexities of our understanding so that it comes closer to mapping what actually takes place in the working lives of clinical psychoanalysts. In so doing, she positions herself in a line of evolution rather than revolution.

Kantrowitz is and has been one of the few analysts on the contemporary scene who seems equally adept at empirical research and more discursive writing. Not many can shift comfortably between these two professional worlds, so often, and unfortunately, set apart and incommensurable. The reader is immediately struck by the fact that this volume is immersed in both, and how cleverly both are used in order to illuminate and enrich one another. This synergy is the author's characteristic research trademark.

While much of this book is devoted to a creative and thoughtful discussion of a relatively limited number of interviews (that is to say,

limited in terms of the universe of generalization to which Kantrowitz aspires), an empirical method is also presented. Kantrowitz surveyed 399 seasoned analysts for the purpose of coming to understand how conducting analyses has changed them. Analysts at several different stages of professional development were identified. After initial questionnaire data had been gathered, twenty-six in-depth telephone interviews were conducted with individuals who reported on their questionnaires that they had undergone a significant psychological shift as a result of their immersion in analysis. These telephone interviews were tape-recorded and carefully studied. In the grand tradition of William James, who once commented that in order to understand religiosity one has to study the most religious person at their most religious moment, Kantrowitz selected as her respondents only those analysts most deeply affected by their experiences in conducting analyses. This constitutes the data set the author drew upon in order to organize and report her sense of the things in her sights.

In a series of remarkable interviews, young and old analysts alike come through as thoughtful, dedicated practitioners, struggling to master the complex intricacies of their craft. The reader will find no clichés in the cast of characters, no burnouts, no cynics. Rarely have I encountered such an appreciative and moving sense of the psychoanalyst as a person at work.

What, one might ask, is so important about this? There is on odd solitude to the professional life of the analyst. Analysis is a uniquely private enterprise. When a neurosurgeon operates, many people are present, watching every move. A lawyer's career usually lives or dies with his or her courtroom performance. Actors seduce audiences; politicians court voters. Analysis, conversely, relies upon privacy for its very existence, and I can think of no other helping profession that depends for its essence upon the exclusion of all others from its place of work; however, this leaves accountability for competence and the urge to grow explicitly in the hands of each and every practitioner. There are few external checks, no cameras in the office, no ombudsman to report to. Events are evanescent, recorded only in that narrative-making mode called human memory.

It takes a certain kind of professional dedication for an analyst to continue to grow after institute graduation. We know very little about those changes that cumulative clinical experience over time produces in analysts. One would like to believe that these changes are beneficial—and now we have some good data showing that it often turns out this way. It is awe-inspiring to witness analysts struggling, given the unique tools of their craft, to make sense of themselves, their lives, and their patients, as part of their sense of the imprimatur of analysis. This occurs not just with their patients; several of the analysts interviewed reported profound changes in their relationships with friends, spouses, and children. That they were able to frame such changes in terms of their psychoanalytic understanding of themselves is thought by Kantrowitz to be a secret of success; and this indeed makes sense.

When seeing things from an interpersonal angle, by and large, the analyst's countertransference is writ much larger than when seeing things from a primarily intrapsychic angle. It should be no surprise that much of this book is devoted to countertransference. In putting a human face on the countertransference, Kantrowitz does the analytic community a huge service. Her understanding is communicated in the prosaic language of everyday life, not in an abstract classificatory scheme or with any other effort to formalize a system. Thus, in Chapter 11, she takes up what she calls the "darker side" of the changes within analysts. Some analysts do not fare well in the face of the demands made upon them, particularly by difficult patients. Kantrowitz's too-brief description of how some analysts do not flourish in the face of their chosen work stands forth as a fine corrective to a tendency in the literature to report only positive developments. She properly notes that we need to learn much more about the "darker side."

A section entitled "Pathways to Self-Knowledge" describes ways in which analysts are able to use the requisite skills (similar to, but greater than, self-analysis) to gather their experiences, reflect upon them, and change as a consequence of those experiences. It is interesting to observe that there are a variety of ways through which personal inquiry is undertaken. Thankfully, Kantrowitz concludes that

we cannot formulaically diagnose and prescribe any particular set of actions for analysts—each must arrive at this in his or her own way and at his or her own pace. Here it is also important to note that the analyst engaged in such actions typically reports charged and vivid pathways to change—one does not change through unremitting, benign, or intellectual experience. Intense encounters with erotically charged fantasy and frightening aggressive impulses are likewise the coin of the realm the author depicts, just as they are in the analytic situation.

In terms of critical commentary, this study has methodological limitations. People respond to questionnaires in limited ways; telephone interviews are not well understood in terms of demand characteristics; and a limited sample of analysts qualify as informants (399 out of 1100 analysts responded to the survey, of which twenty-six were selected for in-depth interviews). And so on. Kantrowitz is a seasoned researcher and is, of course, well aware of these limitations and speaks honestly about them, but methodological rigor is not her primary concern. There is always a trade-off between rigor and interpretive expansion in the empirical research literature in psychoanalysis. What Kantrowitz offers is research not necessarily hung up on "getting it right," but rather on exploring possibilities and discovering new forms of understanding. All science begins in imagination that exists prior to method; Max Black once commented that "Perhaps every science must start with metaphor and end with algebra; and perhaps without the metaphor there would never have been the algebra."[1] Enough said—it is preferable to address the author's research at its point of greatest strength. To do so strengthens those who seek to understand her points as well.

This is more than a good book; it is an important book. It is important because it frees the analyst to face complex analytic issues more openly. It is a more honest portrayal of analytic life than one often finds in studying theory, which is so often written with subtexts and implicit agendas. This book does not offer much in the way of an original contribution to an understanding about technique or the-

[1] Black, M. (1962). *Models and Metaphors*. Chicago: Univ. of Chicago Press, p. 242.

ory, nor is it a book that will propel those interested in comparative psychoanalysis to take one side or another. Rather, it pushes the interested reader to offer more of him- or herself in working with patients, and it is necessary and useful to counterbalance theoretical excesses with a good dose of just that. More and more, it becomes clear—as Kantrowitz joins many others who have hastened to depict the anatomy of this situation—that we are the instruments that our theories strive to harness, both to limit and potentiate, for better or worse. It is remarkable that it has taken so long to recognize something so patently obvious.

ARNOLD WILSON (MONTCLAIR, NJ)

OPTIMAL RESPONSIVENESS: HOW THERAPISTS HEAL THEIR PATIENTS. Edited by Howard Bacal. Northvale, NJ/London: Aronson, 1998, 384 pp.

Optimal Responsiveness: How Therapists Heal Their Patients is both a celebration of Bacal's contributions to psychoanalysis and self psychology and a substantial offering of interesting and challenging self psychological perspectives. Bacal is an exponent of the relational/self psychological perspective in psychoanalysis. His work is heavily influenced by Kohut, whose presence is felt throughout this volume. Of the seventeen chapters, four are authored (one coauthored) by Bacal, and, in addition, he prefaces each with a short introduction and commentary. The introductions are particularly useful, since Bacal skillfully ties together the themes of the present volume with his incisive introductions. Thus, the book has a unity not often found in edited editions. The other authors represented in the volume are by and large well-known self psychologists, and their contributions are also remarkably unified for this type of volume.

Bacal, in delineating the concept of optimal responsiveness, is constantly comparing his point of view with what he terms "classical psychoanalysis." One might say that there is a type of dialectic running through the book, part of which is to compare the idea of opti-

mal frustration (classical position) with optimal responsiveness. Bacal maintains that classical analysis is based on the idea of restricting gratifications in the treatment situation. Kohut (1977)[1] and Kohut and Seitz (1963)[2] introduced the concept of optimal frustration, which Kohut saw as central to both the process of analysis and to the processes of internalization. Bacal views the concept of optimal frustration as preferable to the classical idea concept, but still not optimal (pardon the pun). Moreover, he sees the concept of optimal frustration as incompatible with Kohut's theoretical writings. Rather, Bacal maintains that

> Since our approach to psychoanalytic therapy is to do the best we can and we do not, indeed we cannot, set out optimally to frustrate our patients, I suggest that the idea of optimal frustration is really an after-the-fact metapsychological explanation of what happens when the analytic relationship breaks down.... Furthermore, the patient's..."negative therapeutic reaction" [is] caused at that moment by the breakdown of the analyst's empathy... [p. 12]

Bacal is attempting in this volume to clearly spell out the conditions of optimal responsiveness, while detailing the inadequacy of both the classical model and of Kohut's concept of optimal frustration. Kohut's difficulties are easier to dispel, since they are attributable to the last vestiges of his adherence to the classical mode. Thus, to document the difficulties in both positions, Bacal must first give his views of the classical position. He is helped in this task by several other writers. Ricci and Broucek, stimulated by "Bacal's challenge" (p. 39), used Bacal's "seminal paper" (p. 39) to understand the development of Freud's ideas on technique. Terman proposes "a new view of structuralization" (p. 65). Shane and Shane attempt to spell out the

[1] Kohut, H. (1977). *The Restoration of the Self.* New York: Int. Univ. Press.

[2] Kohut, H. & Seitz, P. (1963). Concepts and theories of psychoanalysis. In *The Search for the Self, Vol. 1,* ed. H. Kohut. New York: Int. Univ. Press, pp. 337-374.

developmental conditions for optimal responsiveness. Fosshage, as well as Beebe and Lachmann, in separate chapters, try to show how optimal responsiveness informs their theoretical views. All these authors offer interesting new perspectives, as well as providing criques of the classical position.

If analysts have difficulty with the present work, I imagine that they will wonder why one has to champion the idea of optimal responsiveness. Shouldn't an analyst (if possible) always be optimally responsive to a given analytic situation? Of course, the key is what one considers to be optimal, and Bacal and the other contributors to this volume see the active interaction between analyst and analysand as providing the guidepost to the concept of optimal. Moreover, there is a suggestion of being optimally responsive in terms of the analyst's empathic response. It is Bacal's view that a number of analytic "phenomena" are produced by the nonempathic analyst.

Since some of the chapters in the book are reprinted, some of the issues raised by Bacal and others are familiar by this point in time. For example, Bacal considers classical psychoanalysis and what he calls current object relations theory to be one-person psychologies. He asserts that this is the case both in terms of developmental assumptions and clinical theory. In classical analysis, according to Bacal, "excessive or pathological drives are regarded as the determinants of the psychopathology" (p. 10). This view of classical analysis as restricted to the analysis of instinctual drives recurs throughout the volume. Thus, with regard to the concept of resistance, Bacal attributes to the classical position the following ideas:

> The patient's silence, controlling, acting in, or acting-out is attributed to his fear of the consequences of expressing his instinctual drives in relation to the analyst. From the perspective of self psychology, resistance to the analytic process is seen as reflecting a fear of retraumatization through repetition in the analytic relationship of traumatic childhood experiences. [p. 23]

Here is a good example of the dichotomies that abound in this volume's version of the classical position. It is as if the classical ana-

lyst does not see her patient, but only the drives that reside inside (unconsciously) in the patient. There are no object relations; indeed, it feels as if there are only drives. Obviously, this is an exaggerated perception of the classical viewpoint, but nevertheless, the authors of this volume use the "dreaded" classical position as a vehicle to the exploration of how to enter the patient's world. Here it seems to me that they are much more successful in describing treatment situations in which Kohut's new views on treatment have opened up avenues that have proven quite valuable. I would suggest that the authors of this volume read *The Modern Freudians* (Ellman et al. 1998)[3] for a more balanced view of the Freudian position. Here they would find the work of a number of Freudians who have attempted to integrate the ideas of Kohut, Winnicott, and other object relations theorists in their views of analytic treatment.

More substantively, an issue that runs throughout the present volume is the comparison of the real relationship with the effects of interpretation. It is clear that Bacal thinks that the emphasis on interpretive efforts is an unfortunate legacy of the Freudian tradition, as follows:

> Self psychology has given substance to what analysts have always known through clinical experience—that the provision of in-depth empathic attunement is crucial to the therapeutic process.... And perhaps for the most part in relation to the majority of patients that we see in our practices, [empathic attunement may] be the only response, or the central aspect of the analyst's response, that is experienced by the analysand as useful. [p. 292]

To fully address this assertion, one would have to discuss a number of factors to which I cannot do justice in a limited review. It might be of use to mention that few authors have fully discussed what they

[3] Ellman, C. S., Grand, S., Silvan, M. & Ellman, S. J. (1998). *The Modern Freudians: Contemporary Psychoanalytic Technique.* Northvale, NJ/London: Aronson.

mean by the term "interpretation." It is clear to me that, at least with some patients, "interpretation" should be reserved for the attempt to uncover unconscious dynamics. There are other patients for whom the term should be more inclusive, and might cover simply the idea of providing an alternative perspective on a given issue. Fonagy (1997), in presenting a case in which the patient had undergone severe traumatic circumstances, maintained that some patients "are treatable in the context of ordinary psychoanalysis, as long as the aims of the analysis are modified from ones which aspire to the achievement of insight to the less ambitious aim of the recovery of reflective function."[4]

In discussing this case, I propose that Fonagy's definition of insight was a limited one, and that insight can take many forms. At this point in time, I would go further and say that the development of self-reflection or the reflective function can only be achieved through insight in some form. If this assertion is correct, then the distinction between the real relationship and insight begins to break down. If this issue is looked at from different perspectives, one might say that it may be that the capacity for object love is present only if one can tolerate insight from another. The tolerance and ability to utilize another perspective may be crucial aspects of both the relational and the interpretive components of psychoanalysis. Throughout the discussion of these factors, it is difficult to talk about the therapeutic action of analysis unless we know what we consider to be an analytic result, or at least know our ideals or idealization of an analytic result.

It seems to me that the ideals implicit and at times explicit in this volume are in some ways clearer than those presented in some other theoretical orientations. Kohut and the other authors in the present volume maintain that an analysand will end a treatment with more satisfactory selfobject relations, rather than with the disappearance of selfobject relations. This view is consonant with the importance of the relationship in the analytic situation. It follows from self psycho-

[4] Fonagy, P. (1997). Presenter. Seduction Hypothesis Conference, Psychoanalytic Electronic Publishing Corporation, New York, February.

logical theory that the analyst might well be taken in as a more appropriate and usable selfobject; Kohut and subsequent authors distinguish this ideal from the ideal of ego autonomy. If one accepts this, concepts such as transference cures are rendered obsolete. In my view, there is no question that all analyses end with what can be described as some degree of selfobject relationship intact. The question is not simply whether this is the case, but the degree to which this is a flexible structure, and the degree to which self-reflection is possible and useful with respect to this "new" structure. The concept of autonomy is still applicable, but it is present in a different context; the context now is the extent to which the analysand can flexibly use this new structure in a depersonified manner (i.e., a manner separate from the person of the analyst).

Again, to fully flesh out this discussion, one would have to bring forth a number of assumptions about treatment and the theoretical underpinnings of the treatment situation. Although I find that the present volume dichotomizes issues in a manner not totally useful, the issues raised and responded to are central to every psychoanalytic perspective. On this basis alone, the book's contents are worth reading and possibly assimilating into one's own clinical views.

I will end with two relatively minor points. The first is an earlier lack that I think the present volume successfully redresses. One of the repeated criticisms of Kohut is that he rarely acknowledged how other analysts had influenced his ideas. This criticism is certainly rectified in the present book, since Bacal and others show how a variety of past and present analysts have contributed to their position. In tracing his early roots from Ferenczi, Balint, and Winnicott, Bacal maintains that all of these authors conceived of psychopathology in terms of a failure of environmental responsiveness to the needs of the child's developing sense of self. Parenthetically, it should be noted that Bacal also sees the roots of intersubjectivity as residing in Winnicott's conceptualizations.

The second point is epitomized by Ricci and Broucek's historical review of Freud's concepts of psychoanalytic technique. They dwell on what they call Freud's "secrecy" (p. 51). They cite Barron's referral to Freud's "obsession to conceal" (p. 52) and wonder why Barron failed to

mention Freud's sense of shame as a motivating factor in his efforts to conceal. To quote Ricci and Broucek, "The feeling of painful exposure before the gaze of others is characteristic of shame experiences..." (p. 53). The authors use this idea to explain Freud's predilection for neutrality, abstinence, and anonymity. Again, there is not space enough here to examine this one-sided and poorly documented chapter. There were undoubtedly many factors that led Freud to choose his therapeutic concepts, but Ricci and Broucek write as though Freud had relatively unified and set ideas about technique, and as though his sense of shame dictated his choice of concepts. In my view, the authors leave out the central reason for Freud's attempts to protect himself in the analytic situation: his discovery of the concept of transference. Elsewhere (Ellman 1991), I have attempted to document Freud's struggle with transference[5]; however, it seems reductionistic at best to think that one can explain Freud's concepts in terms of his psychopathology.

To a lesser extent, the whole volume suffers from the same type of malaise that Ricci and Broucek have demonstrated: the demonizing of the classical position. This tendency is present in many of the chapters. One might ask: Is there value in at times leaving the patient alone and perhaps allowing frustration to be involved? Is there no value (or what is the value) in being able to deal with frustration in the analytic situation? Bacal writes as if frustration in the analytic situation means that the analyst is not empathic. This, it seems to me, is an unexamined argument in terms of some of the conditions of the psychoanalytic situation.

Despite certain tendencies to dichotomize and exaggerate various positions, *Optimal Responsiveness: How Therapists Heal Their Patients* is an interesting, well-put-together volume. It suffers from two of the difficulties inherent in our field: the tendency toward polemic and denigration of other positions.

STEVEN J. ELLMAN (NEW YORK)

[5] Ellman, S. J. (1991). *Freud's Technique Papers: A Contemporary Perspective.* Northvale, NJ/London: Aronson.

PSYCHOTHERAPY FOR BORDERLINE PERSONALITY. By John F. Clarkin, Ph.D., Frank E. Yeomans, M.D., and Otto F. Kernberg, M.D. New York: John Wiley & Sons, 1999, 390 pp.

The cover of Clarkin, Yeoman, and Kernberg's new book, *Psychotherapy for Borderline Personality,* shows a face largely obscured by a hand turned toward the reader. When I picked up the book, I assumed this to be the face of a woman with a borderline personality, wanting both to see and to not be seen. It is an intriguing cover; the expression in only half an eye and eyebrow is both suggestive and limited. It is hard to tell whether this is the countenance of fear or aggression, and whether the gesture of the outstretched hand is to protect or attack. Even before opening the book, the challenges of treating borderline patients are evoked.

This is the third book on the treatment of patients with borderline personality organization completed by members of the Psychotherapy Research Program at the New York Presbyterian Hospital–Cornell Medical Center. The first in the series is *Psychodynamic Psychotherapy of Borderline Patients,* published by Kernberg et al. in 1989, in which the integrative ego psychology/object relations conceptualization of borderline psychopathology and treatment, termed "expressive psychotherapy," was presented.[1] In 1992, Yeomans, Selzer, and Clarkin published *Treating the Borderline Patient: A Contract-Based Approach,* which outlined a contract-based psychotherapy.[2]

Psychotherapy for Borderline Personality, published in 1999, picks up where the 1992 book left off. The authors introduce "Transference Focused Psychotherapy" or "TFP," and offer an extensive, step-by-step articulation of the psychoanalytically based psychotherapy. Via analysis of the transference, the main task of TFP is to bring into awareness unconscious conflict regarding primitive object relations, so as to facilitate resolution. The authors assert that

[1] Kernberg, O. F., Selzer, M. A., Koenigsberg, H. W. & Carr, A. C. (1989). *Psychodynamic Psychotherapy of Borderline Patients.* New York: Basic Books.

[2] Yeomans, F. E., Selzer, M. A. & Clarkin, J. F. (1992). *Treating the Borderline Patient: A Contract-Based Approach.* New York: Basic Books.

the symptomatic manifestations of borderline psychopathology are largely psychological, and the efforts to understand and change can only occur via the utilization of an active and intensive treatment within a clear, structured clinical framework. They do a commendable job of operationalizing a psychoanalytically informed psychotherapy.

Focusing on stages of treatment, strategies, and tactics, and with the introduction of the term TFP, *Psychotherapy for Borderline Personality* bears some resemblance to a 1993 book entitled *Cognitive-Behavioral Treatment of Borderline Personality Disorder,* by psychologist Marsha Linehan.[3] In many ways, TFP is the psychoanalytic counterpart to Linehan's manualized behavioral treatment for borderline patients, which she called "Dialectical Behavior Therapy" or "DBT." In an era when psychoanalytic psychotherapies have been nearly written off as legitimate treatment modalities, an approach such as TFP, which lends itself to empirical study, is a great asset.

The first section of *Psychotherapy for Borderline Personality* is devoted to the definition and illustration of the strategies, tactics, and techniques that make up TFP. These include the overall trajectory of treatment (defining the dominant object relations to integrating split-off part-objects); the specific vehicles of therapeutic intervention (to identify and understand the particular manifestations of the primitive object relationships through limit-setting, technical neutrality, and defense analysis); and, finally, the moment-to-moment technical maneuvers (e.g., clarification, confrontation, and interpretation) which are employed. The book is well written and easy to read, and compelling clinical material is used liberally to illustrate technical points. We are given a distilled rendition of Kernberg's work, spanning more than three decades, and it is rich in clinical wisdom. When I have assigned these chapters in classes and seminars, psychiatric residents and postdoctoral psychology fellows have been surprised and delighted by the welcome accessibility of Kernberg's thought.

[3] Linehan, M. M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder.* New York/London: Guilford.

The final few pages of this first section of the book address therapist adherence and competence. Treatment adherence is defined by inclusion of transference interpretations in the here and now and by the nonuse of supportive and behavioral techniques. There is no mention, however, of research on how adherence is or could be actually studied and measured. Such an omission undercuts the opportunity for more rigorous study, and this is disappointing, coming from an academic psychotherapy research program.

Section Two of the book, entitled "Phases of Treatment," presents a careful chronology of the treatment protocol and anticipated changes, beginning with initial assessment and continuing through termination. As in Section One, there is a wealth of clinical material, including reports of entire sessions. The reader is offered a rich view of both therapist and patient at different points in time over the course of a treatment.

We are advised that while TFP is generally appropriate for patients with borderline personality organization, there are "important heterogeneity" factors among such patients that can complicate or preclude the advisability of its use. These factors include: (1) Comorbid Axis II disorders, such as antisocial personality disorder; (2) Untreated symptoms of substance abuse, eating disorders, and depression; (3) Structural differences (e.g., narcissistic character); (4) Having the capacity to fall in love; and (5) Acting out and/or somatization. The authors assert that TFP is indicated for most patients with borderline organization, but then go on to add that "those patients with BPO who have severe, chronic self-destructiveness are suitable for TFP *if external structure can be provided to control acting out* that might otherwise threaten the treatment or the patient's life" (p. 129, italics added). I found it a shortfall that the authors did not address what kinds of external structure were to be employed. The degree to which identifying and providing such external structure is minimized and considered peripheral to the individual therapy can result in failure to recognize the need. When these cautions are taken together, the indications for TFP treatment seem significantly limited.

In my own experience as both a psychoanalyst and a DBT-trained therapist, I have valued the efforts of both disciplines to add rigor to

our understanding of treatment by developing clear and specific treatment protocols. Of course, there is a concurrent worry that in so doing we may become rigid and lose track of other salient treatment issues outside of protocol. I believe that the behaviorists underestimate the content value of transference and countertransference enactments, and that more dynamically informed clinicians either dismiss the need for such treatment structures as day treatment, family therapy, psychoeducation, and vocational rehabilitation, or overutilize resources to mitigate the intensity of the individual therapy. I believe TFP can be an effective treatment for some, but until we rigorously study therapist adherence and competence, as well as long-term efficacy, its value stands anecdotally.

Complaints notwithstanding, this book takes a welcome place alongside a growing number on treating patients with borderline personality organization. It has something fresh to offer by transforming the work of Kernberg into a useful handbook of clinical acumen. Perhaps its greatest compliment came from a student who reported that the book made her feel willing and interested to work with the challenging woman hidden from view behind an outstretched hand.

JOAN WHEELIS (CAMBRIDGE, MA)

INSIDE PICTURE BOOKS. By Ellen Handler Spitz, Ph.D. New Haven/London: Yale Univ. Press, 1999. 230 pp.

About fifteen years ago, I was presiding over a meeting of the Institute Representative Workshop on Curriculum and Didactic Teaching, sponsored by the American Psychoanalytic Association's Committee on Psychoanalytic Education. A young woman introduced herself as the representative of the Columbia Psychoanalytic Institute. I was surprised and then delighted when she informed us that she was not the chair of the Curriculum Committee at Columbia, but was still a candidate—in fact, a research candidate. I was even more delighted when it turned out that the seasoned psychoanalytic educators in the room learned more that day about the psychoanalytic curriculum from this little slip of a girl than they did from each other.

About ten years later, Ellen Spitz took part in another meeting of the workshop. We had been reflecting for some time on aspects of psychoanalytic pedagogy. Spitz had accepted my invitation to engage in a pedagogical exercise in which she agreed to teach us something about teaching. She assumed the role of instructor at that meeting, while the rest of us became students in a class on adolescent development as presented in literature. Our reading assignment had been a wonderful, seemingly semi-autobiographical novel, *Annie John.*[1] The experience was not only enjoyable and educational for all of the "students" in the room, but it also introduced me to a book that I have been using fruitfully in teaching ever since.

Spitz, currently at Stanford University, continues to teach and delight. Her latest book, *Inside Picture Books,* is a case in point. In it, she explores the magical moments in which parents and grandparents cuddle up with a little child and read him or her a story, most often a bedtime story. The reading together, as she points out, does not merely afford the two participants an opportunity to pass time together in an enjoyable and entertaining fashion. It also represents important time together, in which anxieties are addressed and reduced, introduction is made to the world of literature, moral lessons are conveyed from one generation to another, and adult prejudices are subtly transmitted to the next generation.

The book, addressed to parents, grandparents, teachers, and mental health professionals, is intended as a guide to them not only in choosing which books are best read to young children, but how to read the books to them. Spitz makes the important point that reading a book to a child is more than it seems on the surface: it is a conversation, an emotion-laden dialogue between the two participants, in which the storybook is a medium for mutual involvement that is potentially very powerful, for good or for bad. It can be helpful or harmful to children, depending upon what is read, how it is read, and what transpires between the two during the reading. The author wisely cautions parents and grandparents to choose books carefully, and offers advice about ways

[1] Kincaid, J. (1983). *Annie John.* New York: Penguin.

of reading to a child so as to reduce or eliminate potentially frightening or otherwise negative effects of certain books that nonetheless have a great deal to offer.

Spitz examines the reasons why certain picture books have become classics that continue to be best-sellers long after their original publication, while the vast majority fade from view. She explains how they help young children face and wrestle with basic anxieties involving separation; loss, death; oedipal competition and exclusion; intergenerational struggles over dominance, control, and obedience; identity issues; and self-esteem. She illuminates the ways in which format, artistic layout, utilization of effective visually and epistemologically presented symbols, and other storytelling devices contribute to the success of such picture books as *Goodnight Moon, Harold and the Purple Crayon, Babar, Where the Wild Things Are, The Nutshell Library, The Tale of Peter Rabbit, Madeline,* and *The Story of Ferdinand.*

The first chapter provides an overview of children's picture books and the ways in which the author intends to address them. The next chapter skillfully and even touchingly examines the way in which these books assist children and their parents to negotiate the difficult transition from daytime safety and togetherness to the nighttime experience in modern, civilized society of forced separation, abandonment, and loss. Spitz makes the astute observation that this is not only the experience of children, but of their parents as well. For children, the experience is imminent, but it is also the subliminal experience of their parents, in that each nighttime separation is for them a bittersweet reminder that their children are growing up and away from them—and that it is their task to tolerate and even facilitate this! It is not surprising that, from the topic of bedtime stories, Spitz proceeds to the topic of picture books as vehicles for assisting children (and their parents and grandparents) to negotiate the difficult task of facing and coming to terms with death, including the deaths of loved ones—grandparents, pets, and so on.

With regard to the transition from daytime to nighttime, Spitz aptly describes the way in which some of the classic picture books

provide assistance to children in negotiating the passage from the frequently frustrating but familiar and manageable world of daytime reality, to the disjointed, disruptive, sleep-time world of loss of definition, boundary dissolution, and the plunge into wild, instinctual expression that is relatively unrestrained by learned, daytime ego control. She takes note in this regard that going to sleep in part represents to the child exclusion from the exciting, adult world of the parents, stimulating intense curiosity about what the parents are doing in the privacy of their life together in the absence of their children. She tenderly examines the way in which certain bedtime stories address the need of children to build frustration tolerance and tension tolerance in order to thrive in life.

In the chapters on loss and death, Spitz points out the way in which authors and illustrators of picture books soften the blow by including images that symbolically remind children that loss can be tolerated and that they are not alone. People are there to help them deal with their loss and to provide for and nurture them. The moon, for example, is a recurrent "symbol of solace and continuity" (p. 107) in connection with separation and loss. Spitz repeatedly invokes *Goodnight Moon* as "unmistakably" (p. 107) the model for the appearance of the moon in one picture book after another in this regard. I find myself skeptical that this is necessarily the case. The moon need be no more than itself to serve aptly as a symbol for appearance and disappearance. The moon goes through a prominent nighttime cycle of ebbing from full to partial to even more partial to a mere sliver to a new moon, which then builds up into a full moon once again. Indeed, we eventually hear from Spitz that the image of the moon is a multidimensional one, which aptly symbolizes the cycle of life via its shrinking progressively into nothingness, only to burst into fullness once again, like the phoenix that rises from the ashes of its self-immolation; and the moon is a more or less universal symbol for the mother and her breast, the provider and withholder of everything good (p. 129).

At the Fourth Delphi Symposium, on "The Oedipus Complex Revisited," held in Delphi, Greece, in July 1997, Osamu Kitayama movingly described the use of the disappearing moon in Japanese art of

several centuries ago, in which it represented the fleeting nature of the blissful period of idyllic mother–baby union which all of us more or less experience. A note may be in order in this regard. Late in the book, Spitz casts aspersions on Shel Silverstein's extremely popular *The Giving Tree* as going too far in expressing maternal self-sacrifice in order to grant undying, nurturing love in a book to be read to a child being relegated to the loneliness of being put to bed at night. The version of the story which I heard as a youngster, which I believe served as the template for Silverstein's picture book, was far more extreme! In it, a mother sacrifices everything for her selfish and self-indulgent son. When all her possessions are gone, her son, now grown into a profligate, dissolute young man, kills her, tears out her heart, and runs to sell it to an evil scientist. En route, he stumbles and falls, whereupon the heart cries out tenderly, "Are you hurt, my son?" Spitz only touches lightly on the rage experienced by the young child who is abandoned at night by the mother who should know that it is her responsibility to be there, to love and to take care of her very special child, without surcease and without interruption.

In the next chapter, Spitz comments on picture books that deal with children's daring to defiantly express themselves in misbehavior, mischief, and disobedience. She begins by examining *Where the Wild Things Are, Pierre,* and *Angry Arthur,* before moving on to Beatrix Potter's *The Tale of Peter Rabbit, Tom Kitten,* and *Squirrel Nutkin.* She examines them in terms of children's struggles between instinctual expression and societally imposed self-restraint and self-abnegation. She comments on "the tension between a child's wish to gratify her impulses versus the equally powerful wish to please others and retain their love by doing the right things, obeying the rules" (p. 166). Max is sent off to bed without his supper for mischievous behavior, only to go off to join and rule over the "Wild Things." Pierre does not care about the admonitions made to him by his parents and refuses to obey them. Peter Rabbit breaks into Mr. McGregor's garden despite his mother's dire warnings, has a harrowing but heroic adventure, and lives to tell the tale. The kittens defy their mother's injunction to "wear elegant uncomfort-

able clothes" and "not to get dirty and, to that end, walk only on their hind legs" (p. 153). They not only defy the orders given to them, but they destroy the clothes (which do not fit them anyway because they are growing too big for them), and romp wildly, down on all fours, in their glorious nakedness.

Gifted writers of children's books, as Spitz implies, know how to send dual messages—one to children applauding them for self-assertively defying the fun-spoiling, "civilized" morality that is thrust upon them, and another, more palatable message to their parents that they have attained a seeming victory over their children's wildness. In the most skillfully woven stories, there is multiple appeal to child and adult like: each indulges vicariously in both wild, instinctual expression and in the safety of beneficent protection from going too far and getting into serious, irreversible trouble. In the books that have become classics, the child who has defied parental edicts in order to go off into exciting, forbidden adventures manages to escape drastic harm and is able to return home to be comforted and succored by a kind and loving, nurturing mother, who overlooks the rambunctiousness of her little one, toward whom she can be gentle, forgiving, and understanding.

In the final substantive chapter, Spitz focuses upon picture books that deal with the issues of self-esteem and self-image. Via *Noodle, Ferdinand, Horton Hatches the Egg,* and others, she addresses the need of children to be helped to feel good about themselves, and the way in which books—and the parents and grandparents who read them to children—assist with this. She is particularly interested in the dilemmas of little girls who are growing up in a male-dominated, phallocentric world, and pari passu, those of gentle, quiet little boys who do not fit into the mold of the macho male. In the course of her treatment of this topic, she very naturally slides over into the arena of the ways in which books can, starting very early in the lives of children to whom they are read, subtly or at times not so subtly, transmit adult prejudices and biases to the next generation. *Corduroy* and *Little Black Sambo* provide the main vehicles for her attention to this topic, although she shares an interesting, contra-

puntal idea about the latter book: namely, that it contains a subtly expressed message that the minority group denigrated on the surface can by wit and wisdom prevail over the dominant group that oppresses it.

I find myself in disagreement with Spitz in one respect. Early in the book, she critiques the book *Love You Forever,* by Robert Munsch and Sheila McGraw, in a manner that strikes me as off the mark. In the book, a mother forgivingly repeats the refrain "love you forever" to her son as he gives her one bit of mischievous grief after another while growing up and away from her. Spitz expresses distress over the book's ending: the boy, now a grown man, recites that very refrain to the baby daughter he cradles in his arms! She finds it

> …intriguing and somewhat perverse…that, just as the boy, growing up, is given no visible father, so likewise, in the end, the *deus ex machina* baby girl is given no mother. Thus the facts of procreation are entirely bypassed. Primary relations occur not between adults but between cross-generational heterosexual partners—mother with son, father with daughter. A confusing message for young children… [p. 54]

It seems to me that Spitz has missed the point here. How can we argue with success? It strikes me that the book keeps selling because it actually has a very different message, namely, that children identify with both of their parents, and that it is the experience of receiving a mother's tender, undying love that provides a little boy with the ability to offer tender, undying love to his own children, once he has grown up!

This is but a minor quibble, however, with an otherwise touchingly *sensitive and wisdom-filled* book. I recommend it wholeheartedly to parents and grandparents, to teachers and writers, to psychoanalysts and other mental health professionals, to all those who are interested in children and how to assist them in negotiating the mine-laden path of growing up.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

PSYCHOANALYSIS AND CULTURE AT THE MILLENNIUM. Edited by Nancy Ginsburg, Ph.D., and Roy A. Ginsburg, M.D. New Haven, CT: Yale Univ. Press, 1999, 394 pp.

This is a rather curious book. Ostensibly "stimulated" by a conference on psychoanalysis and culture held at Stanford University in January 1991 (itself inspired by the exhibition there of Freud's antiquities collection), the book consists of a potpourri of papers on various aspects of "applied" psychoanalysis, only four of which were actually presented at the meeting (it is not clear which four). The "millennial" theme is rather muted, evoked by a number of contributors who are concerned with the impact of "postmodernist" thinking on psychoanalysis and its place in the intellectual world. This issue is raised in the book's introduction by the historian Paul Robinson, who, in surveying the various papers in the collection, concludes that:

> In the emerging postmodernist canon, psychoanalysis has been reduced to one of several competing systems of knowledge: an admired one, insofar as Freud himself raised doubts about the stability of the self and its power to achieve a disinterested picture of reality, but an arrogant one insofar as psychoanalysis seeks to normalize (or "naturalize") a story about the human situation that "privileges" men over women, straights over gays, sameness over difference. [p. 6]

Outstanding is Carl Schorske's masterful paper, "To the Egyptian Dig: Freud's Exploration in Western Cultures." Drawing directly on Freud's passion for antiquities, this work traces his two psychological excavations of Egyptian culture—the first in the Leonardo paper and the second in "Moses and Monotheism." In the Leonardo essay, Freud was concerned with bisexuality, the phallic mother, and the union of opposites, whereas in the later work, he showed a very different Egypt, "one wholly oriented toward masculine cultural achievements, with *Geistigkeit* and instinctual repression at the center" (p. 27), ignoring the very prominent sensual, even bisexual, as-

pect of the Akhnaton cult. As Schorske continues, "In making of Moses an Egyptian, he ended by making of Akhnaton a Jew" (p. 30).

Each of the succeeding sections of the book—on history and anthropology, literature, art, and philosophy—is a mixed bag. Peter Loewenberg surveys the sociological and psychoanalytic factors in the creation of national identity, emphasizing the value of Erikson's contributions and citing the current Greco-Turkish conflicts in Cyprus as a case study. Marcelo Suarez-Orozco offers a remarkably old-fashioned study of the machismo of Argentine soccer fans, ascribing it all to their unconscious homosexuality. As the historian John Toews cogently points out in his pointed critical review of both these papers, Suarez-Orozco fails to place his "findings" in any context, be it that of soccer audiences in other societies or the special aspects of Argentine culture that favor the pattern he describes.

Richard Almond seeks to correlate the story of Jane Eyre's development with the stages in the analytic process, as he defines it. The result is a rather forced set of analogies, particularly his effort to identify the several stages of Jane's life with classical psychoanalytic developmental phases. Paul Schwaber, however, succeeds brilliantly in addressing the question of Leopold Bloom's Jewish identity in *Ulysses*. Although, in his critique, Jerome Winer faults both writers for treating their fictional subjects as though they were actual persons, Schwaber, remaining always within the confines of the text, succeeds, I think, in demonstrating that the richness of Joyce's characterization makes such a feat possible; his recent book, *The Cast of Characters,* of which this paper forms one chapter, reinforces this impression.

The art historian Lynn Gamwell, curator of the Freud antiquities show, takes a rather dim view of modernism in the arts in general and in visual art in particular. She speaks of "A Century of Silence," in which artists have, she believes, progressively withdrawn from the "real" world into a "silent realm" of abstraction and blankness; she suggests that the silent psychoanalyst both contributes to and manifests this modernist crisis. Malevich, Kandinsky, Schoenberg, and Beckett exemplify, for her, this "incommunicado" silence.

Ellen Handler Spitz, however, in an ingenious study, demonstrates the richness of communication to be found in children's picture books. "Deceptively simple," she says, "this genre establishes ...a space in which fantasy blossoms, psychological issues are symbolically enacted, and the roots of cultural knowledge pleasurably implanted" (p. 265). In a richly scholarly overview, Richard Kuhns takes a philosopher's stance in considering the ahistorical tendency in psychoanalytic studies of art and the condition of postmodernity that seems to be the central concern of the book as a whole. His essay alone (though indeed published elsewhere) is worth the price of this book.

Charles Hanly offers a philosopher's vigorous, straightforward defense of psychoanalysis as both a natural and a humane science. Janine Chasseguet-Smirgel, though, repeats her frequently stated and tendentious assault on "perversion," never defined but vilified as antihuman, antisocial, and destructive; in her words, "Perverts, if left to themselves, would almost certainly lead the world to its ruin" (p. 335). Apart from her etymological error in deriving the word "hybrid" from the Greek "hubris" (the *Oxford English Dictionary* differs with her), this paper is more a polemic than a scientific report. The sociologist Eli Sagan thoughtfully criticizes the failure of psychoanalysis to develop an adequate sociology, challenging Hanly's view of analysis as a normative science and deploring Chasseguet-Smirgel's views on the inevitably baleful effects of "perverse" sexuality.

Finally, Robert Wallerstein does his usual effective job of summarizing and synthesizing the contents of the book, placing the various contributions in the context of the multivalent pattern of contemporary psychoanalysis and its continuing struggle to reconcile its "modernist" origins with the burgeoning, if ever-shifting, pattern of current "postmodernist" thought.

Overall, I found the several summaries and critical essays (by Toews, Kuhns, and Sagan) to be the most valuable portions of this diverse volume. The book does, I think, provide a reasonable sampling of current ventures into interdisciplinary psychoanalysis, with both its problems and its promise. It is notable, though, that much of the best and most original work here is that of academic non-analysts,

scrutinizing and criticizing the present state of psychoanalytic theory and its applications to the world of culture at the millennium.

AARON H. ESMAN (NEW YORK)

LANDSCAPES IN MY MIND: THE ORIGINS AND STRUCTURE OF THE SUBJECTIVE EXPERIENCE. By Vincenzo R. Sanguineti, M.D. Madison, CT: Psychosocial Press, 1999. 181 pp.

Plato, more than two millennia ago, indicated that human beings live in the equivalent of a deep cave from which we peer out onto a world of everyday experience that seems clear and objective, but which actually consists of images distorted by the effects of looking at life from a vantage point that appears to be up close, but in reality is at a distance from what we are viewing. In modern parlance, we would say that what appears to be so is in actuality shaped in large part by the shadow of that which is projected upon it from within the depths of the cave from which we look out. In this slim volume, Sanguineti, a bold and perhaps even audacious thinker, who combines a philosophical and spiritual bent with scientific curiosity, attempts to carry out the seemingly impossible task of peeking into the cave from outside, while he unavoidably resides at the same time deep within the cave along with the rest of us.

How does he do it? He does not conduct rigorous, controlled experiments with large numbers of subjects participating in a well-defined research protocol that is then subjected to statistical analysis. Instead, he uses himself as the main, almost the sole, object of his inquiry, which consists of episodic, introspective self-examination, in connection with instances in which he glimpses himself—that is, his conscious self—in communication with his innermost self—his unconscious—which he comes to recognize as the richer and vaster part of himself by far. At other times, he communicates with his wife's inner self, and, in the vignette that most stretches our credulity, he comes into contact with a gazelle, with which he has a strangely "numinous," intimately close encounter before she bolts from the scene to catch up with the rest of the herd, which, unlike her,

had run off as soon as he stumbled upon them on a lonely African plain.

The complexity of the preceding sentences reflects the drawn-out tale and complex argument that Sanguineti employs to make his points. A psychiatrist as well as something of an amateur anthropologist, the author grew up first in war-torn Italy and later in western Eritrea before returning to Italy to study medicine and then emigrating to the United States, where he studied psychiatry at Yale, supplementing his self-directed inquiry with thoughts about the verbalizations of a couple of patients suffering from multiple personality and schizophrenia.

What is it that Sanguineti concludes from his investigation of himself? He sets forth a group of ideas that are not entirely strange to psychoanalysts, whose daily work consists largely in feeling their way from the surface toward the unconscious depths of the human mind—or, dare I say, of the human soul. He concludes, in Platonic fashion, that what we think of as our mind is only its very tip. The human mind is actually much larger, and is organized in quite a different fashion than is the realm of mentation of which people are most cognizant in their daily lives. What people tend to think of as our mind, he indicates, is that part of it that is conscious, largely cognitively controlled and organized, focused mainly on the here and now and the interface between ourselves and the external world around us, and which is oriented in the direction of intention and action. Mechanically, it is or purports to be objective, is linearly organized, and consists of slow to rapid thinking.

Contrary to what people generally think, Sanguineti concludes, the conscious mind is far less an entity in its own right than it appears; actually, it is enormously influenced by, and to a very great extent produced by, a huge, unconscious reservoir of mental life that is for the most part subjective, emotional, and nonlinearly organized. The unconscious operates via very rapid thinking—so rapid that its operation is rendered invisible to the conscious mind, except for intermittent glimpses of the effect of its workings. It contains the contents and the impact of the totality of everything we have ever experienced individually and collectively as human beings, as the

latest version of the genus *Homo* in the primate evolutionary tree, and as a current version of every form of life that has contributed to the genetic code that biologically (and therefore biopsychologically) shapes us within the biopsychosocial totality that represents us as members of a particular species in nature. In other words, the author comes to conclusions that approach very closely those arrived at by Freud (whom he does not specifically cite) and Jung (whom he does specifically cite) in their investigations of human psychology. Sanguineti coins a new word, "qualia," to denote units of unconscious, emotional charges—the counterpart of "quanta," units of mental content.

The author is somewhat apologetic about his attempt to carry out an undertaking that is ambitious to the point of approaching presumptuousness. He draws upon the observations of mathematicians and physicists on quantum mechanics, and upon the writings of neuroscientists and philosophers who have attempted to define mental subjectivity, in order to rationalize his attempt to place himself fruitfully outside himself and inside himself simultaneously. In this regard, he cites Eccles, Edelman, Einstein, Galin, Gelernter, Hebb, Penrose, Schrodinger, Scott, Sherrington, and others.

The extent to which Sanguineti succeeds in his quest is open to question, and his book does not provide anything substantially new or dramatic for the psychoanalytic clinician eager to extend and expand his or her grasp of the human mind beyond what comes from the clinician's daily work. Nevertheless, this is a book that is thoughtful, interesting, and in very real ways poetic and moving. I recommend it as worthwhile reading.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ABSTRACTS

PSYCHE. ZEITSCHRIFT FÜR PSYCHOANALYSE UND IHRE ANWENDUNGEN.

LIII, 6, 1999

Psychoanalysis, Adolescence, and the Identity Problem. Werner Bohleber. Pp. 507-526.

Sociocultural developments, styled "postmodern" by some diagnosticians, appear to have led to a so-called "decentering" of the subject and a dissolution of the unity between self and identity. Recent approaches in psychoanalysis (intersubjectivist, socioconstructivist, narrativist) faithfully reflect these developments, but in so doing threaten to forfeit essential developments of genuine psychoanalysis. Taking adolescents as an example, the author demonstrates that identity and subjectivity cannot be foreshortened to the status of an intersubjective construction or the "vanishing point" of a narration. Processes of maturation and development (in the form of sexual maturation and the development of new cognitive abilities) have to be integrated at a huge variety of levels. Using psychoanalytic terms, the author describes a number of distinctive features peculiar to this phase of development, features that should neither be declared pathological nor unthinkingly accepted as the expression of a new cultural "type." The conflict and innovation potential inherent in this phase is of major significance for an understanding of psychoanalysis determined not to relinquish a concern with the connection between psyche and physis.

The Vanishing of the Past. Martin Dornes. Pp. 530-570.

The author examines the more recent attempts to abolish the past in developmental psychology. Contextualistic developmental models, such as the one proposed by Michael Lewis, maintain that human behavior and emotions are determined by present conditions of life rather than by (early) childhood experiences. In his overview of the pertinent research concerning developmental psychology, neuropsychology, and psychology of memory, the author illustrates the one-sidedness of this approach. He then discusses social tendencies which may contribute to the relativization of the significance of the past; the constantly increasing speed of modernization in contemporary

societies seems to dissolve the past in that it leads to a general devaluation of experience and an almost exclusive focus on the here and now. Theoretical models articulating this trend—in spite of their limited truth value—therefore have the merit of capturing the prevailing contemporary mood.

Subject, Patient, Outside World. Reimut Reiche. Pp. 572-596.

In the history of German philosophy, the term "subject" can look back on a long and venerable tradition. When use is made of it in a psychoanalytic context, there is no avoiding engagement with the semantics of Nietzsche's concept of the disappearance and return of the subject. Within this configuration, the problematic idea of "subject" (and its necessarily correlative "world") is recast in terms of the tensions between inside and outside or "intra-" and "inter-." Gearing his remarks to this operative distinction, the author discusses recent psychoanalytic approaches in which he detects a tendency for the subject to be relegated to the status of a "blank space," coupled with a radicalization of the trend toward conceiving the psychoanalytic process as an emergent third, something that eventuates through the application of the psychoanalytic method. This third manifests itself in many forms, some of which the author traces in detail. Central to all of them is a recognition structure. Implicit in the third (again in differing forms) is the "outside world."

LIII, 11, 1999

Analysts Confront the Holocaust: The Unresolved Puzzle of Trauma. The Impact of the Holocaust on Sexuality. Marion Michel Oliner. Pp. 1115-1135.

The question of how to assess the relation between inside and outside, unconscious fantasy and traumatic external influences, is one on which psychoanalysis has yet to achieve a well-defined position. To distinguish the two spheres and their relative impact, the author draws on the concepts of presentation and representation. Presentations are clearly remembered, real images of the material world without psychic working over. Representations are internalizations of earlier object relations (the presentations) overlaid by unconscious fantasies. Memories of the Holocaust are an example of presentations; sexuality with its idiosyncratic need structure is an example of representation. Oliner proceeds on the assumption that memory is dual; in the case of presentations, memory is separated off from the feeling of self, while in the case of representations, memory is integrated into a person's life history and transformed by personal constructions placed on events. In the face of naked realism and the massive traumatizations displayed by victims, it is the task of the analyst to resist developing guilt feelings, seeking instead to determine where presentations can be used for defense purposes (survival, guilt, etc.) and connected with the unconscious fantasies derived from represen-

tations. The author illustrates her ideas with reference to the case of a Holocaust survivor.

"I'm a Human Being Again": Transformations of the Early Psychic Trauma by Regeneration of Intrapsychic Representations. Ursula Volz-Boers. Pp. 1137-1159.

Patients with severe traumata (of separation) within the first year of life often already activate fragments of trauma reaction during the first sessions of treatment. Their expected retraumatization is defended against by a reaction of flight from the analysis. By presenting case reports, the author shows how her early construction of an inner similarity between the threat of breaking off analysis on the one hand, and early trauma on the other hand, creates confidence in the analytic relationship. In the subsequent process, the deepened affective experiencing of trauma reaction in countertransference and transference increasingly forms metaphorical and verbal—i.e., symbolic—representation. In this way, the new construction of representations (of a protecting, motherly object and of a coherent, infantile self) occurs. After that, the trauma reaction can increasingly be worked through as a defense of oedipal conflicts, according to standard psychoanalytic technique. In its successful result, the treatment leads to a transformation of the trauma by a successive change of its intrapsychic representation.

Interrupted Paths: The History of Psychoanalysis in Poland. Pawet Dybel. Pp. 1160-1187.

The author undertakes an initial attempt to uncover traces of psychoanalysis in Poland prior to its temporary demise at the hands of historical catastrophes. Its beginnings are associated with the names of Hermann Nunberg, Ludwig Jekels, and Helene Deutsch, who established psychoanalysis in Poland before the First World War. In the interwar years, there was little or no further development, and the Second World War and the annihilation of the Jews became the death knell for Polish psychoanalysis. Not until the post-1989 period were there any indications of a renewal, but today it appears that psychoanalysis in Poland may indeed be in the process of rising from the ashes, like the legendary phoenix.

LIII, 12, 1999

A Brief Treatise on the Unconscious. Jean Laplanche. Pp. 1213-1246.

The author recapitulates his conception of the unconscious, which, taking its bearings from Freud's central thoughts on the subject penned in 1915, displays notable differences both from this view and especially from Freud's later metapsychological hypotheses. Central to the author's view is the link between the concept of the unconscious and the repression process. In an

examination of five key issues—the realism of the unconscious; the "translation model" of repression; the characteristics of the unconscious and their explanation in terms of repression; the unconscious in life and in the cure context; and the relation between the unconscious and the metaphysical—the author urges a view of psychoanalysis which, though diverging from the Freudian viewpoint, does unstinting justice to the novelty of Freud's theories and methods.

Joy in Psychoanalytic Therapy. Gunter Heisterkamp. Pp. 1248-1264.

Heisterkamp points to the meager attention given to the theme of joy in psychoanalysis, and undertakes an attempt to accord it its rightful place. In the author's view, the feeling of joy is complementary to that of anxiety. Whereas anxiety represents psychic distress in connection with the problem of structuring, joy is the expression of successful (re)structuring, in whatever form, and marks the beginning of a new start. In an empirical study encompassing five German-language psychoanalytic journals published in 1992, as well as various brief (auto)biographies of psychoanalysts, the source material was subjected to an analysis of content with a view to casting light on the degree to which joy phenomena receive any kind of mention in psychoanalytic publications. Heisterkamp's sample reveals that joyful phenomena hardly figure at all in professional articles, whereas (auto)biographical statements made by psychoanalysts themselves are appreciably more emotional in tone.

The Working Identity of the Psychoanalyst: Toward a Theory of Psychoanalytic Professionalism. Thomas Pollak. Pp. 1266-1295.

In this article, the professional activity of the psychoanalyst is discussed as a crucial feature of his/her working identity. Following an outline of the problems posed by the concept of identity, the author sketches a theory of socialization and professionalism in which the activity of the psychoanalyst is seen as being subject to requirements and forces pulling in two different directions. On the one hand, the psychoanalytic process is an exercise in relation-building, geared to the repetition of primary socialization experience; on the other, it is an exercise in the application of scientific rules. The author discusses the consequences of this dialectic for the analytic situation and the professional organization of psychoanalytic activity.

LIV, 1, 2000

In Love with Violence: The Anatomy Lesson of Francis Bacon. Katherine Stroczan. Pp. 1-26.

Francis Bacon has been celebrated by art critics as a master of violence representation, a reputation incessantly cultivated by the painter himself. The subject of violence plays such a paramount role both in his works and in its reception that it merits closer consideration. Taking the formal aspects of his paintings as a point of departure, the author examines the painter's instru-

ments as they serve the pictorial transformation of violence. While representational goals remain invariable throughout Bacon's work, a consequential alteration within the means of representation can be observed. The significance of this transition is explored with respect to Bacon's project, and its instinctual and economic determinants are investigated in the context of Michel de M'Uzan's concepts on the nature of cruelty. It becomes evident that this unceasing display of violence is neither intended as a contribution to social criticism (which most of his colleagues would like to believe), nor does it represent a playful exercise, but rather an intensely serious enterprise characterized by a degree of inevitability and urgency that can hardly be overlooked. The concluding observations thus refer to the function of violence in Bacon's work.

Paper Clips and Black Cows: On Poetry and Dreams. Ulrich Moser. Pp. 28-49.

The author invites us to take part in the gestation process of a poem, his own. On the basis of hypotheses drawn from cognitive psychology and psychoanalysis, he outlines the preconditions for the kind of creative process that is just as likely to culminate in dreaming as in poetry writing. In poems and dreams alike, fantasies, associations, and thoughts are condensed; they qualify for such descriptions as cognitive-affective microworlds. The author explains the part they play in his poem and how they got there in the first place. Subsequently, he also touches on the question of aestheticization. This appears to be bound up with the hope of achieving something intransitory, or at the very least, of finding readers prepared to be active depositories—i.e., giving the work in question a positive reception and engaging with it in terms of bearing on their own selves.

Aesthetic Form and Unconscious Meaning: Self-Care and Identity in *Moby Dick*. Joachim Kuchenkoff. Pp. 51-71.

Despite its undisputed merits in making biographies more searching and casting light on literary figures and reception processes, the psychoanalytic approach to literature has been repeatedly exposed to the criticism of being "reductionist," and especially of neglecting the aesthetic form of the works it examines. Kuchenkoff's psychoanalytic interpretation of Melville's *Moby Dick* centers on the question of the relationship between self-care/self-destruction and processes of identity formation. He demonstrates the relevance of the latter in dimensions extending to the actual formal structure of the novel, thus permitting us to draw conclusions about identity formation processes in modern society.