# OBSERVATIONS ON SOME ASPECTS OF CURRENT PSYCHOANALYTIC THEORIES

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*The competing theories in the psychoanalytic marketplace today should be judged on their merits, not on the basis of the authority of whoever first proposed them. What is valid in each theory should be included in any formulation of a psychoanalytic theory of mental development and functioning. Since psychoanalysis, as part of psychology, is a branch of natural science, pluralism in theory is to be avoided in psychoanalysis as in every branch of science. The psychoanalytic method is a valid one of studying a particular aspect of brain functioning. The method and the theories based upon it are as "organic" as is the case with any of the other neurosciences. Any valid psychoanalytic theory of mental functioning and development should include the following conclusions: (1) Unconscious mental processes are omnipresent and of great importance in mental functioning; (2) Thoughts are as causally related to one another as are other events in the universe; (3) Mental functioning is a developmental phenomenon with describable, sequential features; and (4) A major role in mental functioning and development is played by conflicts over the sexual and aggressive wishes that characterize mental life during the period from three to six years of age, and by the compromise formations that result from those conflicts.*

*The last of these conclusions, though disputed by many, is abundantly supported by evidence that is not dependent on the use of the psychoanalytic method, as well as by evidence fur-*

*nished by the use of the psychoanalytic method. There is also much evidence to support the assertion that any psychoanalytic theory that attributes language-dependent thoughts to a child whose brain is not yet mature enough to be capable of language is to be considered invalid, as are any observations made by the psychoanalytic method (= clinical observations) that are influenced by such an invalid theory. In psychoanalysis, as in every other branch of science, an observer—no matter how astute and how experienced—who subscribes to an invalid theory will be led astray by that theory, sooner or later, in one way or another.*

# INTRODUCTION

Today's worldwide psychoanalytic community is truly a rainbow coalition. Nearly all analysts practice a form of psychotherapy they call psychoanalysis, and most subscribe to a body of theories about the nature and development of human mental functioning that is called psychoanalytic theory. Most analysts belong to the International Psychoanalytical Association or are associated with some branch of it. They read the same professional publications and attend the same meetings and conferences. But what comes under the heading of psychoanalysis, both in theory and in practice, is fascinatingly diverse. By analogy with the diversity in the spheres of politics and international relations, the differences that characterize psychoanalysis are frequently referred to as pluralism. To many analysts, pluralism is welcomed as evidence of open-mindedness and lack of intellectual arrogance. To some, it is the target of thunderous anathemas. What some approve, others condemn.

Condemnations and approvals are interesting phenomena. When pronounced by psychoanalysts, they often include some reference to Freud. One hears statements to the effect that so and so is, or is not, a true Freudian, where "a true Freudian" is a term of approval and "not a true Freudian" is the opposite. In the opinion of other colleagues, just the reverse is the case. For them, "Freudian" is a term of disap-

proval, and "non-Freudian" or "post-Freudian," one of approbation. I suggest that both usages serve only to cloud discussion. It is not only unnecessary to approve or condemn one theory or another in Freud's name, it is disadvantageous as well. Whether one greatly admires Freud or not is beside the point in any discussion of psychoanalytic theories and practices.

Freud proposed certain theories concerning the nature and development of mental functioning, as well as ideas concerning the most useful ways of studying mental functioning. Some of his theories and ideas he himself rejected in the course of time, usually replacing them with new ones that seemed to him more useful and better in accord with the data available to him. He never asserted that his conclusions were exempt from review and, where indicated, from revision. Moreover, even among those analysts who consider themselves true Freudians, very few subscribe to all of Freud's theories without reservation or addition. Not every "true Freudian" subscribes wholeheartedly to Freud's theory of a death drive inherent in all protoplasm or to the possibility of thought transference. The truest of Freudians subscribe to some of his theories and have rejected or amended others, as one would hope would be the case in the course of more than half a century.

Psychoanalytic theories, whether they were proposed by Freud or by some other analyst, should be discussed and evaluated on their merits and on their merits alone. The question is not who proposed a theory; the real question at issue is whether it is possible to reach a decision concerning the merits of the various theories that are currently competing with one another in the psychoanalytic forum. To use or misuse Freud's name either as blessing or its opposite is beside the point.


## "ONE PSYCHOANALYSIS OR MANY?"

A question that concerns many psychoanalysts today is whether one should accept all the various psychoanalytic theories of mental functioning that are competing for recognition in the psychoanalytic mar-

ketplace at the present time, or whether one should designate one theory as the best. Which is preferable as far as psychoanalytic theories go, pluralism or monism? Is one theory clearly superior to the others or not? As an indication of the degree of current interest in this subject, one may point to the subtitle of a recent issue of the *Journal of Clinical Psychoanalysis*: "Into the Second Psychoanalytic Century: One Psychoanalysis or Many?"[1] The entire issue was devoted to a presentation and discussion of the view of Rangell (1997) that there is and should be no more than a single theory of mental functioning.

In the course of his discussion, Rangell brought up a point that had not been sufficiently emphasized previously. There are, he said, worthwhile additions to the understanding of mental functioning in many of the currently competing psychoanalytic theories. Psychoanalysts, he urged, should not "equate disparate [theoretical] systems but [should] fuse the valid and enduring elements of all into one" theory, which he proposed to call a "total composite" theory (p. 585). To put the matter somewhat differently, there is much that psychoanalysis has to contribute to an understanding of mental functioning and mental development. Its contribution is contained in the several currently competing theories. The question is, what in each theory is valid and what is not? How is one to winnow the wheat from the chaff? As Rangell pointed out, what is valid should be retained as part of analytic theory. What is not valid should be put aside, either definitively or provisionally. Such are the rules of science, which psychoanalysis, as a branch of natural science, should follow.

## IS PSYCHOANALYSIS A NATURAL SCIENCE?

But here we come to the first of the many problems to be faced in our proposed endeavor. There are psychoanalysts who maintain that

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psychoanalysis is not a branch of natural science and that it need not and should not follow scientific rules or procedures. For example, Gill (1976) asserted that "psychological discourse [is] alien to . . . the universe of space, force, and energy" (p. 72), and that "there are sciences other than the natural sciences" (p. 95), of which psychoanalysis, subsumed under psychology, is an example. According to Gill, psychoanalysis is what he called a hermeneutic science, not a branch of natural science. Mitchell (1996) also expressed the opinion that thoughts are not part of the material world, though he apparently would include psychoanalysis under the heading of what he called postmodern science (Mitchell 1998). Ricoeur (1970, 1977) likewise asserted that psychoanalysis is not what he calls an observational science, but is rather a form of hermeneutics or literary exegesis. Ricoeur (1977) also quoted Habermas (1971) as having referred to "the self-misunderstanding of psychoanalysis as a science" (Habermas, p. 247).

According to Leavy (1973, 1977), Lacan, too, maintained that psychoanalysis is not a natural science, but rather a form of linguistics. It may be noted parenthetically that other writers have been less generous to Lacan. Oliner (1988), for example, described Lacan's theory as depending "on an unfolding of thinking that is based on fundamental misconceptions. It is irrationalistic and celebrates the irrational while submitting it to the rules of science, albeit by denying matter the status of reality" (p. 127).

I suggest that any objection to the idea that psychoanalysis is part of natural science is specious. As I have argued elsewhere at greater length (Brenner 1968, 1988), science is not a question of subject matter. The entire universe, including the human mind, is the subject matter of science. Science is a matter of attitude (Waddington 1941), not of subject matter, and scientific truth is not something like the Holy Grail, which one eagerly searches out and which, once found, one expects will remain forever bright and unchanged. On the contrary, what is called truth in science is neither more nor less than the best conjecture that can be made on the basis of the available evidence. One can never prove the truth of any scientific theory in the sense that one can prove the truth of a theorem in ge-

ometry. One can support a theory of natural science by adducing additional evidence in its favor, or one can discredit it by demonstrating that it is illogical or that it is contradicted by other theories that are currently valid, but one can never prove that it is correct by any kind of logical analysis, whatever the theory may be. The so-called law of conservation of energy is just as unprovable by logical analysis as is a psychoanalytic reconstruction. Scientific theories are accepted if they are supported by data of observation, if they are not internally inconsistent (= illogical), if they are not at odds with other theories accepted as valid, and if experience shows them to be fruitful and useful. To entertain the idea of "proving" a scientific theory "true" is to betray a lack of understanding of scientific method.

The argument that psychoanalysis cannot be a branch of natural science because thoughts are not material entities (Gill 1976; Mitchell 1996) is also based on a lack of understanding of the nature of scientific theories. To illustrate, one of the most fundamental concepts in natural science is the concept of time. Time is not a material entity. It is an inference that is made on the basis of observations, an inference supported by so many observations, and one that has proved so useful, that there is no reason at present to doubt its correctness. The same is true of the concept of force, an equally fundamental concept in natural science. It is no more material than an interval of time or a thought. Force, like time, is not a material entity; it is an inference. So, while it is true that "a thought" is not a material entity, that in no way justifies the conclusion that psychoanalysis is not a branch of natural science.

The fact that what is called a thought is an immaterial entity postulated by inference does not distinguish it in those respects from what is called time, or force, or, for that matter, the square root of minus one, which is an imaginary entity if ever there was one, yet one that scientists, as well as mathematicians, agree is appropriate as a concept and that is, indeed, indispensable to many of the theories of natural science. Since other branches of natural science make extensive use of conceptualized entities that are immaterial, there is no reason to deny the same privilege to psychology and psychoanalysis.

# PSYCHOANALYSIS AND HERMENEUTICS

What accounts for the apparently arbitrary judgment that psychology is different from all the other sciences, that it is a hermeneutic science (Gill 1976) or an exercise in textual analysis (= exegesis, Ricoeur 1977) as opposed to a natural science, seems more difficult to identify. It would seem self-evident that what an analysand says and does is not a text to be "analyzed" or interpreted without reference to the analysand's personality, life situation, or previous utterances, as is the practice in exegesis, or textual analysis. Just the reverse is the case. One pays attention to the analytic "text" with the hope of learning about the person who is the author of the text, yet those who propose that psychology is hermeneutics or exegesis, rather than a branch of natural science, seem to want to separate what a person thinks and says from the rest of the individual, as though mental functioning were not part of the chemical structural entity called a person.

It is true that both textual analysis and psychology/psychoanalysis are concerned with meaning and that meaning is expressed in language, whether one is reading a text or listening to a person, but the analogy must not be carried too far. A scholar or a literary critic may decide, for some reason, to pay attention only to a text and ignore its author(s). It makes no sense for an analyst to proceed in a similar way. The analysand's behavior, past history, and present situation are all part of the data to be taken into consideration in forming one's conclusions concerning an analysand's mental functioning. What an analysand says today can often be correctly understood only in light of what was said yesterday, what happened a week, a month, or a year ago, or what is expected to happen in the near or distant future. It is not rare, for example, as Fenichel (1941) noted many years ago, for the most important observation one can make about what an analysand is saying (= the "text") to be what is being conspicuously avoided—what the patient is evidently ignoring and *not* saying.

I have occasionally wondered whether the idea of considering an analysand's mind and utterances to be like a text, somehow separate from the analysand as a person, might be an anachronistic remnant

of the ancient belief that there are two parts to every human being: a mortal, corporeal part and a spiritual part, often considered to be immortal. Etymology offers some support to this explanation, since the word *psyche* derives from the Greek word for the spiritual part of humans, the part that was supposed to leave the body in the form of its last breath. One must remember in this connection that the age-old belief in the duality of every human being was scientifically tenable until recent times. It has been rendered untenable only in the past 150 years or so by the findings of neuroscience, which leave no room at present for any conclusion other than that the brain is the organ of the mind, since without a functioning forebrain, there is no mental functioning—nothing that one can call the mind. Until fairly recently, therefore, one could continue to entertain the view, based largely on introspection, that one's mind and one's body are as different as one's right hand and one's left, without contradicting any scientifically valid findings. That is no longer possible. To consider the mind as separate from the body today, to maintain the dual nature of human beings today, is to fly in the face of scientifically valid conclusions drawn from the observations of several generations of neuroscientists. Perhaps, therefore, the idea that psychology is a different sort of science from natural science, that the analytic "text" is somehow separable from the analysand as a person, is but another example of the truth of the adage that old ideas die hard.

To return to the question raised earlier, namely, whether psychoanalysis is or is not a branch of natural science, I hope I have demonstrated that the evidence available at present compels one to make an affirmative reply. The conclusion that psychoanalysis is indeed a branch of natural science is one that is scientifically valid or true in the sense that it is the best conclusion that can be drawn from currently available data.

## IMPLICATIONS OF NATURAL SCIENCE FOR PSYCHOANALYSIS

The recognition that psychoanalysis is a branch of natural science has certain consequences. It means, for one thing, that psychoanalytic

theories, like all theories of natural science, must be logical (= free of internal contradictions); must not rely on magical or miraculous explanations; must not contradict any known facts; should be parsimonious, i.e., should offer as simple an explanation as possible of the relevant observations; and should not contradict accepted findings in other branches of natural science. In disciplines that are not branches of natural science, like religion, literature, or any other of the arts, no such restrictions apply. Those who practice them are free to propose theories that are paradoxical, fanciful, illogical, mutually contradictory, or altogether idiosyncratic. One theory is as good as any other. Theoretical pluralism is quite permissible. Not so in a branch of natural science. There, as Rangell argued, the goal is to establish a single theory that best explains and orders all the known, relevant facts. It may well be impossible to decide at a given moment which of two or more competing theories should be accepted, but one cannot declare all to be valid and acceptable. Where choice is possible, one must choose.

There are certain ideas or theories about mental functioning that all the currently competing psychoanalytic theories of mental functioning share. The idea that mental functioning can be unconscious as well as conscious is one such theory. So is the closely related theory that causality is as much a characteristic of thought processes as it is of any other processes in the physical world (Brenner 1973). Most analysts are agreed that, with analysands as with all other human beings, conscious thoughts and behavior are determinatively influenced by preceding conscious and/or unconscious thoughts and feelings. Most also accept the corollary that mental functioning is to be understood as a developmental phenomenon in the sense that present functioning is causally related to earlier experiences and modes of functioning. All current psychoanalytic theories of mental functioning and development may be expected to be alike, therefore, with respect to the conclusions that unconscious mental processes can be and are important features of mental functioning, that mental functioning is characterized by causal relationships of the kind referred to, and that mental functioning develops sequentially. In other respects, how-

ever, it is obvious that current psychoanalytic theories differ wide-
ly from one another.

# CONFLICT THEORY

The contemporary version of conflict theory, for example, which is
the psychoanalytic theory of mental functioning and development to
which I subscribe, places great emphasis on the nature and conse-
quences of conflicts related to sexual and aggressive wishes of child-
hood origin (Brenner 1982, 1994a, 1998)—hence its name, conflict
theory. It maintains that every child has pleasure-seeking wishes of
a sexual and aggressive nature that arouse unpleasure as well (Freud
1905, 1926). It further maintains that the unpleasure, whether in the
form of anxiety (Freud 1926) or of depressive affect (Brenner 1982)
triggers reactions, called defenses (A. Freud 1936; S. Freud 1894,
1926), whose function is to reduce unpleasure while permitting as
much gratification, whether in behavior or in fantasy, as is possible
(Brenner 1982). The end result is called a compromise formation
(Brenner 1982; Freud 1894). A compromise formation that allows
for an adequate amount of gratification, that does not entail too much
unpleasure in the form of anxiety and/or depressive affect, and that
does not result in too great a degree of inhibition of function, and/
or too much in the way of self-destructive behavior, is considered to
be within normal limits. If the reverse is the case, the compromise
formation is labeled pathological (Brenner 1982).

    To return to the nature of sexual and aggressive wishes of child-
hood origin, conflict theory maintains that sexual wishes in par-
ticular are closely connected with certain areas of the body, certain
bodily activities, and with certain persons in the child's environment.
The bodily areas and activities include genitals, mouth, and anus,
together with their functions, as well as skin, touch, vision, smell,
and sounds. The persons include the persons of the child's immedi-
ate environment, especially the parents (Freud 1905). The unpleas-
ure associated with the wishes in question includes ideas of retribu-
tion and punishment in the form of abandonment, loss of love, and

physical, especially genital, injury, as well as ideas of physical and intellectual inferiority (Freud 1926).

What are the facts, the data of observation that support these conclusions? Are the conclusions compatible with other known facts and accepted theories of mental functioning, or are they not? The answers to these questions are of crucial importance in deciding on the acceptability of contemporary conflict theory.

Before 1900, sexual wishes were believed to begin at puberty. Younger children were thought to be innocent of sexual desire unless they had been sexually seduced or abused. Evidence in favor of the view that children have sexual wishes long before puberty comes from several sources: from the memories, thoughts, and fantasies of adult patients in analysis, from the analyses of children, and from the direct observation of children. The evidence from the last of these sources is so plentiful, both in our own and in other societies, as to create some sense of astonishment at the realization that it was denied by the majority of adults in our society as recently as a hundred years ago. No unbiased observer today can escape the conclusion that sexual and aggressive wishes occupy a position of considerable importance in the mental lives of children as early as the fourth year of life.

But conflict theory goes beyond the recognition of this fact. Its proponents, of whom I am one, claim that there is convincing evidence to support the conclusion that the sexual and aggressive wishes of early childhood give rise to unpleasure, with consequent conflict and compromise formation, and that those conflicts are of major and crucial importance with respect to mental functioning and mental development throughout the rest of an individual's life. What is the evidence that this is the case? How convincing is it?

Speaking historically, the first such evidence came from the psychoanalysis of adult neurotic patients. As is evident from his early writings, Freud was convinced by the memories, thoughts, fantasies, and behavior of his patients that their symptoms were the consequences of conflicts over sexual wishes of childhood origin. Many others who followed his lead in using the psychoanalytic method of treatment concurred with Freud's conclusion that such conflicts are

of crucial importance in symptom formation. As time went on and experience accumulated, the same conclusions were drawn by Freud concerning dreams, the slips and errors of daily life, character traits, and eventually, by others, concerning every aspect of what is accepted as normal in mental life (Brenner 1982). These conclusions from what may be called psychoanalytic evidence, drawn first by Freud and extended by others, were by no means universally accepted, however. Not all those who have used the psychoanalytic method or who have attempted to use it have been convinced by their data of observation that conflicts related to sexual and aggressive wishes evident in the fourth through the sixth years of life are of crucial importance for mental functioning and development.

In other branches of natural science, disagreements about data of observation can often be resolved by having two or more observers present at the time observations are made, a procedure usually referred to as an attempt at consensual validation. This is impossible, for obvious reasons, in the case of the psychoanalytic method, and various attempts have been made to devise some substitute for consensual validation of psychoanalytic data, most recently with the help of sound recordings that can be reviewed by as many investigators as desired. All such methods have their difficulties, however, and certainly to date no completely satisfactory remedy has been found for the lack of consensual validation in psychoanalysis.

Indeed, in reviewing the history of psychoanalytic theorizing, one is struck by two things. One is the diversity of the theoretical formulations that have been proposed. The other is the uniformity with which all the otherwise diverse formulations reject the idea of the importance to mental functioning and development of conflicts over sexual and aggressive wishes originating at ages three to six.

## A HISTORICAL OVERVIEW OF PSYCHOANALYTIC THEORIZING

The first example of such a theoretical rejection is afforded by Adler (1920). In 1910, Adler withdrew from the Vienna Psychoanalytic So-

ciety and inaugurated what he called "Individual Psychology." In his new theory and practice, areas of emphasis fell under such headings as "inferiority complex" and "masculine protest." Childhood sexuality and conflicts over childhood sexual wishes were largely ignored. A few years later, Jung (1915) proposed that incestuous wishes and the conflicts over them should be understood as mere metaphors. They are not, he suggested, to be taken in any literal sense; they are no more than metaphoric relics of mankind's distant past. Rank, shortly afterward, offered a theory of pathogenesis that discredited the importance of childhood sexual wishes by placing exclusive emphasis on the alleged trauma of birth. Reich (1942) proposed a theory of pathogenesis based on the idea that neuroses result from inadequately discharged libido. He maintained that the best therapy is one that aims at full physical sexual gratification, with little attention paid to intrapsychic conflict and its origins in the sexual wishes of childhood and the unpleasure associated with them.

Klein (1948) considered the conflicts over sexual wishes that are present in children from ages three to six to be of secondary importance. She linked conflict to aggressive, not libidinal, wishes, and placed primary importance on thoughts and emotions that she believed characterize mental functioning in the first months of life. Horney (1937), by way of contrast, in elaborating her ideas concerning normality and pathology in mental development, belittled or ignored the importance of conflicts originating at ages three to six by focusing on the years of adolescence and on the influences of society during those years. Fairbairn (1963), Guntrip (1967, 1975), and Winnicott (1958, 1960, 1962), who began what came to be called object relations theory, placed their emphasis on aspects of the relation of children to the persons of their environment that are not overtly sexual. Like Klein, they considered years zero to three years more important than those from three to six.

Lacan, whose teachings were inconsistent with one another in so many respects, was at least consistent in attributing little or no significance to the conflicts in question, and in placing nearly exclusive importance on the events of the first year or two of life as far as mental functioning is concerned. Kohut's interest was also on interac-

tions between parent and child during the first two or three years of life. In his last paper, published posthumously (Kohut 1982), he was explicit in maintaining that the sexual wishes of the oedipal period do not cause conflict if psychic development has been satisfactory during the first two years of life. Those influenced to a major degree by  Sullivan, who are often referred to as interpersonalists, also discount the importance of childhood sexual and aggressive wishes, as do many of those analysts who make up the groups called intersubjective and interrelational (Imber 1998; Lionells 1999; Mitchell and Greenberg 1983; Modell 1998).

Thus, the feature of conflict theory that is of central importance has been declared incorrect by more than a few analysts. Evidence from the psychoanalyses of adults and children has persuaded many analysts, like myself, of the correctness of the assertion that the pleasure-seeking sexual and aggressive wishes of early childhood become associated with unpleasurable ideas of parental reprisal and/or punishment, and that the resulting conflicts are of major importance throughout the rest of one's life. Other analysts have been persuaded by similar observations that this is not the case. Consensual validation is not possible. Substitutes for consensual validation have proved to be impractical until now. What, if anything, is to be done?

## NONPSYCHOANALYTIC EVIDENCE IN SUPPORT OF CONFLICT THEORY

One approach that has proved fruitful is to turn to evidence from other than psychoanalytic sources. It will be recalled that the conclusion that sexual wishes are present in children long before puberty, though first proposed (Freud 1905) on the basis of psychoanalytic observations, was abundantly confirmed by direct (= nonanalytic) observation of children. Peskin (1997) followed a similar course in discussing the evidence in favor of the psychoanalytic theory of drives. In both cases, nonanalytic data provided convincing evidence of the correctness of conclusions drawn from psychoanalytic obser-

vations. In what follows, I propose that the same is true for the assertion that the sexual and aggressive wishes characteristic of ages three to six give rise to conflicts that are of major importance for mental development and subsequent functioning. In this case, also, nonanalytic data abundantly confirm conclusions originally drawn from analytic observations.

One source of such evidence that is independent of the psychoanalytic method, and that will serve to test this feature of conflict theory, has to do with religious myths and beliefs. It is, moreover, a stringent test, since no one can doubt that religious myths and beliefs are of great importance in human mental functioning. The objection may be raised that religious beliefs are not appropriate subjects for scientific scrutiny, but I believe this not to be the case. To every true believer, the religious beliefs of his or her social group to which she or he subscribes are accepted as true facts about the world in which we live, and such beliefs are as such exempt from scrutiny. All other religious beliefs, however, whether those currently held by members of other societies or those of past eras, are called myths, rather than revealed truth. As such, they are considered appropriate objects of critical scrutiny, not only by those with no religious belief whatsoever, but also by those who hold to a belief different from the one under consideration. Since no religious belief has ever been universally subscribed to, every religious belief, past and present, is considered to be a myth by a substantial segment of humanity. If one takes a nonpartisan, scientific view, in fact, it seems clear that religion and myth are synonymous, rather than antithetical, and that all religious beliefs, past or present, are appropriate objects of scientific scrutiny.

When one subjects religious beliefs to this sort of impartial scrutiny, one finds that they do indeed lend strong support to the view that conflicts associated with incestuous and parricidal wishes, with thoughts about birth and death, about jealousy, revenge, fear of punishment, and atonement, all figure as largely in the mental lives of adult men and women as many child analysts have reported they do in the mental lives of young children.

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However much they differ in other respects, all religions are alike in having both a cosmogony and a moral and ethical code, together with a catalogue or system of rewards for obeying the code and of punishments for transgressing it. Every religion tells its believers how they and the earth on which they live came to be, as well as how to behave so as to prosper and be happy. Some religions have a single god; some have many; some have none. Some gods are anthropomorphic; others are not. Some religions promise life after death, while some do not. Some are warlike, while others preach peace and brotherhood. Whatever their differences may be in these and other respects, all religions teach their adherents what is right and what is wrong, and promise rewards for obedience and punishment for transgression.

To conclude from this that adult religious believers, in their relation to gods and priests, repeat the relation they had as children to their parents, is but to underline what is obvious. What is of interest in the present context is evidence supporting the assertion that their religious beliefs indicate that adults have the same sorts of conflicts that Freud and other analysts have attributed to young children. Are adults in conflict about incestuous and parricidal wishes and about punishments for those wishes that include castration, i.e., penile ablation and/or mutilation?

The Judeo-Christian-Moslem group of beliefs is one of the major religious systems of the world at present. Its myths and legends give ample support to the view that conflicts over incestuous and parricidal wishes are matters of urgent concern to adults. Their god is a man who is called father. Male Jews and Moslems believe that, in order to win father's love and protection, they must submit to having their penises mutilated (= circumcised). Christians do not share this belief and practice. They believe, however, that father is especially approving of persons who are celibate. All believers are commanded to honor and obey the god who is their father, to honor their own parents, to refrain from killing anyone, and to limit their sexual relations according to what the father god allows. It is especially forbidden for a woman whom father has reserved sexually for a particular man to have sexual intercourse with any other

man besides the one father has assigned her to. It is permissible for Christian females to marry their father god, but those who do must become celibate in physical fact.

The legend of the expulsion of Adam and Eve from the Garden of Eden illustrates the importance given in this religion to sexual indulgence. As long as Adam and Eve were sexually continent, their father loved them and saw to it that they were well cared for. When they dared to have sex with one another, despite father's prohibition, he became angry with them, exiled them from their happy home, and condemned them to care for themselves by their own labor. According to Christian belief, the sexual behavior of Adam and Eve condemned all their descendants (= all mankind) to permanent exile from father's home (= heaven) until Jesus, father's own, true son, atoned for the sin of Adam and Eve by permitting his father to have him crucified like other criminals, after which his father forgave him and took him and all other truly good, obedient, and penitent men and women back to live with him (= to heaven).

The theme of conflict over sexual wishes is clearly one of major importance in what has just been outlined. Believing adults expect father to be opposed to his sons' and daughters' gratifying their sexual desires. They hope to appease his wrath and to win his favor by being submissive to father's demands and prohibitions, by abstaining from sex altogether, and by promising not to have sex with anyone father says belongs to someone else. In addition, god's sons submit to penile mutilation in order to win father's love. Loss of love, separation from father, and damage to one's own body are calamities to be avoided and/or undone. There are obvious similarities between all of this and the conflicts that some analysts attribute to children during the oedipal period on the basis of psychoanalytic data.

If one examines the Greek religious legends of antiquity, it is apparent that in them, too, conflicts over incestuous and parricidal wishes play major roles. To most Westerners, the Homeric version of the Greek myths is the one most familiar. Dating from shortly after 1000 B.C., it portrayed gods and goddesses as a large family living in a palace on a mountaintop, with a father, Zeus, and a mother, Hera.

Incest, jealousy, fighting, and intrigue were rife in this divine family, together with all the woes and misery associated with them. Murder, however, was impossible on Olympus itself. The Homeric gods were immortal, and since Zeus was the strongest, he was always the victor or the final arbiter. The Homeric myth precluded parricide; it never ended in tragedy for the father. In other Greek myths, however, the theme of parricide appeared directly. The father god was killed, castrated, and often eaten, frequently with mother's help. His children usurped his power and sexual prerogatives, only to be destroyed in turn by their own offspring. Once more, the similarities are obvious between what religious beliefs and practices tell us about the mental conflicts of adults and what some analysts, of whom I am one, claim are the conflicts of children beginning at about ages three to six.

A survey of legends and folk tales reveals evidence that leads to the same conclusion (Brenner 1982), namely, that conflicts related to sexual and aggressive wishes of the sort that many analysts believe are to be inferred from psychoanalytic data, may be inferred from significant nonanalytic data as well. I have mentioned so far only religion, myths, legends, and folk tales, but there is equally pertinent evidence from other aspects of human behavior, ranging from daydreams to mass entertainment.

To repeat, it is not just data from application of the psychoanalytic method that indicate that conflicts over incestuous and parricidal wishes occupy an important place in the mental lives of human beings of all ages. This is a conclusion that is abundantly confirmed by other, nonanalytic observations as well. The congruence of analytic and nonanalytic evidence, I believe, permits one to draw certain conclusions. One has to do with the validity of psychoanalytic data; the other, with the validity of psychoanalytic conflict theory.

As noted earlier, many analysts have concluded from the psychoanalytic data available to them that, at least from ages three to six onward, human beings have pleasure-seeking wishes, both sexual and aggressive, that give rise to unpleasure, conflict, and compromise formation. On the basis of the same psychoanalytic data, they

have concluded that such conflicts occupy a position of major importance in mental life. For this latter conclusion to be supported so strongly by evidence from religion, legends, and folk tales supports the assertion, contested by some, that the psychoanalytic method is capable of yielding scientifically valid data. The relation between psychoanalysis and such other aspects of mental functioning as myths, legends, societal organization, literature, and the plastic or representational arts is more than a matter of applying to the latter the findings of psychoanalysis. As in the present case, myths, legends, and so forth offer valuable support to the view that the psychoanalytic method is a useful tool for scientific investigation.

To turn from the general to the particular, I believe that it is also necessary to conclude from the available data that conflicts associated with sexual and aggressive wishes of childhood origin play a major role in mental functioning throughout life (Brenner 1982). If this conclusion is correct, it follows that any theory of mental functioning that ignores or plays down the importance of such conflicts is not scientifically acceptable, i.e., it is not the best conclusion that can be reached on the basis of the available evidence.

It was noted earlier that, to be scientifically valid or acceptable, any psychoanalytic theory of mental functioning should include the conclusions that unconscious mental processes are important features of mental functioning, that mental functioning is characterized by causal relationships, and that mental functioning develops sequentially. On the basis of the considerations just advanced, one must add to the list the conclusion that conflicts associated with sexual and aggressive wishes of childhood origin play a major role in mental functioning from the ages of three to six years onward.

## SOME OBSERVATIONS ON PRENATAL AND NEONATAL CEREBRAL FUNCTIONING

Not all psychoanalytic theories that include all the items on this list are equally acceptable as valid, however. In particular, no theory of

mental functioning can be considered acceptable that contradicts what is known about the functional capacity of the brain from the findings of branches of natural science other than psychoanalysis. A good example is the role assigned to fantasy in the mental life of neonates by Klein and her associates. They maintain that during the first months of life, infants have thoughts, among other things, about their mothers' breasts being good and bad, that they envy their mothers, that they feel or imagine their mothers' breasts being inside the infants' own bodies, and that they believe themselves attacked or persecuted by the introjected breasts. Another example is the assertion (= theory) that thoughts of a similar degree of complexity constitute part of the mental lives of human fetuses (Rascovsky 1956). Still another is offered by some of Lacan's assertions concerning the mental lives of neonates, such as an infant's identification with the desire of its mother.

As far as one can judge from other than psychoanalytic data, thoughts about inside and outside, about envy, about being attacked, about being close or distant, about dismembering, about restoring integrity, about identifying with someone else's desires, and so on, are impossible without language. The acquisition of language is not possible until a certain stage of development of the brain has been reached, a stage achieved at different ages by different individuals. The evidence available at present is that the average age for reaching it is about a year postpartum. Even then, the average human brain is capable of no more than a few quite simple words and concepts. Any sorts of dependent ideas, of syntactical relationships and the like, are impossible (see Beckerton 1990, pp. 110-111). The brain at that age is not competent as an organ for such tasks. On the face of it, then, the theories of Klein, Lacan, and many others are invalid (= untrue) in the scientific sense of the word, insofar as they attribute to the brains of fetuses and neonates a degree of functional capacity that is clearly impossible if one bases one's judgment on the findings of branches of science other than psychoanalysis. Which is one to trust: the conclusions of developmental psychologists or those of the psychoanalysts just mentioned?

One hopes, even expects, that a new method of investigation in any field of science will give access to data that will lead one to emend, expand, or even alter the conclusions (= theories) that were valid prior to the introduction of the new method. This has been true for the psychoanalytic method with respect to many areas of mental functioning, such as the importance of unconscious thoughts and feelings, psychic determinism, and psychosexual development, to name but a few. Can the same be true with respect to thought processes prior to birth and during the first few months postpartum? Can the conclusions that many analysts have reached about the brain's functional capacity at these ages be the best conjecture on the basis of the available evidence? Can they be true despite the fact that they are at odds with the findings of branches of science other than psychoanalysis?

The difficulty in answering these questions affirmatively, as many analysts have done or wish to do, lies in the very nature of the psychoanalytic method. It is a method that depends nearly wholly on communication by language. Unless analyst and analysand speak the same language, analysis is impossible—the psychoanalytic method cannot be used. An English-speaking analyst cannot analyze someone who can neither speak nor understand a word of English, which is the case with fetuses and neonates. The conclusions about mental functioning at this age that have been reached by Klein, Lacan, and others are based on reconstructions, i.e., on the application of the psychoanalytic method to much older individuals: adults and older children, with whom one *can* talk. They have the logical form, "I can best explain the mental functioning of my patients (chiefly patients aged five years or more) if I assume that at ages zero (or less than zero) and shortly thereafter they had the following sorts of thoughts and feelings."

Unfortunately for this line of argument, it must be added that, first, there is no independent evidence at present to support the conclusions (= theories) that Klein, Lacan, and others have drawn via reconstruction; and, second, that neurophysiologic, neuroanatomic, and developmental data speak strongly against the possibility of their correctness. There is no scientifically valid basis for attributing to

the brains of neonates the capacity to function mentally as the ana-
lysts in question have concluded they do.

Some analysts have attempted to deal with this difficulty by avoid-
ing it altogether. Isaacs (1939), for example, said, in effect, that the
fact that Klein's assumptions concerning the mental lives of neonates
appear to be scientifically invalid is of no consequence, for the rea-
son that everyone knows that no psychoanalytic proposition can be
scientifically proven. As noted earlier, this argument, which has since
been repeated by others, is a specious one. No scientific proposition,
psychoanalytic or otherwise, can be "proven." When it comes to sci-
entific validity, the question is not one of proof. The question is
whether the proposition under consideration is or is not the best
possible conjecture or conclusion on the basis of the available evi-
dence.

Others have tried to deal with the difficulty by pointing to the
explanatory value of making the sorts of assumptions that Klein, La-
can, and others have made concerning the mental functioning of neo-
nates. The difficulty is that a theory must have more than explanatory
value to recommend it if it is to be accepted as scientifically valid.
It must be supported by scientifically credible evidence. As Farrell
(1955) noted, an explanation based on witchcraft, or on a belief in
fairies, explains perfectly well whatever one might want to know
about mental functioning, yet no such explanations are accept-
able for the very good reason that they are unscientific. They are
magical or supernatural explanations, unsupported by scientifi-
cally credible evidence. For that reason, they are unacceptable as
scientifically valid.

The fact is that any theory of mental development and function-
ing that assumes the existence of language-dependent mental func-
tioning (= thoughts), either during intrauterine life or during the
first few months of extrauterine life, cannot at present qualify as a
scientifically valid theory. No such theory can be the best conjec-
ture on the basis of currently available evidence. Such theories
have too little in their favor and too much against them to justify
their acceptance. All that is in their favor is their explanatory value.
Against them are the findings of developmental psychology, neuro-

physiology, and neuroanatomy, plus the inability to communicate with very young infants, to say nothing of fetuses. Theories about complex sorts of mental functioning in very young infants that are based on psychoanalytic observations of older children and of adults can be convincing or even plausible only to the uninformed.

During recent years, there have been many studies of neonatal behavior by analytically informed observers. These studies, often experimental in nature, are of importance in connection with the present discussion because they are believed by some to have established the conclusion that the brains of neonates are indeed capable of complex mental functioning, and to have established that conclusion by means that are not dependent on the use of the analytic method. Illustrative is the following quotation to the effect that there is, between infants and mothers,

> . . . a deliberately sought sharing of mental states including affect and intention. Recent research has shown that as early as seven to nine months infants can conduct and appreciate these sharings. These capacities make it possible for the mother and child to have an inner world of fantasy and imagination regarding each other. [Nachman 1998, p. 222]

As support for this view, reference is made to the work of nine investigators, including Stern (1985).

What is at issue for the purpose of the present discussion is the relevance of behavioral studies of neonates to the mental functioning of older children and adults. What is of great importance to bear in mind in assessing their relevance is that the brain, which is the organ of the mind, is a very different organ, both functionally and anatomically, at birth from what it is three to six years later. This is true not only with respect to mental capacity, but in many other ways as well. So much so that Wolff, an experienced worker in the field of early child development, has deemed infant observational studies to be, as yet, irrelevant to psychoanalytic theory (Wolff 1996).

A good illustration of the problems involved is afforded by the development of the motor system during the first year of life. A neonate's arms, legs, trunk, and face move from the time of birth

and before. The motions look like those observable in the behavior of an older child, and indeed, the musculature is much the same at birth as it is later on. The structures in the central nervous system responsible for the behavior, however, are very different at the earlier and later stages of development. The corticospinal (= pyramidal) tracts that are composed of the axons of the Betz cells of the motor cortex are largely unmyelinated and nonfunctional at birth. A neonate's response to plantar stimulation (= Babinski reflex) is for the toes to spread and the big toe to flex dorsally. This response indicates that the corticospinal tracts are not functioning. It continues to be present until the age of about one year. At that time, the reflex response to plantar stimulation changes: the toes curl and the big toe flexes down instead of up, which indicates that the corticospinal tracts are myelinated and are functioning. It is not until then that a baby can walk. Before that time, before the Betz cells and their axons are developed and functional, walking is impossible; the brain is not capable of it. In fact, at birth, motor activity in general, however much it may seem on inspection to resemble later motor activity, is clearly not controlled by the cells of the motor cortex, as is later the case.

All this is intended merely to illustrate how much the organ we call the brain differs functionally at birth, and for some time thereafter, from the ways in which it comes to function later in the course of development. The brain of a three-month-old is very different functionally from that of a three-year-old. With respect to what we call mental functioning, in particular, the difference between a three-month-old brain and a three- or four-year-old brain is much greater than the difference between a three- or four-year-old brain and the brain of an adult, great as that difference obviously is.

## PSYCHOANALYTIC DATA AND PSYCHOANALYTIC "FACTS"

In reaching the foregoing conclusions, I have relied chiefly on evidence other than that made available by the use of the psycho-

analytic method. But what of the validity of psychoanalytic evidence itself? Is that method a reliable one, scientifically speaking? Are psychoanalytic data, perhaps, too ambiguous to permit one to conclude anything substantial from them? What is a psychoanalytic datum or fact, anyway? Maybe there is no such thing. If unambiguous, reliable psychoanalytic facts do not exist, how can one have any confidence in a theory that relies heavily upon such data?

The question "What, after all, is a psychoanalytic fact?" seems, at first glance, to be basic to any assessment of the validity of a psychoanalytic theory. If one can be sure of one's facts and of their reliability, one should be able to form a sound judgment of the validity of any theories that profess to order and explain the facts. One has only to observe the facts objectively and then to create an explanation that satisfies the usual scientific criteria, as outlined earlier. The difficulty is, however, that to "observe the facts objectively" is a very condensed formulation—a formulation that can easily be misunderstood. This is because any and every observation is a set of sense perceptions to which the observer attributes a meaning (Brenner 1994b). Every observation is actually a conclusion from a set of sense perceptions—the best conclusion the observer can draw on the basis of the available evidence.

To describe a simple example: A scientist wants to make an observation concerning the temperature of the water in a vessel. He puts in a thermometer, looks at the level of the mercury or alcohol in the thermometer, and writes down a figure, which is his observation. No person in our social milieu at the present time will doubt that what is written down is a valid observation, an observation that might, for example, be used to support some theory or other. But if one were to ask, "What proof is there that the observation in question is valid?", the answer could only be that nothing "proves" it. The observer's conclusion from what was visible (= his sense impression), namely, that the temperature of the water is so-and-so many degrees Celsius, is, to put the matter simply, the best conjecture to be made (= the best conclusion to be drawn) on the basis of all the available, relevant evidence. It is a conjecture that is neither illogical (= self

contradictory) nor at odds with other scientific conclusions (= theories) currently considered valid.

Simple as this example is, it illustrates something that is important to keep in mind when one tries to answer the question, "What is a psychoanalytic fact or datum?" The words, observation, fact, and datum include, by definition, attribution of meaning to one or more sense impressions in accordance with accepted scientific usage. There is no such thing in any branch of science as an observation, or a set of observations, without memory and without desire. Every observation includes a process of matching a sense impression of the present against memories, i.e., against what one has learned in the past; and as for desire, it was Darwin who is reported to have said that every observation is either for or against something.

One must always keep in mind that in psychoanalysis, as in every other branch of science, what one observes is necessarily influenced by what one believes to be valid. Every analyst's observations are necessarily and as a matter of course influenced by what that analyst believes to be the best possible conclusions (= the best theories) about mental development and functioning that are pertinent to the observations in question. To assert that this is the case is not to discredit in any way an analyst's objectivity or credibility. The assertion is correct for every scientist, not just for analysts, and for every observation that every scientist makes. The question is not whether an analyst interprets this or that sense impression (= words, mostly) according to what the analyst believes to be correct about how the mind functions. That an analyst does so goes without saying; it cannot be otherwise. The question is whether what an analyst concludes and believes are actually the best possible conclusions to be drawn on the basis of the available facts.

An analyst who believes that complex thought processes occur in the minds of neonates will attribute different meanings to what an analysand says and does than will an analyst who believes that such thought processes do not occur at that early stage of life. It must be so. It cannot be otherwise. Like every other scientist, every psychoanalyst is "biased" by her or his own theories. When two analysts differ in their understanding of a patient for this reason, the question is

not merely which one is the better observer. The more important question concerns the validity of the theory that thoughts expressing such complex ideas as envy, rage, and retaliation are present as part of a neonate's mental functioning. The fact that such a theory is not a valid one at present makes equally invalid any clinical data (= observations) that depend upon it or are influenced by one's acceptance of it. One cannot accept as valid any observation concerning mental development and functioning that is dependent on or substantially influenced by any theory that postulates complex mental functioning by a brain that, as far as we know at present, is incapable of word-dependent thoughts, i.e., of language. And, one should add, this is true no matter how experienced and otherwise skillful the observer may be.

Nor can one accept as valid observations made in a psychoanalytic situation by an analyst who subscribes to a theory that fails to give due weight to the list of conclusions that was given earlier as elements that must be part of any scientifically valid psychoanalytic theory of mental functioning and development: that unconscious mental processes are important features of mental functioning, that mental functioning is characterized by causal relationships, that mental functioning develops sequentially, and that conflicts associated with sexual and aggressive wishes of childhood origin play a major role in mental functioning after the ages of three to six years.

All analysts are agreed that any theory of mental functioning and development must take cognizance of psychoanalytic findings if it is to be scientifically acceptable. I believe that this assertion is correct. The psychoanalytic method has brought to light crucially important facts about mental functioning that were unsuspected before the method was devised. It is as important an investigative tool with respect to the mind as the microscope with respect to infectious disease and the telescope with respect to astronomy (Brenner 1988). If it is to be reasonably complete, any set of psychological theories must include what psychoanalysts have learned about the nature and development of mental functioning. No psychological theory can be considered valid

if it contradicts or is contradicted by valid, well-established, psychoanalytic findings.

By the same token, psychoanalysts, in formulating their theories, must take into account well-supported findings from other, related disciplines. What Klein, Fairbairn, Winnicott, Guntrip, Lacan, Kohut, and many others with similar views have concluded about mental functioning in prenatal and neonatal weeks and months, and its influence on later mental functioning, is scientifically invalid. Their theories are too strongly contradicted by what is known from other methods of investigation concerning the functional capacity of the forebrain in the period before the acquisition of language, on the one hand, and the psychoanalytic method is too unsuited to investigating mental phenomena of the preverbal period, on the other, for the theories in question to be accepted as valid.

From both a practical and a theoretical point of view, one of the most important topics discussed in this paper is the role of conflict and compromise formation in mental functioning and development. Beginning with Adler and Jung, analysts, often eminent ones, have sought to discredit, minimize, or ignore the importance in mental functioning and development of conflicts associated with sexual and aggressive wishes originating in the fourth to the sixth years of childhood, the so-called oedipal period. Other analysts, following Freud in this respect, believe such conflicts to be of crucial importance. Those on both sides of the issue use the psychoanalytic method and are convinced that psychoanalytic data of observation support their conclusions. I believe that this difference of opinion cannot be resolved by reporting clinical material, in however detailed a fashion, in a paper of any length (Brenner 1976). What I propose to do, instead, is to demonstrate by a significant example that there is ample support from other than analytic sources in favor of the conclusion, or theory, that oedipal wishes and the conflicts to which they give rise are of crucial importance in mental functioning and development throughout everyone's life. For a more extended discussion, I refer the reader to the final chapter of *The Mind in Conflict* (Brenner 1982).

## SUMMARY AND CONCLUSIONS

I shall conclude with a few words of a more general nature. If one includes psychoanalysis as a branch of natural science, as I maintain one must, one must restrict oneself, in one's theorizing to formulating, or choosing, the theory that is the best conclusion on the basis of the evidence available. Words like "hypermodern" and "pluralism" have attractive connotations to many, but the concepts to which they explicitly refer have no legitimate place in psychoanalytic theorizing at the present time. One cannot, under the cloak of hypermodernism, validate the claim that one can never decide between two or several conclusions about what is going on in an analysand's mind because everything in the universe is either uncertain or a matter of chance. The fact that Heisenberg demonstrated that it is logically impossible to measure simultaneously the position and momentum of an electron does not mean that it is impossible to determine simultaneously both the position and momentum of, say, a planet or a comet, or that it is impossible to decide whether one theory about mental functioning is better than another. It is perfectly proper to discuss the respective merits and flaws of two contradictory theoretical formulations in order to try to decide which is the better. It is not permissible to accept both as equally valid. At the present time, the question that should be asked with respect to each and every feature or element of any psychoanalytic theory of mental functioning is, "Is this the best possible conclusion one can draw at present on the basis of the available evidence?" If the evidence is too meager or too unsatisfactory, one may conclude that no decision should be made as yet, but one should always be looking to make a decision when a decision becomes possible.

It is also essential to bear in mind that in psychoanalysis, as in every branch of natural science, one's theories influence one's observations. Every observation, in fact, whether made by someone who is called a scientist or by anyone else, is the meaning attributed to a group of visual, auditory, tactile, and olfactory sensations. A person who starts out with a belief in witchcraft, in fairies, or in parapsychic

phenomena will "understand" things in line with his or her be-
liefs. So will an analyst who starts out with any other scientifically
untenable belief, such as, for example, that the brain of a neonate
is capable of complex, word-dependent thoughts. And, for that mat-
ter, so will an analyst who ignores or minimizes the evidence that
strongly supports the view that mental conflict associated with sex-
ual and aggressive wishes of childhood origin plays a major role in
mental functioning and development.

It is often the case that one's theories have a crucially impor-
tant influence on one's practice. In surgery, for example, the theory
that sepsis is caused by the presence and growth of bacteria had a
profound effect on surgical practice; the prevention and control of
bacterial contamination became one of its fundamental principles.
Surgeons no longer speak of "laudable pus," as they did in the days
before Pasteur and Lister. What is "laudable" today is that there be
no pus, not that it flows freely. Something similar is true of the re-
lation between theory and practice in psychoanalysis. One's theory
determines one's understanding of a patient's mental functioning,
and it is on the basis of one's understanding of a patient's mental
functioning that one decides what to say to a patient and when and
how to say it. To misunderstand what it is in a patient's mental func-
tioning that is causing the patient's difficulties cannot fail to in-
crease the probability that one's therapeutic efforts will be mistak-
en, ill-timed, and consequently ineffectual or even deleterious.

There is still another consideration that should be kept in
mind in any discussion of both the theory and practice of psycho-
analysis. We live today in an era of rapid growth of neuroscience.
Great strides are being made from year to year by neurophysiolo-
gists, geneticists, chemists, and physicists in increasing our under-
standing of the functioning of every part of the central nervous sys-
tem. The admiration that is rightly aroused by these impressive
achievements is often used to justify an antipsychological attitude.
One frequently hears the "organic" or physicochemical contrasted
with the psychological or psychoanalytic, as though the two approach-
es were conflicting opposites. Exactly the reverse is the case. When
an analyst speaks to an analysand, physicochemical events are initi-

ated in the analysand's brain: in the cochlea, in the geniculate bodies, in the temporal cortex, and elsewhere. One can say of psychoanalysis, just as one does of the administration of psychotropic drugs, that it affects the functioning of the brain. That is how it works. There isn't any other way that it can work. One can also say that the effect on brain functioning of what one experiences, e.g., of what is said to one, can, at times, be both dramatic and profound. It can make one weep or rage or despair or exult. It can make one be sexually aroused or sexually impotent and anesthetic. It can stimulate or inhibit the functioning of bowels and bladder. It can rouse one to activity or cause one to faint away.

Whatever the reaction to a so called psychic stimulus, whether great or small, dramatic or not, it is the result of physicochemical changes in the brain. On the basis of what is known at present, it is incorrect to say that one views mental functioning from an organic rather than from a psychological point of view. Psychology is just as "organic" as any other method of influencing or studying mental functioning. Colleagues who make such a statement are not, in fact, "more organic." They are antipsychological, or, more specifically, antipsychoanalytic. They wish, for whatever reasons, to discredit and/or ignore what has been discovered about cerebral functioning by the application of the psychoanalytic method. As a way of investigating the functioning of the brain, psychoanalysis is as organic as electroencephalography or the study of positron emission spectra. As a method of therapy, psychoanalysis and every other form of psychotherapy are as organic as the administration of neurotropic drugs (Kandel 1998).

As I review these reflections, I see that I have discussed a variety of topics, not all of which are very much related to one another. What I started with is something that I have thought about for many years. I first wrote on psychoanalysis and science back in 1968. In that article, I pointed out that, by scientific criteria, it is invalid to attribute language-dependent thoughts to neonates. At the time, I thought that the truth of this assertion is so obvious that it would be only a matter of time before theories based on that attribution would be abandoned. Instead, as far as I can judge, the reverse has been the

case. What unconscious reasons there are for this can only be guessed at. As I indicated earlier, my own hunch is that one reason is an urgent need or desire to deny the importance of conflicts related to the sexual and aggressive wishes of early childhood. This can be at best a partial explanation, however, of the willingness of so many analysts to attribute to fetuses and neonates a capacity for thoughts that are clearly language-dependent. The fact that so many analysts make this attribution requires more of an explanation than just that. After all, one of the findings of psychoanalysis is that all human beings have a need to deceive themselves about the strength and nature of their childhood sexual and aggressive wishes, yet not all analysts attribute language-dependent thoughts to neonates.

I believe that what is decisive in the readiness to make such an attribution is a lack of knowledge of pertinent observations concerning the functional capacity of the human brain at different stages of development. The fact that so few analysts have this knowledge is, I suggest, what makes it possible for the belief to be so widespread among analysts that language-dependent thought is a feature of brain functioning (= mental life) during the first year or so after birth, to say nothing of the months before birth. My own career included many years of experience in both experimental neurophysiology and clinical neurology, experience that makes it obvious to me that such a belief is scientifically invalid—that it is out of the question to attribute such mental capacities to brains that have not yet developed to a stage at which language is possible. It has taken thirty years for me to come to grips with the fact that what seems obvious to me does not seem at all obvious to colleagues who are less well versed in other aspects of brain functioning than those accessible to study by the psychoanalytic method alone.

A succinct summary of these reflections is impossible. All I shall do is to mention those among the ideas I have put forward that seem to me most worth repeating.

1.  Each competing theory in the psychoanalytic market-place today should be judged solely on its merits, not on the basis of the authority of whoever first proposed it.

2.  What is valid in each theory should be included in any formulation of a psychoanalytic theory of mental functioning and development.

3.  The subject matter of natural science is the entire world about us, including human beings and their thoughts and feelings. Psychoanalysis, as part of psychology, is a branch of natural science.

4.  What is called pluralism in theory is to be avoided in psychoanalysis as in every other branch of natural science.

5.  The psychoanalytic method is a valid method of studying a particular aspect of brain functioning. The method and theories based upon it are as "organic" as is the case with any of the other neurosciences.

6.  The facts as we know them demand that psychoanalytic theory include the conclusion that unconscious mental processes are omnipresent and of great importance in mental functioning, that thoughts are as causally related to one another as are other events in the universe, that mental functioning is a developmental phenomenon with describable, sequential features, and that a major role in mental functioning and development is played by conflicts over the sexual and aggressive wishes that characterize mental life during the period from three to six years of age, and by the compromise formations that result from those conflicts.

7.  The assertion concerning the role of conflict in mental functioning and development is abundantly supported by evidence that is not dependent on the use of the psychoanalytic method, as well as by evidence furnished by the use of that method.

8.  There is also abundant nonpsychoanalytic evidence to support the assertion that any psychoanalytic theory that attributes language-dependent thoughts to a child whose brain is not yet mature enough to be capable of language is to be considered invalid, as are any observations made

by the psychoanalytic method (= clinical observations) that are influenced by such an invalid theory.

9. In psychoanalysis, as in every other branch of science, an observer, no matter how acute and how experienced, who subscribes to an invalid theory will be led astray by that theory, sooner or later, in one way or another.

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# THE EMPTY MOTHER: WOMEN'S FEAR OF THEIR DESTRUCTIVE ENVY

BY CAROLYN S. ELLMAN, PH.D.

*This paper explains the importance of understanding the little girl's envy of her mother and how the resolution of this envy (and her fear of other women's envy) is crucial to a woman's development. I postulate that envy is a universal part of female development (with more or less destructive effects on a woman's personality, depending on the libidinal/sexual components of her attachment to both parents). I hope to show that by interpreting a woman's fear of her destructive envy, one can free her not only to enjoy her own sexuality and to find appropriate ways to express her aggression, but also to be more creative. I believe that guilt about these envious feelings often leads to profound inhibitions and masochistic behavior.*

*Two clinical examples illustrate how envy manifests itself in treatment with a woman analyst, and how the working through of intense envious feelings leads to a greater ability to enjoy one's own capacities without constant fear of retribution.*

## INTRODUCTION

Thirty years ago, when I wrote my dissertation on the female castration complex (Ellman 1970), I had no idea that there was anything

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ambiguous in the design of my study. Having been trained in tra-
ditional psychoanalytic theory, I presented the words "woman men-
struating" to subliminally stir up "penis envy" in women who had
been preselected as vulnerable to suffering from the "female castra-
tion complex." It was hypothesized that for these particular wom-
en, preconscious thoughts about menstruation would stir up their
castration complexes, and they would feel damaged and defective
and wish to be like a man to cover up this "defect." Some women
would get depressed after this complex was stimulated, whereas
others would show more hostility toward men. Not one member
of my committee (including me) realized that maybe the thought
of menstruation would also remind a woman that she was not preg-
nant.

The results of my study showed that, when presented with this
stimulus, these women did show a higher degree of depression on a
projective test. Thus, it seemed that at least one part of the theory
was supported—that some woman feel depressed about their "cas-
trated state." It has been only recently that I realized that my thesis
could have had a completely different interpretation. Perhaps it was
because I was working on this paper that this thought came to mind,
or perhaps something has really changed in me as to how I look up-
on these phenomena. It is possible that in the separation process in-
volved in getting one's Ph.D., phallic fantasies (and some identifica-
tion with the male) may be an essential feature of the differentiation
process for women. But are not fantasies of giving birth to something
also an unconscious component of the process of self-definition and
creation? Do women minimize what they have created, with the idea
that they are doing it to please men or to have what men have, ignor-
ing any connection to something deeper, connected to their own fe-
male identity?

Perhaps women feel that when they achieve something, they are
emptying out their mothers, and this deeply disturbing thought has
to be defended against by constantly feeling empty oneself. I feel
it is crucial to a woman's development not only to understand her
sameness and dependency on her mother, but also the depths of her
envy and early feelings of a lack in relation to her mother. It may

be that when a woman achieves something, all these feelings are stirred up, and as a punishment for one's wishes, feelings of emptiness soon replace the feeling of being complete. Both the patients whom I describe in this paper and my thoughts about this topic (the seeds of which were sown in writing my dissertation thirty years ago) have led me to write more in an effort to understand women's relationships to other women—since I had inadvertently participated in totally negating an essential part of a woman's identity.

I will first comment on some contemporary discussions on the essential nature of women's femininity and women's awareness of their gender and "inner space." Then I will examine the essential role of envy as it manifests itself in relationships between women (a topic that I feel has been greatly overlooked, even in contemporary feminist literature). I will concentrate mostly on Klein's ideas about the child's envy of the mother, and I will try to expand on some of these as I see them unfolding throughout the female life cycle. I will finish with a discussion of two patients of mine, who, in their graphic displays of pathological envy, may not be representative of the ways in which many women struggle with these feelings; but these patients have helped me to see various forms of this problem in women whose envy is not as intense.

## SEXUAL DEVELOPMENT: FREUD AND BEYOND

Without presenting a comprehensive review of the entire literature on penis envy, I would like to note, as many have (for example, Bernstein 1990; Erikson 1968; Maenpaa-Reenkola 1996), that one of Freud's central insights was the profound impact of the body on the development of the psyche. He concentrated on investigating how a boy's genitalia significantly affected his internal experience and development throughout the psychosexual stages; whereas in girls, Freud assumed that genital awareness was limited to envy of the penis or feelings of damage due to one's genital inadequacy. He

postulated that this lack/absence shaped the girl's fantasy life and her subsequent wish for a baby (Freud 1931). However, as Maenpaa-Reenkola (1996) pointed out:

> A female's physical reality—which she does have—influences her mind more than what she does not have. Femininity and motherhood are based on experiences of a woman's own female body as a source of physical pleasure and satisfaction and not as a substitute or consolation for her defectiveness. [p. 47]

In one sense, Freud's neglect of women's essential femininity was strangely illogical, given the rest of his theory about the body. The existence of feminine libido was first postulated by Horney (1926), Jones (1938), and Klein (1932). Bernstein (1990) wrote:

> At no time did Freud consider the impact of the girl's own body on her psychic development, [but] . . . if we do agree that the body is centrally involved in children's psychic development, . . . the nature of the resulting anxieties, the developmental conflicts, the means of resolution and many of the modes of mastering conflict must of necessity be different as well. [p. 190]

But what is specific to women's sexuality and their body representations, and why do some women want to deny their own experiences?

It is interesting that as far back as 1917, in a letter to Freud, Andrea-Salome wrote:

> Castration anxiety in girls (e.g., after masturbation threats) frequently takes the form of a fear of being incapable of bearing children . . . . The emphasis is on this aspect instead of a threatened loss as in the case of the boy . . . . The desire to possess a penis of her own is a defense against the dangers of the Oedipus complex . . . . [as quoted by Breen 1993, p. 104]

*Female Sexual Development*

Freud obviously ignored Andrea-Salome's insights, but Horney would later pick up this theme, and other writers have subsequently written about what they considered to be a woman's specific castration anxiety: a fear of something inside her being destroyed. Klein (1932) felt that the woman's fear of injury to her insides was so great that penis envy was a comfort to her (since it served a defensive need to guard against internal injury and to avoid confronting the mother). Klein also felt that feminine castration anxiety consisted of the dread of attack from the mother on the girl's feminine organs and her capacity to bear children. This feared assault was seen as a retaliation for the oedipal rivalry with the mother and for the wish to rob the mother of her babies and the father's penis. Klein believed that one of the deepest anxieties in both men and women relates to the capacity to create, as this is the part of the mother that one most envies.

Horney (1926) also talked about a specific feminine anxiety of vaginal injury as a retaliation from the mother, and emphasized the masculinity complex as a defense against vaginal awareness and oedipal feelings. Mayer (1985) differentiated a "phallic castration complex," referring to a girl's fantasy of having had a penis that was lost (and a subsequent wish for a penis), from a specific "female castration complex," referring to anxiety in girls or in women over the fantasied loss of "female" genitals. Mayer assumed that the young girl believes that everyone has a vulva like hers, with the possibility of an opening and the possibility of an inside space. She postulated that "the consequences of such an assumption . . . are frightening fantasies that such an opening could be endangered, lost or closed up" (p. 345).

Erikson's seminal study (1950) of children's projections of their bodies into their play material supported the notion of a basic understanding of one's anatomy. Commenting on his earlier work, Erikson wrote:

> It may come as a surprise to some and seem a matter of course to others that here sexual differences in the organization of

a play space seem to parallel the morphology of genital dif-
ferentiation itself; in the male, an external organ, erectable
and intrusive in character . . . in the female, internal organs,
with vestibule access, leading to statically expectant ova.
[1968, p. 271]

He continued: "The very existence of the inner productive space
exposes women early on to a specific sense of loneliness, to a fear of
being left empty or deprived of treasures, of remaining unfulfilled
and of drying up" (p. 277). Erikson concluded that for the female, an
"inner space" is at the center of despair, even as it is the very center
of potential fulfillment. Bassin (1982) made a similar point: "Wom-
en's early experiences of inner space seem to contribute to the con-
structions of a category of experience, like phallic activity and its rep-
resentations, which serve as structures of knowing and creating the
world" (p. 191). Recognizing the importance of the centrality of
women's inner space, and not focusing only on the external genita-
lia, as these authors have done, gives one a better conception of the
struggles a woman may have to fill that space, protect it, or deny its
existence, the magnitude of which may be as great as the struggle
of men with their phallic identity.

How do these issues affect the girl as she is growing up? A num-
ber of observational studies have converged to support the notion
that, in contrast to Freud's theory, little girls appear to be quite
aware of their genitals at an early age (Barnett 1966; Galenson and
Roiphe 1976; Kleeman 1976; Sherfey 1966; Stoller 1976; Tyson
1982). I think these studies are particularly important in terms of
the observations made of the girl's struggles with her mother over
ownership of a baby. Specific examples of wishes for a baby prior
to indications of penis envy or castration anxiety conflicts (which
most agree do exist) were given by Parens et. al (1976, p. 102).

The most interesting and detailed reports in this regard have
been those of Kestenberg (1956a, 1956b). She agreed with Galen-
son and Roiphe (1976) that girls begin genital play somewhere
around the end of the first year, but the play is less focused, less
frequent, and less intentional than is the case with boys. Genital be-
havior in both boys and girls begins to take on a new quality some-

where between fifteen and seventeen months of age; Galenson and Roiphe noticed a marked change in the girl at this point.

The girl's reaction to the discovery of sexual differences has been interpreted differently by various theorists. Kestenberg came closest to emphasizing the importance of the inner space and related wishes for a baby girl; she focused on the girl's need to externalize her inner genital experience through use of the doll (which she feels is unique to girls). During the anal stage, the little girl fights for her sense of separateness. Kestenberg believed the girl trades her feces for an illusory baby (1956a, p. 461). She hypothesized that, during the developmental stage that she called the "early maternal phase," the child treats the doll as if it is both an identification with her self and her mother, and a representation of vaginal sensations that she cannot master directly. The doll is carried around everywhere and can be held close. "While the boy takes narcissistic pride in his penis, the little girl at this time takes possessive pride in her doll" (1956a, p. 463). The doll is a constant companion and almost seems to be a part of the child. The doll is always called her "baby" and cannot be spoken of as a doll![1]

Kestenberg saw the frustration in doll play as being tied to the vagueness of the inner pressures of the vagina. The early maternal stage ends with disappointment, no matter what. The little girl appears to be angry at her mother and seems to have experienced a loss of self-esteem. The net gain for the girl, however, is the increased ability to test reality; yet a narcissistic loss to her omnipotence has occurred, since she has lost her illusory babies. During this phase, the little girl seems to single out the illusion of motherhood as her most cherished creative experience. It seems more like the creation of a dramatic role, however, in which reality and imagination merge.[2]

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[1] For a beautiful illustration of the importance of the baby doll, see the case of Helen in Bergman (1999, pp. 167-196).

[2] Furman (1996) pointed out that "just prior to and overlapping with the adoption of the baby doll, toddler girls tend to adopt a container—a bag, purse, little box—which they treasure and fill with precious items" (p. 443). She came to view this developmental step as a sign of the inside space being integrated into the growing body ego, serving as a precursor to doll play—the transition from the inside baby to the outside baby. Furman felt that the girl's maternal development is part and parcel of her gender identity.

The fantasy of an illusory penis seems to begin at this point, which several writers (such as Abelin 1980; Benjamin 1991) feel is an important step toward the girl's attachment to her father. The wish to "incorporate" the penis is a crucial part of a girl's development, since it is seen as something concrete that could fill her up. By relying on this fantasy and not turning to her doll, she can keep the fantasy of being able to have "something" alive. According to Kestenberg, by the end of the phallic phase, the baby–wish has become attached to the penis–wish: the inside of the female child is recathected, as the girl wishes to be penetrated and hopes to receive a baby. Doll play takes on a different form and is more involved with oedipal wishes and sexual desire. Kestenberg wrote:

> Most dramatic is the feeling of loss at the end of the early maternal (inner-genital phase) at the age of four . . . . [The little girl] transfers all feelings to the clitoris, which, in the phallic phase, becomes hypercathected at the expense of inner-genital sensation. [1956b, p. 247]

Kestenberg postulated that as the girl turns to her father, and as she fantasizes about being penetrated and delivering a baby, she comes very close to the recovery of vaginal sensations. It seems to me that Kestenberg's emphasis on the power of these early maternal feelings and the complex use of the doll are very important and have been overlooked in understanding the girl's development. While she pointed the way toward understanding the reasons behind the girl's disappointment in her mother, however, Kestenberg did not bring up the issues of possible envy and a loss of self-esteem in the little girl resulting from her comparison of herself with her mother.

In discussions of the girl's discovery of the sexual differences and her attempts to master her frustrations (at not having direct access to her vagina, not having a baby, and not having a way to be separate from her mother while still feeling good about herself), it was Klein (1932) who first proposed that the girl's depression could come from her comparison between herself and her mother. In fact, several authors refer to a kind of comparison with the mother in suggesting that when the girl realizes she does not have a penis or a baby, she

turns to her mother and is angry at her for not having a penis herself, or for not giving one to her daughter (baby or penis). But the mother *does* have something: she has breasts, she has babies, she has the penis inside during sex, and she has a relationship with the father—a two-parent relationship. This comparison has the benefit of making the girl's reality testing much better than the boy's (since he can maintain his narcissistic and omnipotent stance, having the same obvious genitalia as his father); the girl's reality testing is supposedly enhanced because she realizes she is only pretending that she has a real baby when she plays with her dolls (and she has to experience some degree of mourning). Her narcissism is apparently furthered if she can get her father's attention and identify with his agency and desire; she then feels that she can compete with her mother for his love (Abelin 1980, Benjamin 1991). Going into the oedipal phase with this fantasy of "incorporating the penis" or finding some identification with the father, the little girl can at least salvage some of her narcissistic loss.

## THE "FALL OF THE MOTHER"

In all of these discussions, except in Klein's (1957) description of "breast envy," the powerful, preoedipal mother is somehow reduced to a defective or devouring creature, from whom the daughter has to turn away because the mother has nothing else to give. Here is the point where theory seems blinded by powerful emotional fantasies. It appears that both sexes want to believe that the mother can be divested of her power, and that she can be "emptied out" and left behind. How does she get from being an omnipotent, all-powerful figure with whom both sexes identify to the damaged, disappointing image of rapprochement? As Chasseguet-Smirgel wrote:

> Images of woman as deficient, as containing a hole or wound, seem to be a denial of the imagoes of the primitive mother; this is true for both sexes, but in women identification with such an imago leads to deep guilt. Generous breast, fruitful womb, softness, warmth, wholeness, abundance . . . all sym-

bolize the mother. Frustration, invasion, intrusion, evil, ill-
ness, death, all symbolize the mother. In comparison with
the ideal qualities attributed to the early mother-image, the
fall of the "castrated" mother appears to result from a deep
desire to free oneself from her domination and evil quali-
ties. [as quoted by Burke 1998, p. 122]

Isn't it possible that the fall of the mother is due to the girl's
envy, stirred by the realization of how much she lacks in relation
to her mother, and how she wants to revenge herself in response?
Isn't it also possible that recognizing that the mother is not "just
like her" increases wishes to have what the mother has, in order to
both deny her separateness and repossess her? One way that wom-
en avenge themselves is through nonrecognition of what other wom-
en have inside them; they do not want to see what other women
have, except on a superficial level. They pay primary attention to
what is visible (clothing, possessions, etc.), and when they acknowl-
edge something about another woman, it is often related to her
possessions. This interest in possessions seems to be an implicit ac-
knowledgment that all women lack something for which they must
compensate on the outside. It is my hypothesis that the little girl,
realizing how little she has in comparison to her mother, develops
intense envy, and this envy leads to powerful revenge fantasies—
fantasies that all that is really important is what the father has. Im-
plicit in this formulation is a fantasy that the mother has "nothing"
(and that the girl wants her to have nothing).

Olivier (1980) pointed out how deep the girl's frustration
must be, since she is not even recognized as a sexual being by
her mother:

The girl, as a non-oedipal object for her mother, will feel
that she is unsatisfactory, incapable of satisfying. This is the
first of the consequences of her mother's non-desire: the
girl—and later the woman—is never satisfied with what she
has or what she is . . . . Her body is not like anyone's. She
possesses neither a sex like her father's nor the distin-
guishing features of her mother (who has breasts, comes in
at the waist and out at the hips, has pubic hair). The little

girl sees herself as naked, flat, and with a slit—something like the sexless dolls on sale in shops. She does have something which really is "like," but it is something she can't see, something hidden away inside her slit. And no one ever tells her about this clitoris, the only sexual point of comparison with her mother . . . . Faced with this mother who is unlike her, who is better endowed than she is, the girl does discover envy and jealousy which do not stem from the relationship with the male body, but from the overwhelming comparison with that of the woman-and-mother . . . [as quoted by Burke 1998, p. 210]

It was Olivier's belief that the girl may desperately sexualize everything in order to be seen, and then she may be afraid to display it. She will always feel that something is lacking, unless she gets recognition from a male. If she does display something, she fears both retaliation from the early mother and a sense of loss, since deep down, she feels she is not really valued by the mother. (I think these fantasies of destruction are made worse if the mother is depressed and acts as if she has "nothing," or is narcissistic and acts as if she has "everything.")

### Envy of the Mother

Is it possible that the girl's early envy of the mother can have so profound an effect on the way she feels about her own body, mind, and relationships with other women? Perhaps it is because of the controversy around Klein's emphasis on the good and bad breast and putting envy in the infant's psyche at the beginning of life (with which I do not agree) that many American analysts have not been able to integrate some of Klein's profound ideas into our general theory; and yet penis envy was accepted as a bedrock concept for years (as if it were simply common sense that children would be envious of others' having things they themselves do not have!).

What is envy? Klein (1957) wrote, "Envy is the angry feeling that another person possesses and enjoys something desirable . . . . The envious impulse is to take it away or spoil it . . . . Envy . . . goes back to the earliest exclusive relation with the mother" (p. 181). She elabo-

rated by stating that the envious person wants to put badness, primarily bad excrements and bad parts of the self, into the mother, and that in the deepest, most frightening part of the fantasy, this means destroying the mother's creativity. Klein believed that, whereas envy is commonly known as one of the seven deadly sins, she "would even suggest that it is unconsciously felt to be the greatest sin of all because it spoils and harms the good object which is the source of life" (1957, p. 189).

Earlier on, Klein had written:

> One way in which the little girl's development is greatly handicapped is the following. Whilst the boy does in reality "possess" the penis, in respect of which he enters into rivalry with the father, the little girl has only the "unsatisfied" desire for motherhood, and of this, too, she has but a dim and uncertain, though a very intense, awareness . . . . Because of the destructive tendencies once directed by her against the mother's body (or certain organs in it) and against the children in the womb, the girl anticipates retribution in the form of destruction of her own capacity for motherhood or of the organs connected with this function and of her own children. [1932, p. 46]

Furthermore:

> It is this anxiety and sense of guilt which is the chief cause of the repression of feelings of pride and joy in the feminine "role," which are originally very strong. This repression results in depreciation of the capacity for motherhood, at the outset so highly prized. Thus the girl lacks the powerful support which the boy derives from his possession of the penis, and which she herself might find in the anticipation of motherhood. [1932, p. 46]

Klein went on to note that it is the primitive maternal superego that the girl fears and to which she is forever making retribution (in many ways supporting the notion that the girl's superego is in fact stronger than the boy's!). The girl, fearing that she has the capacity to harm the person who is at bottom the source of life, feels

both guilty and frightened for her own well-being. According to Klein, "the feeling of guilt resulting from the realization of destructive envy may lead temporarily to an inhibition of the patient's capacities" (1957, p. 224). Rather than the mother having nothing, in the girl's imagination, Klein believed, the mother's body is a kind of storehouse that contains the gratification of all her desires and the appeasement of all her fears.

Klein pointed out that the small girl's fear of her destructive envy is of such tremendous importance in her mental life that it serves to further strengthen the ties that bind her to her mother. Klein felt that envy gives rise to an impulse to make restitution, to give her mother back all that she had taken from her, and this leads to a general defense against aggression.[3]

I believe that the fear of destroying the internal mother and the early identification with her heightens the girl's feelings of emptiness, because she fears that she is destroying not only a part of her feminine self, but also the life-giving, generative mother within her. The girl enters the oedipal period so frightened of her destructive feelings toward her mother that the oedipal stage is fraught with great anxiety. She believes that her wishes really can harm her mother. With this fear in place, the girl's inhibitions about her creativity can become heightened in adolescence, when envy and jealousy toward other women come out in full force *("après-coup")*.

The preoccupation women have with a fear that they have nothing to say (or show) is, I believe, linked to an internal attack on their creativity, since they feel guilty that they have destroyed their mothers' productive insides, as suggested by Klein, and they feel they should be punished in kind.[4] When people feel envy, it does seem as if the other person possesses everything good inside them. As these feelings are so intense and so powerful, they must go back to an early time, when someone did have something so powerful and

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[3] See Bassin (1999, pp. 211-213) for a discussion of First's (1999) interesting comments on the negative therapeutic reaction.

[4] See Kalinich (1993) for excellent case examples of successful women who need to rid themselves of good feelings related to their intellectual capabilities.

good, and that seemed so unobtainable. Since discovery of the sexual differences seems to occur during the early anal-rapprochement phase, it is possible that fantasies of ruining the mother are at their height at that time.

It seems to me that girls who have very powerful fathers or other males who serve as mentors are often less conflicted about achieving and showing their products. This dynamic may be due partly to a fantasy that borrowing from the father is not as destructive as taking from the mother (where the visible consequences are so unclear). If the father takes the girl child as a libidinal object, the girl may go into a second phase of denial, in which she truly believes (as she did with her doll) that she is the favorite and there is no other. In this state, there is no envy, since the mother hardly exists. The importance of the woman's finding some way to deal directly with these aggressive feelings seems crucial, since women have more difficulty than do men in finding effective outlets for their aggressive impulses. Chodorow (1999) wrote: "Issues of mourning and conflicts about surviving and triumphing over the other . . . characterize a difficulty in the successful resolution of many guilt-laden or envious transferences . . . especially those characteristic of some woman analyst–woman patient pairs" (pp. 248-249).

In order to understand how envy shows itself in the analytic situation, I will focus on two cases, in which—even though the relationships to the mothers seemed quite different (in one case, the daughter was the clear favorite of the mother, and in the other, the daughter was rejected very early in life and subsequently seen as a feared rival)—the similarity was that the mothers interfered with the girls' sexual identities and prevented them from feeling safe in their desires for their fathers and in their own sexuality. Without the space to fantasize about having what the mother had (gratification of inner-space fantasies) in an atmosphere free from fear of retaliation, the daughter's envy became more and more pathological, leading to separation problems[5] and strong sexual and aggressive inhibitions.

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[5] See Bergman (1999) for a discussion of other factors leading to separation problems between a mother and daughter.

# CLINICAL VIGNETTES

*Ms. L*

Ms. L was a 30-year-old, professional woman who had just started law school when she entered treatment. She had been married six years and had one child. She initiated treatment because she felt that ever since her mother had died, when the patient was twenty, she had not been emotionally connected to anything with which she was involved.

Ms. L was the second child in a family with three children, having a brother one year older and another brother eight years younger. Whereas she did not think she had been a wanted child, coming so soon after her brother's birth, she believed that her mother had been disappointed at the time of her older brother's birth, having wanted a daughter. She was convinced that she was the favorite child, and even that she functioned as a replacement for her father, who was constantly fighting with her mother. The patient felt she was the cause of the fights between her parents, since, when she was fighting with her older brother (which was often), her father would side with him and her mother would side with her.

Ms. L felt guilty at being the object of so much attention; she felt she had deprived her older brother of his own life merely by being born, and had deprived her younger brother of attention because her mother often left him at home while spending time out with her. She had many conscious fantasies of hating her father and wanting to rid herself of him in order to be alone with her mother (she did not have conscious fantasies of wanting to rid herself of her mother until much later, and these were always followed by anxious, panicky feelings). When her younger brother was born, she seemed to act as though he did not exist, and blocked him out of all her childhood memories. Yet she was preoccupied with wanting to have babies, which seemed connected to strong feelings about her mother's pregnancy and the birth of her brother.

Despite the family's appearance of having a reasonable amount of money (since they lived in a nice suburb of Philadelphia), the

mother always encouraged the children not to want much for them-selves. When the patient began treatment, she had a great deal of trouble allowing herself to have much pleasure.

From the very beginning of treatment, Ms. L seemed to want to tell me how wonderful her husband was, and she was convinced that I was going to feel envious of her for having this man. She felt that I did not have as good a man, and in fact was certain that no one did. She was constantly looking for signs of envy in me, and told me she was terrified that if she got close to me, I would hurt her in retalia-tion for her having more in her life than I did in mine. Further analy-sis of this preoccupation revealed that she felt she had the power to break up my marriage through talking about how well her husband took care of her, and my consequent feeling that I was not nourished in this way. She also keep pointing out that I might have a good career, but I did not have anyone to take care of me, and in reaction to this emptiness, I would want to break up Ms. L and her husband. Likewise, it was clear that she desperately wanted to come between my husband and me, though it was not clear whether she felt she would therefore be depriving me of a mother (with me as the sibling) and/or of a father (winning out over me in an oedipal rivalry).

It also became clear after a few months that Ms. L wanted me to feel a general deprivation. When it came to paying each month, she made me wait. She actually said she wanted me to get upset and go into a rage (which I never did), because then she would know that I cared about her and that I needed her (at least for money). She kept saying how much she had loved her mother and missed her, and that a part of her was dead since her mother was gone. In the treatment, she seemed to be doing to me what her mother had done to her, and I was supposed to watch her get things and feel deprived. I was also supposed to constantly run after her as though I needed her (bring-ing up vacations, payments, and so on), but she did not need me at all. Although she claimed not to feel attached to me, she increased her hours as she increasingly feared that she was going to act out in her law school studies and not do well on her exams. For a while, she would come to only some of her scheduled hours, saying that she had completely forgotten about missed sessions.

During this period, Ms. L found out that she was pregnant, but for several sessions did not tell me of this. During one session, while we were exploring the meaning of her having missed the previous one, she said, "I want you to feel the emptiness because you are here without me and I have a baby growing inside." It seemed that the room had become my body, and she was choosing when to fill it and when not to. There appeared to be both a phallic wish on her part— to be able to fill me up or not fill me up—and a wish to flaunt her superiority to me as a fertile woman.

Having been pregnant a number of times while seeing patients, and now being a woman who could no longer have children, I found it interesting that this patient, in talking to a postmenopausal woman, was making a big point of her ability to have babies while I could not. She so much wanted me to be envious of her. When we analyzed her need to plant this envy in me, it became clearer that Ms. L could not bear to see anyone pregnant or having something that she either had or wanted to have. She began to realize that she must have been very upset by her mother's pregnancy with her younger brother, not only because she herself could not have a baby at the time, but also because her mother had betrayed her by creating a baby with her father, and then again by having a baby who needed care and attention. Before that, Ms. L had been convinced on some level that her mother did not want anything or anyone but her.

What the patient could not understand was how much she herself had wanted and needed from her father. In her wish for me to leave my husband, she seemed more aware of wanting me all to herself, or wanting to ruin me altogether, than of wanting to destroy me to get the man. Her father's rejection of her had been another source of humiliation and pain, and thoughts of wanting to rid herself of her mother to obtain his love left her both guilty and fearful that she would be left totally alone.

During her pregnancy, Ms. L had a very strong wish to hide her changing body from everyone. She dressed inconspicuously, and did not want to talk about the baby. When she gave birth, she did not invite anyone to her home and did not send out announcements.

She kept having nightmares that the baby was going to be taken away, sometimes via its carriage being stolen.

I interpreted to Ms. L that she felt she had something precious and forbidden, and that she imagined people would envy her for this and want to destroy it. She slowly started to talk about her happiness and successes, without so much focus on her prize husband. She had several dreams of having a penis, which seemed to represent safe, narcissistic fantasies, in which no danger could occur to her feminine insides. She had earlier been content to hide behind her husband's successes, rather than expressing her own needs, which brought up guilt and fears of destructiveness and retaliation.

During this period, every session that included a discussion of something good in Ms. L's life was initiated by her telling me something miserable and upsetting, and we began to realize that not only was she afraid of my envy, but she was giving me back a "baby." If I could mother her and take care of my "wounded baby," then I would feel complete and whole. She was convinced that I wanted her to come more often to fill up the emptiness of no longer having babies. Similarly, she had felt that she had to stay home as a girl to complete her mother. Now, with the progression of the analysis, her law school course work improved, and she did not need to finish assignments late; in fact, she was beginning to receive positive recognition.

Just as Ms. L was finishing law school, she became pregnant again. In some ways, she felt as though she could not face going out into the work world, but she was being recruited by high-paying, desirable firms. She believed that she was going to make more money than I did, and that I would want to take it from her. The new baby represented an escape route, in some way, out of this dilemma, since she would be giving herself something that I did not have, but which would not have to endanger our relationship too much. Having a baby and making a lot of money made her feel that everything good would be contained inside her (an omnipotent, self-sufficient image), and that I would be truly emptied out. Having money, in fact, meant a total severing of the dependent relationship with me.

This pregnancy was much different for Ms. L than the last: she wore nicer maternity clothes; she told all her classmates about her pregnancy (even the ones who either had no spouse or no children); and when she gave birth, she started bringing the baby to some sessions. She liked breast-feeding in front of me. When we talked about this, she said she wanted me to feel she was a powerful woman with everything inside her.

It came out that as a girl, Ms. L had often felt that her mother held all the power in her hands, and it was up to her to dole out goodies to the rest of the family. Being the mother was a powerful position. Her mother could make them all feel needy and bad, and Ms. L's bad feelings toward her mother made her feel extremely guilty, especially after her mother died. She had sometimes wanted her dead, since she felt that she could not have all the things she wanted while her mother was alive (a man, sex, babies, a career). She wanted all that her mother said was worthless. She could live only if she were her mother's baby; otherwise, her mother would feel emptied out and narcissistically deflated.

Ms. L's understanding that some of this feeling was actually her own wish to empty out her mother seemed to lessen her anxiety. Feeling that she had destroyed her mother, she had been living a life in which she felt half-dead herself. It was as if her mother had retaliated by taking away some of Ms. L's life. Having babies seemed a way to confirm that something was still alive inside her, but in many other ways, she could not allow herself a great deal of pleasure, such as in intellectual and creative pursuits.

How do I understand the intensity of the envy in this woman? First of all, I think she had a mother who felt frustrated in her own life (career, husband, and so on). Her girl child was going to fulfill some of her inner desires to be more successful, and perhaps compete with other women and with men (she seemed to want to experience a phallic extension of herself through her daughter). While she appeared to desire a great deal for her daughter, she also could not allow her to truly value her own independent identity as a girl. She interfered with Ms. L's affection for her father by constantly belittling him, and the father joined with the sons against Ms. L

(leaving his daughter without the valuable attention from a man that she needed). Ms. L was left with her mother as the sole support for her desires. By the time she had reached adolescence, her sexual desires were so disruptive to her union with her mother that all she could wish for was to destroy her mother and have all the babies and goodies that her mother had. She then found it very difficult to truly enjoy the things that she obtained and achieved as an adult, without feeling a profound sense of destroying someone (or something inside) to get them.

*Ms. P*

Ms. P's mother was much more rejecting of her daughter from the beginning of her life than Ms. L's mother had been. Ms. P was the firstborn of three children in a poor, Midwestern family. Her mother was quite vivacious and beautiful, and her father an honorable and intelligent man who had never fulfilled his potential, but worked hard as a bureaucrat. He was adoring of his immature and narcissistic wife, who seemed to bring all the life into the family; he put her on a pedestal. The mother was not capable of taking care of her children, however, and from the beginning, experienced her eldest as a burden, feeling that she had a "bad child" who needed to be fed too much and "could never be satisfied." Ms. P learned to inhibit her needs because her mother could be attentive only if the patient was "good."

Because of her extreme intelligence, the child was supported in her studies by her father; he did everything to help her get scholarships, and eventually assisted her in going to New York to become a pediatrician. Yet his attention to her studies left Ms. P feeling quite unattractive, asexual, and insecure about her attachment to her father. She was brought up to be prudish, and yet her mother made sure to tell her how much her father desired his wife, and that they had wonderful sex. Her mother would add that Ms. P would probably never find a man who desired her as much, since she probably would not have big breasts like her mother's. The patient,

actually an extremely attractive woman, grew up feeling unattractive and frightened that no man would want her. Many of Ms. P's fantasies about men, however, seemed colored by her desire to be taken care of by a good mother. These fantasies were often colored by greedy wishes to be totally cared for and given to, which made her feel that she must be a bad person.

When Ms. P started treatment, she was obsessed with women's attempts to take something away from her. She had recently met a man she liked, and she felt almost possessed by fears that every woman he talked to would try to steal him from her. Her jealousy was so intense that it would often interfere with the relationship. Deep down, she felt quite unlovable. We were able to work through some of her wishes to steal something from her beautiful mother; a portion of her fantasies that the man she liked would find another woman irresistible represented her own repressed desires for her mother. Her sexual fantasies about her father, and more general sexual fantasies, were deeply repressed.

In the transference, Ms. P had to compete with me by showing me that only men were truly valuable. Whenever we discussed a particular issue, she would talk to several men about the same issue, and then point out to me that one of them had told her something truly helpful (even if it was the same thing that she and I had concluded). On one hand, she seemed to be fighting off a dependency on the terrifying, destructive mother, and on the other, she idealized men and felt she would only be complete if she were with a man and taken care of by a man (or if she could *be* a man).

As had Ms. L, Ms. P initiated treatment with dreams of having a penis. Underneath the idealization of the penis was an intense idealization of her mother, whom she saw as so powerful that if Ms. P felt sexual and truly desired, she would be destroyed by her competitor. If she was able to feel powerful herself (which was tied to owning her own sexuality), then she had fears that she would destroy her mother. Only one person had everything, and that person had to be her mother! She could not allow a man to make her the center of his life; men were either unavailable and withholding, or childlike and in need of being cared for by her (but in a highly ambivalent

way). The men whom Ms. P met were never loving like her father had been, and, if anything, she repeated with them the same destructive relationship she had with her mother.

Through the therapist's consistent interpretations of Ms. P's destructive wishes toward her mother, her fear of her mother's retribution, and her fear of her dependency on me (because then I would be seen as the one who had "everything inside"), the patient's fears lessened. She eventually got married and was able to have children. In her reactions to being pregnant and nurturing her children, it was particularly interesting to understand Ms. P's deep feelings of identification with her mother, who in some ways had felt so thoroughly emptied out by her children's needs. The patient greatly feared that her breasts could not nurture, and that she would repeat with her own children the need to keep everything inside herself. The most significant changes in her sense of self occurred when she realized that she had something inside that would not be depleted by her children, in whom she found great pleasure by giving of herself.

This patient's fears seemed to stem from both a reaction to a narcissistic mother, who had consistently deprived her and competed with her, and from her own projected wishes to rob the mother of her breasts, babies, and sexuality, in order to feel some sense of wholeness and goodness. Her projected fears made the retaliation from her mother seem even more terrifying. The situation was made much worse by her mother, who apparently experienced her children as devouring. As a result, Ms. P became both inhibited in her ability to ask for things, and pathologically envious of everything others had.

## DISCUSSION AND CONCLUSIONS

In my experience with a great many women patients (especially ones who are high-achieving), I have found that women often begin their treatment by acting as though I hardly exist in their fantasy lives (except that they want to see a woman for treatment). While one might

say that such a patient is showing a typical narcissistic transference, I think there are some differences. As the treatment unfolds, I first become the oedipal rival for the man this woman wants, but over time, the oedipal fantasy leads to something much more frightening and difficult. Not only is the patient going to rob the analyst–mother of her man, but she is going to rob her of everything, and in fact destroy her. I think this is one of the strongest resistances to getting better exhibited by such women. While it might be seen as a difficult separation problem, I think that if one analyzes the underlying wish to rob another woman of everything, one can then deal with separation fears in a more constructive way (since the patient often presents herself as a weak, helpless person who cannot manage on her own, rather than as a powerful, desirous one who wants to achieve and have many things in her life).

With both Ms. L and Ms. P, behavior that may have seemed like a fear of dependency (such as a resistance to increasing the number of therapy hours) may have also revolved around whether the mother had all the power, or whether the patients could try to keep some of it within them. In many ways, such behavior is a narcissistic defense; however, the wish to dynamically rob the mother of what she has is also an important part of that defense, and the patient has to find some way to understand both the aggression against the therapist and her need to repair the damage. On the part of the therapist, I think that sometimes women therapists' charging lower fees and being generally accommodating may reflect not just a maternal attitude toward their patients, but also the general fear women have of being envied and of being seen as a person with desire.

One might ask, "How can the young child who is less than the other by virtue of their ages feel some sense of pride in what he or she has, since it is inevitable that children, with their concrete thinking, will envy the other for his or her possessions?" During the girl's development, there must be some way to help her to own her own sexuality and sense of self. The mother must recognize the girl's powerful wishes for ownership of her own body and envy of the mother's, rather than denying these wishes. If this part of the girl's identity has to be disowned—i.e., if she is made to feel that she is

only a part of the mother and not a separate being—it will be hard for her to sustain states of excitement and creativity in the future. These states affirm the separate self, and without them, a feeling of emptiness is liable to continually recur, often leading to the wish to rob others of what they have in order to feel whole.

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# ON LYING AND THE LIE OF A TODDLER

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*For most of its history, the psychoanalytic literature on lying dealt exclusively with the dynamic, genetic meanings of lying: the problems for treatment presented by a patient who lies, and the technique used in dealing analytically with lies. In recent decades, issues relating to the moral and general development of children in relation to lying have been considered. In this paper, a lie told by a 21-month-old child is used to raise and explore questions about lying and its relation to intrapsychic structure and development. It is suggested that cognitive abilities and the psychic apparatus have to develop to the point that self can be distinguished from object, and a superego prototype must be present, before the means and motivations for lying are in place. This would date the beginning of the capacity to lie to sixteen to twenty-four months of age.*

## INTRODUCTION

Psychoanalysis is an attempt to tell the truth about oneself in order to discover further, as yet hidden, truths. Anyone who has ever attempted to do so knows what an extraordinarily difficult endeavor this is. Even those who consciously prize the truth and believe that it will give them newfound power over their lives will nonetheless use every method in their own personal intrapsychic lexicon (defense mechanisms) to avoid it. Freud noted this phenomenon in his earliest attempts to study the psyche, even before he discovered

the psychoanalytic method. When he used the hypno-analytic method, as described in "Studies in Hysteria" (1893-95), he did so in order to forcefully overcome patients' reluctance to admit certain truths about themselves, truths that were connected to memories associated with forbidden erotic ideas and painful affects. This resistance to knowing or learning the truth was found in every patient, and as analysis developed, a certain part of every psychoanalytic treatment came to involve the attempt to uncover and analyze these resistances to learning the truth about oneself.

Outside the psychoanalytic situation, the overt, conscious, intentional effort to evade the truth—that is, lying—is a ubiquitous human phenomenon. Every human being, including those who are characterologically honest and trustworthy, has told lies. While lies and liars usually evoke disapproval and condemnation, there are times when the lie and the liar can engender general admiration and moral approval. Within the psychoanalytic movement, Muriel Gardiner is an example of someone who evoked widespread admiration and respect, indeed was considered a heroine, in some measure because she lied. In her memoir, *Code Name "Mary"* (1983), she recounted her adventures in the Austrian Underground in the 1930s when, in order to save lives, she lied repeatedly. This example illustrates the psychological complexity of the phenomenon of lying and moral attitudes toward it. It is the purpose of this paper to explore the lie of a very young child in an effort to explore some aspects of this complexity and to raise certain questions and make certain formulations about lying.

## REVIEW OF THE LITERATURE

The psychoanalytic literature on lying, though relatively scant, began early. On April 21, 1909, Otto Rank presented a paper to the Vienna Psychoanalytic Society entitled "On the Psychology of Lying." Rank noted that lying was psychically determined, and that "pathological" lying resulted from the "persistent concealment of an unconscious sexual complex" (p. 197). He asserted that this complex

stemmed from early, prolonged, conscious masturbation, which was vigorously suppressed and concealed by successful lies.

In his discussion of Rank's paper, Freud was highly critical (Nunberg and Federn 1967), suggesting that it not be submitted for publication because, although Rank's ideas might have merit, no clinical data was presented to support them. Freud believed that it was more a matter of course for children to tell the truth than to lie. He also indicated that when children *do* lie, they are imitating adults who have lied and have concealed sexual facts from them.

Freud next addressed the question of lying when he reported the cases of two women who, during the course of treatment, recalled lies they had told as children (1913). He traced these childhood lies to vicissitudes of positive oedipal conflicts, and made three general points about lying in childhood. The first repeated his idea that children may lie in identification with adults who lie. The second was that even "well-brought-up children" may lie, and "These lies occur under the influence of excessive feelings of love and become momentous when they lead to a misunderstanding between the child and the person it loves" (p. 305). The third point was:

> It would be a serious mistake to read into childish misdemeanors like these [lies] a prognosis of bad character. Nevertheless, they are intimately connected with the most powerful motive forces in children's minds, and give notice of dispositions that will lead to later eventualities in their lives or future neuroses. [p. 309]

Rado (1933) briefly discussed lying in writing of the fantasy of an illusory penis in women. He noted that one vicissitude of this fantasy may result in the little girl's attempt to urinate like a boy. He noted:

> She may then elect to transport her device into her sleep, where she can urinate with her illusory penis (nocturnal enuresis). I suspect that this remarkable accomplishment —urinating with an illusory penis—may determine a subsequent tendency in our little heroine to indulge in boasting and fantastic lying; to the extent to which she develops

a reactive compulsion neurosis, she will deny this past by
fanatic truthfulness. [p. 448]

Fenichel (1939) asserted that lies are denials; he was interested
in how lies work. He wrote that "The formula is: 'If it is possible to
make someone believe that untrue things are true, then it is possible
that true things, the memory of which threatens me, are untrue' " (p.
133). He considered lying an economic measure, used to repress
some threatening, unconscious sexual impulse. Like Freud, Fenichel
considered some lies of children to be acts of revenge for lies about
sexual matters told to them by adults. As he put it, lies "serve to
ridicule the incredible assertions of others: 'If you lie to me, I'll lie
to you' " (p. 132). Like Rado, Fenichel commented on "the compul-
sive fanaticism for truth" (p. 137) of obsessional neurotics, and noted
that, despite this fanaticism and these patients' characteristic con-
scientiousness, such obsessional neurotics often do falsify facts. Of
these lies, Fenichel wrote:

> The small alterations of truth represent intended greater
> alterations, which serve the purpose of pressing the world
> into a certain system. Facts must not be what they are, but
> what the compulsive system requires. Moreover, the lie is
> intended to force the system not only on the facts but also
> on the subject's fellow men: "You shall see things not only
> with your eyes, but only as I present them to you." [p. 138]

Fenichel elaborated:

> Of course, the desire for power, stubbornness, exhibition-
> ism—in short, narcissistic and anal-sadistic instinctual im-
> pulses—are strongly involved here. But the main thing is
> that the subject can, by empathizing with his object—who
> know reality only through his (the subject's) mediation—
> convince himself that the world is as his system says it is.
> [p. 139]

Again, Fenichel's conclusion was that the lies of the obsessional
serve to deny the truth of some forbidden, unconscious sexual wish,

and that "obsessional fanaticism for truth" serves the same purpose via reaction formation.

Kohut (1971) saw pathological lying as a feature of narcissistic personality disorder. He stressed the importance of the correct assessment of the patient's lying in relation to prognosis. He felt that the content of a patient's lies might be determined either by the pressure of "the grandiose self," in which case the patient lies boastfully about him- or herself, or by the patient's need for an idealized object, in which case the patient lies to enhance the attributes of that person. Kohut also noted that a patient with a narcissistic personality disorder might begin analysis with a lie, as a way of communicating a disturbance in his or her self-image, which the patient cannot clearly perceive. In such cases, according to Kohut, it is important for the analyst to avoid any kind of moralistic stance or confrontation.

Weinshel (1979) wrote about neurotic patients who lied to him in the course of their analyses. From such experiences, he concluded:

> Lying, in the analytic situation of essentially neurotic patients, is proposed to represent a re-enactment within the analysis and transference neurosis of a particular aspect of the oedipal conflict. These lies permit the partial recovery of old memories and perceptions; the emergence of certain unconscious wishes and fantasies, while simultaneously continuing to protect those wishes by a variety of mechanisms which are best conceptualized as "screen functions"; and the expression of being lied to by one or both of the oedipal objects. [p. 530]

Thus, Weinshel stressed the communicative value and analyzability of lies told during analysis by a neurotic patient. He asserted that oedipal conflicts and primal scene trauma were both screened and revealed by such lies.

Blum (1983) reported the case of a young man who, in the initial consultation, accepted the recommendation of analysis. After the consultation, the patient called the analyst to say that his mother had just died, and that he would contact the analyst again after her funeral. When he finally did return a year and a half later, it was re-

vealed that his report of his mother's death was an outrageous lie; although ill with cancer, she was very much alive. The analyst was concerned about whether the lie represented an analyzable symptom or the expression of a sociopathic character disorder. Through the analytic work, it was indeed revealed to be a symptom that "was gradually understood from many different points of view and on different developmental levels, with major additional meanings gleaned in the final phase of the treatment" (Blum 1983, p. 21).

Several authors, such as Greenacre (1958), O'Shaughnessy (1990), and Wilkinson and Hough (1996), have written about pathological liars. While the questions they dealt with are somewhat removed from the questions addressed here, they reflect other ways in which analysts have approached and thought about lying. Greenacre felt that habitual liars attempt to re-create a feeling of infantile omnipotence by getting others, who unconsciously stand for an idealized mother, to accept their lies. She also felt that those who are gulled by the habitual liar have an unconscious need to share vicariously in the liars' omnipotence.

O'Shaughnessy, in a paper entitled "Can a Liar Be Psychoanalyzed?" (1990), presented material from the analyses of two habitual liars. She concluded that "the fundamental problem of the habitual liar . . . is primitive, and involves the truth and falsity of his objects—their genuineness or deceitfulness" (p. 187). She felt that the transference of the habitual liar is dominated by suspicion and fear that the analyst, like the patient's internalized object, "will pretend, but will not be able to honestly know the relationship that he will make with her" (p. 190). She believed that the lying of the habitual liar must be understood as the liar's form of communication, and that what the liar communicates in this way is that "he . . . [is] a liar in identification with, and acutely anxious about, his lying object . . ." (p. 194).

Wilkinson and Hugh (1996) wrote of two adolescents who had been so terribly abused and neglected as infants that they had been removed from the care of their biological parents and given up for adoption. They were seen in psychotherapy in a residential treatment center. They had been placed there because of various forms

of seriously disturbed behavior, including telling blatant, outrageous lies, which they insisted were true. Wilkinson and Hough saw these lies as expressing "fragmented self-and-object representations as victim, abuser, rescuer and passive onlooker" (p. 586). The lies were also viewed as narrative truths, put forward in an attempt to repair the massive early trauma suffered by the adolescents. Ultimately, the authors considered these lies in the context of "the secondary separation individuation of adolescence and their attempts to consolidate identity" (p. 586).

## PSYCHIC STRUCTURES AND THE ABILITY TO LIE

The foregoing brief review of the psychoanalytic literature on lying reveals a tendency to focus more on the meanings of lying and whether or not it is analyzable than on questions about the psychic structures and mechanisms involved in lying. When, during the course of development, are children first capable of lying? What intrapsychic capacities are required for the formation of a lie? Is it possible for a child to lie before the resolution of the oedipal conflict and its contribution to superego formation?

In an attempt to answer these questions, observations of a 21-month-old girl, made in a social situation, will be used as a basis for discussion. This child told a lie. Although I am not a child analyst or formally trained in child observation, I believe that the data is sufficiently rich and informative of the intrapsychic life of the child to support a meaningful discussion of the questions at hand.[1]

## CASE VIGNETTE

Mary was the second child of highly educated parents. I had known her father, the best friend of one of my children, since he

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[1] E. Blum and H. Blum (1990) presented a two-sentence summary of my observations of this child, which I had related to them. They used my remarks to illustrate a preoedipal precursor of superego formation.

was a toddler. He had always excelled academically and was well liked because of his openhearted friendliness, warmth, and wry sense of humor. Over the course of many years, he had kept in close contact not only with our children, but with my wife and me as well.

While Mary's father was in college, he met and fell in love with a woman whom he later married, while they were both in graduate school and both aged twenty-three. Two years later, they had their first child, John. Although the mother received her doctoral degree shortly after John's birth, she had long since decided that she preferred to stay at home as a full-time mother, rather than pursuing her career. She had done so happily, and some thirteen months after John's birth, Mary arrived.

Mary's birth was not an accident. Her parents had consciously decided that they wanted several children and would not attempt to space them. The mother's pregnancy with Mary was full-term and uneventful; both parents were delighted to have a daughter as well as a son. Mary was breast-fed and passed through the developmental milestones of her first year of life unremarkably. She gave early evidence of being intellectually gifted, saying words at nine or ten months and speaking in brief sentences by the time she was twelve or thirteen months old.

At the time of the incident I will describe, Mary was twenty-one months old. My wife and I went on a picnic with Mary, John, and their mother, while their father was at work. After we had eaten at a table deep in a forest, the adults sat engrossed in conversation while the children played. After a few minutes, Mary's mother suddenly noticed that she was nowhere to be seen. As we all began anxiously to look for her, we heard grunting noises coming from under the table. There was Mary—squatting, her face flushed, grunting as she strained in the midst of a bowel movement. I was in a position from which I could see both her face and her mother's at the same time. As soon as Mary saw her mother's face, she quite forcefully exclaimed, "I'm not doing something!" Her mother's face had been anything but reproachful; in fact, it bore a look of relieved and loving amusement. When Mary spoke, her mother's expression re-

vealed even greater tenderness and perhaps suppressed laughter. Her mother said nothing in reply.

We raised our heads and resumed our conversation while giving each other winks of relieved amusement. When Mary came out from under the table, her mother said to her simply, "Mary, since you made a poop in your diaper, I have to change it." The child did not repeat the lying denial she had made under the table, but with a giggle that seemed to admit the truth—that she had indeed "done something"—she readily lay down on the grass to allow herself to be changed. As it happened, the extra diapers had been left in the car, a ten-minute walk away. Therefore, Mary's mother merely took off the dirty diaper, cleaned her up, and left her bare under her dress until we could walk back to the car.

Two minutes later, as we were walking back, Mary suddenly stopped, lifted the front of her dress over her head, thrust out her pelvis and asked, "Does anybody want to see a big girl bottom?" She then laughed, dropped her dress, and continued walking. No one said anything in response to her action or her question.

In order to understand what was going on in Mary's mind when she said, "I'm not doing something"—thereby lying, since she was consciously aware that she was indeed "doing something" (having a bowel movement)—additional background must be provided. When Mary was fifteen months old, her parents had begun to toilet-train her brother, John, who was then twenty-eight months old. At that time, their mother had asked me to recommend a book on child development. I had suggested a book written by psychoanalysts, which she obtained, but her initial reaction was, "A lot of it is too psychoanalytic—too full of nonsense like penis envy." Her opinion of the validity of what she was reading changed a month later, however, when Mary was sixteen months old. At that time, Mary came to her mother sobbing, and cried, "I want penis, I want penis!" (Mary had just come from the bathroom, where John had pulled down his training pants and successfully demonstrated his newly acquired skill of being able to stand in front of the toilet and urinate into it.)

A similar incident occurred when Mary was seventeen months old. She again came "howling" to her mother, and said, "Mama, get

medcin [medicine], get Destin [Desitin]! My bottom is broken, my bottom is broken!" She had just tried unsuccessfully to duplicate her brother's feat of urinating into the toilet while standing.[2] Of course, Mary had observed her parents' encouragement and praise of John as he had begun to be toilet-trained; she had heard him praised as a "big boy" or a "good boy" when he attempted to defecate or urinate in the potty, and particularly when he succeeded. Despite the fact that her parents did not pressure her in that direction, she spontaneously said that she wanted to do the same as John, and over a period of a few weeks, she tried to train herself before giving up the effort. During that time, her parents were at first uncertain as to what to do, and ultimately decided to neither encourage nor discourage her. They did, however, tell her that when she was a bigger, older girl, she would be able to use the potty, too. When Mary complained that her "bottom was broken," her mother reassured her that it was not, and that she had a perfectly good little girl's bottom. Her mother added that Mary's bottom was different than a boy's, and that when Mary was older, she would have a big girl's bottom and would be able to urinate and defecate on the potty.

During the months between Mary's giving up on trying to toilet-train herself and the scene at the picnic, one of her favorite games became "having tea." She had a little pink, plastic tea set that included a kettle and cups and saucers. When we returned to the house on the day of the picnic, Mary asked us, "Do you want to have tea?" We said yes, we would be delighted to have tea. She fetched her tea set, filled the kettle with water, and pretended to heat it. Carefully and daintily, she then poured water into tiny cups. This was no doubt an enactment in play of what Mary wished to do, but was unable to, on the potty.

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[2] It should be noted that John and Mary's parents had never expressed any desire to Mary that she be toilet-trained like her brother. They had waited until John was twenty-eight months old before starting to train him, and at first had no idea of starting to train Mary before she reached a similar age. They were not compulsive in their approach to their children. For example, I had seen the children eat many times, and had never heard their parents instruct or admonish

During that same visit (I am uncertain whether it was immediately before or after the picnic), Mary said, "When I grow up, I want to have a purse, a big ladies' purse. And lipstick. And macara [mascara]. And rouge. And doderant [deodorant]." In the context of the various events related, one reasonable speculation is that this wish list symbolically represented Mary's conception of a "big girl's bottom," as well as a way of undoing in fantasy the sense of defect and shame over her inability to control her bottom the way her brother could. It was also an identification with her mother, who at one time or another, used all the items on Mary's wish list.

Subsequently, at the age of about two and one-half years, Mary went through an uneventful toilet-training process. Her competition with her brother continued in various forms, though with the passage of years, it became more covert. One notable occasion of overt competitiveness, however, took place when she was a few months shy of her third birthday. Her mother reported the following scene and conversation to me:

> Mary was annoyed at John because she felt that he was showing off, and asked him, "John, do you know how old I'm going to be on my next birthday?" John, surprised by the question, was seduced into playing the straight man. He asked, "How old?"—though he knew the answer very well. "Three years old," Mary replied. "And do you how old you will be on *your* next birthday?" Now thoroughly intrigued (though of course he again knew the answer), John asked, "How old?"
>
> Mary shot back, "Zero, John, zero! That's how old you're going to be!" Here this very clever little girl of thirty-four to thirty-five months, who understood the concept of zero, upon feeling the competitive humiliation of her brother showing off in front of her, castrated him in fantasy by reducing him to nothing, while she herself attained the wished-for attributes of a "big girl" of three.

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them in regard to how or what they ate; they were free to eat as much or as little as they wanted, and if they dropped food onto the table, the floor, or themselves, nothing was said.

# DISCUSSION AND CONCLUSIONS

Perhaps the first question one might ask about Mary's statement of "I'm not doing something" is: Was it indeed a lie? Weinshel (1979) followed Fenichel (1939) in defining a lie as "an untruth in which the subject himself did intend to deceive others with his assertion and did not believe that assertion himself" (p. 504). By that definition, Mary was telling a lie; she certainly did not believe what she was saying. Her hiding under the table to defecate indicated that she was consciously aware of doing "something," and that there was a painful affect—probably shame—connected to it. Her impetus to deny it and to deceive her mother, leading to the lie, arose from the pain of her disappointment in herself, which she projected onto her mother's facial expression. Her attempt to undo this narcissistic mortification led to the seemingly ludicrous denial of having a bowel movement as she was straining and grunting in the midst of it. What she said met the criteria of a lie, despite the fact that it is not possible to know for certain all of what she meant by the "something" which she said she was not doing.

In addition to the anal, abdominal, tactile, and olfactory experiences that Mary was consciously aware of, the unconscious fantasies attached to the act of defecation and urination probably constituted part of the "something" she was denying with her lie. Her competitive envy of her older brother and his penis (which she associated with the ability to urinate and defecate on the potty, an act that won her parents' love and admiration) offers clues to the fantasies that the "something" unconsciously referred to. However, she was not only negating whatever those unconscious fantasies were, but also the conscious act, which embodied those fantasies. It is the denial of this act that constituted the lie. As all analytic investigators seem to agree, even when an older child or adult lies, the lie is always motivated by the discovery or feared discovery of shame- or guilt-inducing fantasies.

Mary's conscious awareness that she had done "something" is also apparent in her acceptance of her mother's statement that she knew Mary had "pooped" in her diaper and that it would have to be

changed. When she lifted her dress after the diaper had been removed, thrust out her pelvis, and asked who wanted to see her "big girl bottom," she was displaying her associations to her experience and the lie. Her exhibitionism and boast were, at least in part, attempts to undo the shame of her narcissistic mortification in soiling herself. It was as if she were saying, "Look at my bottom and see that it is not a little girl's bottom that poops and pees in diapers, but a big girl's bottom that can control these things." The forward thrust of her pelvis, and the fact that she lifted the front of her dress to show it, indicate that "bottom" referred not only to her buttocks and anus, but to her labia and vaginal opening as well—and perhaps primarily if not exclusively to them. Whether her concept of a big girl bottom included the presence of a penis at the time she told her lie cannot be determined with certainty, but the associated material is highly suggestive of this.

In addition to Mary's possible castration complex, which seemed typical though somewhat precocious, the fact that she was in the rapprochement substage of separation individuation when she told her lie is of significance. As described by Mahler (1968), the child of between sixteen to twenty-four months goes through an intrapsychic crisis centering on the conflict between the wish to remain united with the mother and the wish for autonomy. Among other factors, the child's burgeoning cognitive abilities make him or her more aware of his or her sense of self as different from the mother. The child is on the way toward object constancy, with more realistic, separate mental representations of both self and mother. Mary, at the time she told the lie, seemed to possess some kind of mental representation of herself as separate from her mother. This is one basic intrapsychic requisite for both the ability and motivation to lie. If there were no representation of another person separate from the self, then there would be no reason to try to deceive that person. That Mary hid under the table in the first place, and then denied what she was doing when she saw her mother's face, gives evidence of separation in her intrapsychic images of herself and her mother.

Another prerequisite for both the ability and motivation to lie is the existence, as in this 21-month-old girl, of some form of proto-

superego. The fact that she hid in order to defecate and then said she wasn't, even as she did so, suggests that she felt bad in her own eyes or less than she wanted to be. Put another way, she was mortified because she was evacuating in her diaper. Defecating and urinating in this way threatened her with the loss of her mother's love because she had already incorporated her parents' wishes for her brother to be toilet-trained into an idealized self-representation, an early ego-ideal toward which she strove. In this regard, Holder (1982) wrote of the "parental self ideal . . . the internalized paren- tal expectations of how in their eyes an ideal child should behave" (p. 261). That this early form of superego existed in Mary is indica- ted by the fact that even though her mother was looking at her with love as she voided, Mary felt she had to deny what she was doing because in her mind she was failing her internalized maternal ex- pectation. This internal representation of maternal expectations had been colored by her sibling rivalry, anal conflicts, and castration com- plex. How much these expectations were truly intrapsychic and how much they were dependent on the mother's physical presence is impossible to say, particularly since the mother was physically pres- ent when Mary lied and when she associated to it.

Mary's lie was a denial, as are all lies. A lie always denies some aspect of psychic reality and substitutes some less threaten- ing mental construct. Mary's lie also belonged to that form of denial called negation, in that the thing she was trying to repress was ex- pressed in its negative form (Freud 1925). She said, "I'm not do- ing something." Although the defense mechanism of denial is used early in mental life, the psychic apparatus has to have advanced to the point that its perceptual and cognitive functions are devel- oped enough to distinguish between self and object, in order for the ego to use this mechanism. The psychic apparatus also has to have at least partially stable mental representations of self and ob- ject before the means and motivation for lying are in place. Fur- thermore, some form of early superego—in which threats of the loss of mother and/or her love are seen as punishments for trans- gressions—has to exist for there to be a motivation for lying. These criteria date the beginning capacity for lying to the rapprochement

subphase of separation individuation, that is, from sixteen to twenty-four months of age.

In the case presented, Mary's lie was a response to a misperceived threat of the loss of her mother's love because of her failure to control her bowel movement and whatever unconscious fantasies were attached to this action. There is evidence to suggest that these fantasies were competitive, phallic, and exhibitionistic in nature; quite possibly, they included the fantasy that if she had a penis, she would be able to control her bowels and bladder in a way that would outdo her brother and win her mother's loving admiration.

In addition, Mary's own reaction to her lie deserves comment. From her overt behavior, no witness could detect any discomfort with the denial and negation that constituted the lie. It is not known whether she even knew what a lie was, or whether she had ever been accused or ever heard anyone else accused of lying, or what that would have meant to her if she had. Piaget (1932), in his investigation of lying in children and "the manner in which the child judges and evaluated lies" (p. 135), interviewed children of five years of age and older. From this group of children, Piaget concluded:

> The tendency to lie is a natural tendency, so spontaneous and universal that we take it as an essential part of the child's egocentric thought. In the child, therefore, the problem of lies is the clash of the egocentric attitude with the moral constraint of the adult. [p. 135]

Piaget found that children of six and seven years defined lies as the use of "naughty words," and concluded that lies were equated with curses because both were moral faults by use of language. Both were bad in the child's mind because adults punished both. Piaget also found that children would judge how bad a lie was by the degree of deviation from reality and/or its consequences. Finally, he found that it was not until children reach the age of ten or eleven that they define and judge a lie by the intent to deceive.

In analytic terms, what Piaget seems to have concluded is that the child's judgment, evaluation, and use of lies change with cognitive development and structural changes in the oedipal and post-

oedipal superego. The toddler naturally has less well-developed cognitive capacities and a less well-developed superego or proto-superego; therefore, it follows that the toddler's understanding of and reaction to lies are even more different from the adult's than is the understanding of the older child, like those studied by Piaget.

In this regard, there seems to be a confluence of data and thought presented by developmental psychologists (Dunn 1987; Gilligan and Wiggins 1987; Kagan 1981, 1987) and infant researchers (Emde, Johnson, and Easterbrooks 1987; Emde et al. 1991), as well as some psychoanalytic clinicians and theoreticians (Arlow 1989; Blum and Blum 1990): All point to the second year of life as important in the development of morality. However, little is known about the content and structure of these early moral stirrings. In the case of the 21-month-old child presented, all that can be said about her conscious attitude toward the negation that constituted her lie was that it was one of indifference, betraying no sense of having done something bad.

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# SUBJECTIVE REALITY, OBJECTIVE REALITY, MODES OF RELATEDNESS, AND THERAPEUTIC ACTION

BY MARK O'CONNELL, PH.D.

*This paper describes a dialectic believed to be at the heart of therapeutic interaction within a relational model. The dialectic consists of the interrelationship of two modes: the dyadic and the triadic. In the dyadic mode, the analyst responds with aspects of his or her self that singularly reflect the patient's subjectivity. This mode of attunement is uniquely suited to bringing the patient's experience into a place where it can then be seen and known. In the triadic mode, realities are recognized that are important to, but still outside of, the subjectivity of the patient. The analyst invites the patient to see him- or herself not only from inside his or her own space, but also from a point outside, through the perspective of others.*

*The analyst is charged with asymmetric but not exclusive responsibility for negotiating and sustaining a fluid and flexible relationship between these modes. Optimally, this occurs through spontaneous and authentic engagement informed by intuition, empathy, and clinical judgment. However, when this dialectic loses its robust and kinetic quality (as frequently occurs in approaches ranging from the classical to the postmodern), an impermeable dyad is formed by extruding potentially triangulating aspects of reality (and subjectivity). This can result in curiosity and the openness of uncertainty being replaced by closed-mindedness and proclamation.*

# INTRODUCTION

Catharsis and abreaction (Freud 1894); where id was, there shall ego be (Freud 1923); modulation of the harsh superego (Strachey 1934); the removal of bad objects (Fairbairn 1952); mediating slight expansions of functioning through the analyst's putatively more adaptive ego (Loewald 1960); fostering the finding of a banished self (Winnicott 1971); transmuting internalization (Kohut 1977); and the influence of new objects (Loewald 1960; Strachey 1934): The history of psychoanalysis is replete with proclamations about how analysis helps people change. While individual history, constitution, training, and a host of other factors shape each analyst's theoretical tendencies, most agree that the options for therapeutic action are multiple, and that the permutations of these options are seemingly infinite.

Modern concepts of therapeutic action have been profoundly influenced by the recent emphasis on subjectivity. Some theorists (Schwaber 1983; Stolorow 1986; Stolorow and Atwood 1992) have emphasized the subjectivity of the patient. Others (Hoffman 1996; Renik 1998) have considered the subjectivity of the analyst as well as the patient, and in doing so, made the relational confluence of these respective subjectivities their field of inquiry, as well as the locus of their views of therapeutic action. All have broken with the positivist ideal of analyst as authoritative giver of insight, and all have emphasized that subjective knowing occurs through a powerful but uncertain lens.

In this paper, I aim to describe a dialectic that I believe is fundamental to analytic process. While I believe this dialectic is relevant across theoretical models, I propose that it is particularly so given popular inclinations to link therapeutic action either with subjectivity or with the complex matter of how analysts and patients come to know what they know. In brief, I believe that the therapeutic encounter can be usefully understood as shaped by the relationship between two modes of analyst–patient relating. Along one axis, the patient is involved in the experience of becoming known and of getting to know him- or herself in an intensely private space, in which the focus is overwhelmingly and asymmetrically on his or her subjec-

tive experience. On the other axis lies the matter of bringing that subjective experience out into a world of others, and finding and feeling oneself in the often competing and conflicting world of "not-me" realities, both subjective and objective.

In the comments that follow, I put forward my understanding of these modes, as well as how their interrelationship facilitates the analytic process. I then use this model to illuminate pitfalls that I believe are frequently found in both classical and postmodern approaches to knowing, although I focus particularly on problems that I believe are common when working in a way that emphasizes the inherently subjective nature of analytic knowledge. In doing so, I do not aim to criticize the current theoretical emphasis on subjectivity; instead, I mean to offer caveats. Every artist needs to appreciate the vulnerabilities of his or her medium, and every engineer the limitations of his or her machine.

I will begin with a clinical vignette.

## MS. A

On a recent Friday evening, Ms. A, who had been my patient for several years, called me at home. Years before, when things had felt quite desperate, such calls had been frequent, and they had often revolved around whether she had the heart to go on living. But Ms. A had not called me at home in a long time, so her call evoked for me memories of an earlier time, and I listened with some trepidation. She told me that she had learned it was too late for her to have a baby.

As she talked, I thought about our years of work together. We had waded through terrifying memories—some explicit, others more in the shadows. We had dealt with shredding rage, aimed both at herself and others. We had wrestled with her sense of being utterly dead inside. Often she had been suicidal, and we had tried to help her repair and regain her shattered self. She had felt, as she told me, "like a wind tunnel." "Sometimes," she said, "it feels like there's nothing in me; sometimes I can feel the shards of who I am getting blown all

over the place." Feeling as she did, she had looked to me desperately for help in finding herself. "I need you to be my mirror," she had explained. "I need you to help me see what's there, and to feel how it might fit together."

Eventually the situation had improved. Ms. A had developed an increasingly reliable sense of stability, and she had begun to trust that she could be loving and generative. She had married, and her husband, though passive and himself all too willing to let time pass without pushing for a baby, had been a safe and consistent man. Ms. A's more recent decision to try to become pregnant had seemed a logical next step. But it also represented a terrifying risk for her. I had shared her hope and anxiety, and now I felt enormous sorrow and regret. And while I knew that she had had legitimate reasons for waiting to have a baby, I also felt a little guilty; perhaps I had at times been complacent, lulled by the sense that we had made more analytic progress than I had initially hoped for.

I thought about all of this as I listened and sympathized that Friday evening, and when, for the first time in years, Ms. A returned to the question of whether her life was worth the fight, I drew on my associations to remind her of how hard and long she had worked to reclaim her desire to live. My comments seemed to help her.

But the next morning, she came to my office in a state of rageful bitterness. Telling me that her husband had talked the night before of his regret over not having spent enough time with their recently deceased cat, she railed against him, focusing on his having let so much time pass without ever pressing the idea of a baby. I had a series of associations to this: First, I silently bristled at her husband, reacting with her against his seeming insensitivity. This line of thought left me a bit uneasy, however; it was too simple and blaming. Next, it occurred to me that she was telling me that I, too, had failed her. This thought didn't surprise me, since I know myself to struggle frequently with a sense of guilt and responsibility. My next thought grew out of my sense that the effort to conceive had represented a risk for Mr. A as well; I thought, "Maybe he's also talking about his regret about you, the marriage, and your shared loss."

The next day, when Ms. A resumed expressing her fury at her husband, I noticed that I felt impatient with her. That impatience led me to focus on her bitterness. At the worst of times in the past, she had pulled such bitterness over her, using it to shield herself, miserable but safe, in a place where she neither wanted nor needed anything. It was an old and problematic feeling, and one which I had often found trying. When I spoke, my words were shaped by impatience, and they were aimed at injecting a discordant note. "This bitterness," I began. "I understand why you go there, but we've seen that it's not so good. We've seen that when you feel this way, you can't feel or know what is yours, what you want, or what is alive and longing in you. When you feel only bitterness, you slip away to a place where you feel dead and hopeless."

My words made her angry. "Wouldn't you feel bitter if you were married to someone who was more interested in their fucking cat than in you?" I told her that I was no saint, and I was certain that I would be furious, too. But I wondered whether she might be hearing only one note of a chord. Perhaps her husband was talking not only about the cat; maybe he was talking about her, too, and maybe the fact that he could feel regret was not such a bad thing. It was not her job to interpret him, of course, but was it possible that she might be narrowing her lens of perception too much in her bitter dismissal?

This exchange served as a stimulus for Ms. A's expression of emotions during the next few weeks of analysis. There was fury: Ms. A accused me of defending her husband and of not caring about her at all. I had not given her a baby, but only years of expensive and useless talk. There was despair: She experienced a return of suicidality. The pain was too great, she told me. She needed me to arrange for her to be hospitalized because she needed to be able to talk to someone whenever the need arose; only then could she manage.

I took her sense of risk seriously, but I also recognized in her current crisis the presence of her wish to return to the way of working that had characterized the early years of her treatment with me. During that period, in a way that was often unyielding, she had insisted on what she called "full insulation": She needed me to immerse

myself fully in her experience, and she had bristled at any interfer-
ence with the tenor of her experience or with my capacity to "hear
only her." She railed at perceived intrusions, including indications
of my having a family and my treating other patients, suggestions of
my sexuality and aggression, the sound of my computer—anything
that shattered the cloistered space she felt she needed.

Earlier on, I had felt that Ms. A really did, by and large, need
what she was demanding. I had worked with her in this way. We
had succeeded, or so it seemed. Over three or four years, during
which I was deeply attentive to her, reflecting and responding with-
in this atmosphere of heightened attunement, it seemed to both of
us that she retrieved a lost self and solidified a fragmented one.
Eventually, her insistence on absolute adherence to this way of work-
ing lessened. Now it upset me to consider the possibility that the
change in her might have been more superficial than I had real-
ized.

Within this context, my reaction to Ms. A's present demand was
ambivalent, even impatient. Affectively, I didn't want to feel con-
trolled by her needs. Intellectually, my worry about her safety stood
alongside a concern that her bitterness hid a malignant position of
passive despair, and that this position would be strengthened if I
appeared to support her wish for an unrealistically attentive helper.
I therefore came up with a counterproposal: I told Ms. A that I knew
she needed me to respect how terrible she felt, but I also believed
that she needed me to help her find herself, pain and all, in her
real-world life. I advised against her entering a hospital, and I sug-
gested that we see each other more intensively, working on under-
standing and managing the disparity between her need and my
availability.

She reluctantly agreed. For a while, she struggled, feeling cer-
tain that I underestimated her pain and overestimated her capaci-
ties. But over a period of a few weeks, this struggle began to give way
to something that had always been a great strength of hers: her
curiosity. She began to examine her relationship with me from
multiple perspectives and over time. She recalled how she had
felt when we had begun, saying, "When I first came to you, I was

broken into too many pieces, and I was determined to make a place where I could put myself together. I put you on a throne; I needed you to be a place of absolute safety. And I know I needed that for a long time."

Did she need the same thing now? She wasn't sure; in some ways, yes, but in other ways, maybe no. The notion that her need might be different provided a glimmer of an opening, and she began to look at herself, and at us, from different angles. Maybe, she admitted, she lost something in making me the sole source of her safety. In ensconcing me on that throne, she narrowed and controlled me. As she put it, "I keep you on a short leash."

Ms. A's acknowledgment that she had needed me to be the way I had been, and that she had needed that for a long time, gave me a small gift. She eased my guilt. And as I felt less guilty, my affect softened from a hard impatience to a predominating sadness over what she, and we, had been unable to do. This either led to, or paralleled, the development of her capacity to grieve.

Ms. A revealed that she had been writing in her journal about her mother. She had thought about reading to me from this journal, but she elected to summarize instead. I asked about this decision. She thought for a moment, surprised that reading and summarizing felt so different. "Reading would be like granting you direct access," she said. What was wrong with that, I wondered. She thought, and answered that in summarizing, she could edit and hence control our exchange. Why did she need to control, I wondered. She became quiet, and I asked her what she was feeling. "For the first time, I feel like I've begun to look at myself as a continuous person," she said. "Like looking at what was old from the point of what is new."

Ms. A went on to say that she felt this way even about the journal entry she wanted to read, although it was only two weeks old. But she was puzzled. Continuity was a good thing, so why should she find it so hard to read to me? She read the passage. Amazingly, it had to do with the fact that her mother had changed her own age on Ms. A's birth certificate. When the patient stopped reading, I commented, quite simply, that her mother had tried to control time. Ms. A was

struck by this. "Is that what I do?" she wondered. With these words, she began to tear. "I didn't think I would mind being continuous," she said, "and I don't really mind it, but it seems to make me very sad."

After a few moments, I told her that her sadness made sense to me. Being continuous means seeing the past as the past, and the present and future as the present and future. But for Ms. A, that meant looking at herself from one point in time to another, without controlling the previous moment. Over time, in a series of exchanges that I now summarize, I essentially said to her: "To some degree, you have a say over how the future goes, but not the past. It was what it was. And when you really see it for what it was, you feel enormous sadness about it. You've always wished it were different because it was very, very hard. The silver lining, I think, is that you may be able to live better in the future once you've let go of trying to control the past."

With this exchange, we embarked on a long period during which Ms. A talked far more explicitly about how things had been, and of what she brought from the past into her present and her future. Through angry and stormy exchanges, she seemed to more authentically loosen her controlling grip on me, and she moved to a view of me as more of an imperfect helper than a supreme protector. And with a series of dreams in which people who stood for her various aspirations felt stunningly close and real, she came to feel more able to realize her goals. Always her affect included sadness, but the sadness did not disable her or lead to passive entitlement as it had in the past.

## A DIALECTIC COMPRISED OF DIFFERING STATES OF RELATEDNESS

In explaining the primary elements of a dialectic that I believe is essential to analytic process, I use the terms *dyadic* and *triadic* to describe two related but different modes of relatedness between analyst and patient.

*The Dyadic Mode*

In the midst of the crisis described in my treatment of Ms. A, the patient returned to old and familiar feeling states, in particular to deadness, despair, and bitterness. She asked me to help her come to terms with these states by returning to a mode of "therapeutic action" that had proven fruitful earlier in the treatment. I refer to the mode in which I tried to create with her a space so intrusion-proof and insulated that she could hear the faintest tones of her own experience.

As mentioned, in the early years of our work, I was quite willing to provide this space. Her mother had been an acquisitive tyrant, encroaching and usurping, demanding that Ms. A bend all aspects of her self to her mother's vision. Her father, increasingly absent, had provided no buffer for her mother's onslaught. From this aspect of her history had sprung a central, and malignant, maternal transference: She perceived any and all outside influences as insatiable demands, and she was inclined to repudiate all that she knew about herself in order to shape herself to the real and imagined needs and expectations of the other. This left her with an enormously fragile self experience and a mercurial sense of continuity and reliability. All these dictated that we construct an environment of maximal attunement and minimal interference and conflict, while she, and we, searched for her real self.

I am interested in my attitude toward this phenomenon. I rarely bristled at Ms. A's demands for insulation, even though they often bordered on the tyrannical. I had many ideas and interpretations as to the meanings of her demands, but by and large, when I did offer my thoughts, I did so gently, with little intent on changing how we were working together. Yet even though the range in which I responded was severely limited, I felt myself to be authentic. I did not artificially shape myself to "correct her emotional experience" (Alexander 1946). Rather, I responded spontaneously with aspects of my experience that fit her state and need at the time, and I intuitively tended to exclude aspects of my experience that would have felt invasive and coercive to her. In retrospect, I can see that I fa-

cilitated the construction of a functional mythology, but at the time, I thought that interpretation of this state might constitute a countertransference enactment of her mother's intrusion and impingement.

This way of working can be located in a long and important line of theoretical development. Over the past forty years, significant contributions have served as corrections to what was previously seen—at times accurately, and at times with "straw man" oversimplicity—as the cold paternalism of classical technique. Winnicott (1971), still one of this movement's most articulate spokespersons, captured one of its central aims in explaining his belief that a nurturing, nonimpinging, "good enough" environment is sufficient to effect the shift from a sense of illusory control of the other (object relating) to one of more authentic relatedness, in which the separate reality of the object is acknowledged (object usage). In this way, the analyst helps the patient to find his or her own self.

Winnicott's work has, of course, been elaborated and expanded by others who have emphasized the essential importance of helping the patient to locate hidden or embedded aspects of the self (Kohut 1977, Schwaber 1983). In the problematic extreme, this way of working can be characterized by what Gabbard (1997) critically referred to as a "privileging" of the patient's reality, position, and subjectivity, an idea on which I will elaborate at a later point. Optimally, however, work in this mode can lead to what Wright (1991) referred to as "resurrection of the banished self" (p. 290).

From this point onward, I will use the term *dyadic* to describe this insulated mode of relatedness[1] in which the patient's subjective experience is the overwhelming focus, and in which aspects of reality that do not reflect, confirm, or even amplify that experience tend to be excluded.

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[1] Note that, while the word *dyadic* is used, this way of working and relating can be seen in functional terms as *monadic*. In the case of Ms. A, the "analytic third" (Ogden 1994) consisted of the patient's subjectivity, along with those aspects of mine that mirrored hers, while those aspects of me that did not reflect the patient did not find much of a place.

*The Triadic Mode*

In order to describe a different therapeutic mode—one in which realities relevant to, but outside of, the patient's experience find a more significant place in the treatment exchange—I will return to the case of Ms. A, focusing now on the matter of her husband and his cat.

First, I will describe what I did *not* have in mind when I voiced my associations to her husband's regret. I was not certain that I knew what was on his mind, and so I did not bristle because I was sure Ms. A's interpretation was wrong. I did not feel that I needed to help her acknowledge some positivist truth that I presumed to identify in his unspoken meaning. But what I did believe was that my newly found irritation and impatience were important responses: I now rebelled against her tyrannical attempt to control by excluding the outside realities of others, and of me, from her consciousness and from our dialogue. In hypothesizing aloud about her husband's regret, I meant to say, "You have your view and that is very important. But there are other realities out there, too, and those also matter; indeed, they matter to you."

Such "other realities" or "out-there realities" occupy a place of increasing interest among both proponents and critics of intersubjective theory. Consider some recent contributions. Cavell (1998a), while arguing that modern psychoanalytic theory may problematically overvalue "subjective reality" relative to other aspects of experience, reminded us of the more familiar definition of "objective reality." She pointed out that, while subjective understandings of truth certainly shift, truths themselves hold an "objective" reality that exists independent of our subjective awareness. By way of example, she identified the earth's roundness as an "objective" reality, independent of the various subjectivities with which it has been understood.

Gabbard (1997) noted that "The origin of *objectivity* in the term *object* is overlooked. As defined by the *Oxford English Dictionary* (Brown 1993), 'object' refers to a 'thing external to the thinking mind or subject'" (p. 164). Gabbard's definition is a functional one. "Ob-

jective reality" is not necessarily a positivist, empirically verifiable reality, but a reality outside of a given subjectivity. This definition, I believe, characterizes the status of Ms. A's husband in the exchange described. I did not know his "objective reality" in the positivist sense of the word, but I did recognize that he had an "objective reality" existing outside of her subjectivity—and, for that matter, outside of my own.

Renik (1998) has also weighed in on the matter of objectivity, with a view both functional and pragmatic. An analyst may be irreducibly subjective, he noted, but there is still a place for the objective.

> For me, the answer . . . lies in recognizing that in analysis, as everywhere in life, observations of reality are constructs, formed in relation to specific subjective interests. In other words, objectivity is a pragmatic concept: it refers to objectives as well as to objects. [p. 491]

These and other authors, including many who have promoted and shaped our awareness of the essential importance of subjectivity in the analytic endeavor (Aron 1998; Benjamin 1988; Fonagy 1995; Green 1997; Target and Fonagy 1996), are now interested in trying to find and hold a place for "objective reality" in the increasingly subjective universe of psychoanalytic theory and practice. I wish to support this movement by describing the ways in which awareness of and attention to such "objective realities" are fundamental both to therapeutic action and to maintaining an open and curious mind. Briefly stated, objective realities matter because the analyst must not only help the patient to elaborate and articulate his or her own subjective perspective; the analyst must also help the patient locate that subjective perspective in a context.

To elaborate, I will examine how this observation plays out in both cognitive and object relational terms. Britton (1989) described how the parents' relationship creates a "triangular space" (p. 87) in which thinking can occur. Likewise, Wright (1991) noted that "It is the definitive establishment of this third position within the ex-

perience of the child that guarantees the space for thought and representation . . ." (p. 112). This occurs, he noted, because

> . . . the ability to move in experience and imagination to the position of the third person, who is outside of the structure that is being lived, provides a vast extension of consciousness by making available a position and view that lie beyond our own immediately lived perspective. [p. 235]

Cavell (1998a) was thinking along similar lines when she argued that triangulation is essential to the development of subjectivity and propositional thought. She wrote, "Over time, the child can then correlate the mother's responses to the same object with his own" (p. 458). Gabbard (1997) contributed to this line of thinking, pointing out that "providing a different perspective, that of the subjectivity of the analyst, in contrast to trying simply to locate the patient's perspective, is a critically important aspect of the analyst's functioning" (p. 18). And if one sees analytic goals as focusing, adding purpose, and contextualizing meaning, then Renik's (1998) analytic pragmatism can also be understood as a point of objective perspective. These authors and others (e.g., Hanly 1995) argue that such points of triangulation are necessary if real thinking, reflection, self-awareness, and so on are to occur.[2]

The role played by "objective reality" in my work with Ms. A highlights how such triangulation occurs through recognition of "objective reality," where "objective" is defined as existing outside the realm of a given subjectivity. Ms. A identified with a controlling mother, managing my experience with her tyrannical aggression, all the while

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[2] It is important to note here the rough parallel between dyadic and triadic modes, as the authors have described them, and Target and Fonagy's (1996) description of the process of "mentalization." The authors, in grappling with the child's developing relationship between inner and outer realities, posited two modes of engaging the world. In the "psychic equivalence mode," subjective experience is distorted in order to match information coming from the outside. In the "pretend mode," "the child knows that internal experience may not reflect external reality, but then the internal state is thought to have no relationship to the outside world, and to have no implications for it" (p. 459).

asking me to hold those aspects of her subjectivity that pertained to being the object of that aggression. Eventually, her continuing growth required that she take back what I held, and that she know about what she was doing to me and what had been done to her. To effect this, I had to help her see a reality, related to my experience with her, that she could not previously have owned or held. This was difficult because she used her own unassailable interpretations of the other's meaning to foreclose awareness of subjectivities outside of her own.

Over time, I believe that I was able to show Ms. A what was happening between us. Content-wise, I suggested that her husband's experience might exist outside the parameters of her own subjectivity. Process-wise, I made my point in a way that she could feel, as I bristled against having to hold her experience. I reacted with aggression, or with what Mitchell (1997) might call a "therapeutic outburst" (p. 73). She resisted, but when I survived her counterattack, she eventually accommodated this perspective outside her subjectivity.

Ms. A's recognition of her husband's experience led to a change in the structure of our interaction. She came to recognize realities that had previously existed outside the sphere of her problematically insulated subjectivity. A triangulated space was created, and along with it came the possibility of increased self-reflection.[3] This in turn led to an acknowledgment of the independent, immutable nature of time, and from there to the inevitability of grief.

So far, I have discussed the importance of "objective reality" and triangulation in the development of perspective, propositional thought, insight, self-reflection, and so on. From another angle, the creation of a triangulated space through the introduction or recognition of "objective reality" can be seen as essential to the development of authentic relatedness.

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[3] Relevant here is Aron's (1998) notion of "self reflexivity," a dialectic between the objective and the subjective, which is related to "the mental capacity to move back and forth . . . between a view of the self as subject and a view of the self as object" (p. 5).

As mentioned, I came to realize that Ms. A had not progressed to the degree that I imagined. I saw this clearly in the domain of object relatedness. She had succeeded, I believe, in locating herself, but I do not believe that she had located that self with me in an authentic state of relatedness, in which she could experience both of us as real and present persons. Nevertheless, she worked on this developmental step, as described in the preceding vignette. By releasing me from the clutches of her omnipotent control, having survived the ensuing separation and its attendant fury, Ms. A subsequently found me to be a more real and independent other.

Her progression appears to resemble that referred to by Winnicott (1971) in his notion of "object relating" and "object usage" (p. 88). But I also think that there is an important distinction between what Winnicott described and what occurred between Ms. A and me. Winnicott characterized this process as occurring naturally in an atmosphere of nurturance and nonimpingement. But in my work with Ms. A, the developmental progression was not proceeding naturally within the insulated space we had created, and so she was stuck in a state of illusory control of others. Something had to happen. And, contrary to what Winnicott described, that something was an impingement. A move toward more authentic relatedness ensued when I introduced, with some firmness, an outside reality that she was intent on extruding. The role of my subjectivity in facilitating this progression is supportive of Benjamin's (1988) critique of Winnicott, in which she noted that he underrecognized the role of the mother's subjectivity in the process of moving to authentic relatedness.

In this process, Ms. A's husband could perhaps be seen as a kind of "intermediary object," a functional way station on the path from insulation to expanded awareness of the other's disparate and conflicting subjectivities. This "intermediary object" served as a displaced metaphor for introducing my own experience with her, for in interpreting her husband to her, I was in reality, of course, talking about how controlled and shackled I felt with her.

To summarize my discussion of the "triadic mode," I believe it is terribly important that the analyst not become so immersed in

the now irrefutable "fact" of his or her subjectivity that he or she abandons another "fact." "Objective realities"—here defined as realities that exist to varying degrees outside of the individual subjectivities of analyst and analysand—are also present.[4] This does not mean that the aim of psychoanalysis must always be to singularly seek positivist truths; rather, recognition of and respect for objective realities are necessary for the creation of a triangulated space in which the patient's subjectivity can be located in a real context, leading to the development of capacities to reflect, to hypothesize, to develop genuine understanding, and to include—as part of recovered and owned experience—a sense of one's self in a larger context.

## THE OPTIMAL RELATIONSHIP BETWEEN DYADIC AND TRIADIC MODES

I have described two modes of engagement fundamental to analytic process. One I have called dyadic, in which the twosome of patient and analyst work in a space relatively insulated from "the outside." The other I have called triadic, noting that a point of triangulation is introduced through the recognition of the "objective," or outside realities.

I have also described mechanisms of therapeutic action characteristic of each mode. In the dyadic, the analyst responds with aspects of his or her self that singularly reflect the patient's subjectivity, a mode of attunement uniquely suited to bringing the patient's ex-

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[4] The "fact" of "objective reality" has been explicitly acknowledged by many authors who have articulately argued for the inherently subjective nature of the analytic endeavor. A window onto this ongoing, fascinating discussion is provided by the recent exchange between Cavell (1998b) and Renik (1999). Cavell argued that Renik "wants to jettison objectivity as a claim about how things really, objectively, are, and substitute for it objectivity as it pertains to purposes and goals" (p. 1195). Renik responded, "I do not dispute the assumption that a reality 'out there' exists. What I do dispute is . . . [Cavell's] conception of how she is able to know that reality" (p. 382). Renik believed that, while Cavell claimed to acknowledge her subjectivity, her philosophical position enabled her to negate it.

perience into a place where it can then be seen and known. In the triadic mode, the analyst keeps in mind the patient's need to locate his or her self in a context, and invites the patient to see him- or herself not only from inside the patient's own space, but also from a point outside, through the perspective of others.

Having articulated these modes, I propose the following: The shape of an analytic treatment owes a great deal not only to what happens within each of these modes, but also to what happens in the dialectical interaction between them.[5] I will describe the optimal interrelationship between these modes, as well as the analyst's role in generating, moderating, shifting, and sustaining this interrelationship. I will focus on three factors: the developmental sequence in which the modes appear, the relative exclusivity of one mode from another, and the relationship of these modes to gender.

I will begin, first, with the matter of developmental sequence. In the spirit of Mayes and Spence (1994), I caution against making one-to-one analogies between developmental observation and the clinical endeavor. Even worse would be to make such analogies based on inaccurate developmental data. Yet this error frequently occurs around discussions of dyadic and triadic relatedness. Long-standing psychoanalytic beliefs about development predispose us to consider dyadic relatedness to be an early, normative form of relatedness, later supplanted, again normatively, by triadic relatedness. But current

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[5] The dialectic formed from the interaction of these modes is similar but not identical to that described by Gabbard (1997) when he wrote:

> In other words, although the analytic third is jointly constructed by the two subjectivities of the analyst and analysand, part of the dialectic is one of separateness, so the analyst still has access to a perspective outside the patient (although not outside the intersubjectivity of the dyad). The two poles of separateness and oneness serve to define one another in this arrangement, and the analytic object is the product of this unique co-construction of each analytic pair . . . [p. 21]

Perhaps my difference with Gabbard is a semantic one, but I believe that the analyst does at times access experience outside the intersubjectivity of the dyad. In my opinion, this is a defining feature of the capacity to maintain a sense of separateness while in a relationship.

infant research suggests that the idea of a progression from dyadic to triadic relatedness is likely incorrect, and that triadic relatedness is evident from very early on (Von Klitzing, Simoni, and Burgin 1999). It seems likely that infants develop mental representations of mothers, fathers, and of mothers with fathers as part of their object worlds, from the earliest stages of development (Herzog 1998). In terms of "normative" dyadic relatedness, Von Klitzing et al. (1999) noted that when dyadic relatedness exists alone, it likely represents a regression to "a pull of a symbiotic twosome that is more an illusion than a lived experience" (p. 85).

Second, and very much related to developmental sequence, dyadic and triadic modes of engagement do not exist in pure-state, polarized dichotomies. On the one hand, even in the most extreme state of other-centered attunement, when the analyst often holds and shares the patient's mythologies and fantasies, the analyst ought to have access to critical reflection that is shaped by access to and awareness of realities outside the patient's experience. As Cavell (1998a) wrote, empathy must always be

> . . . the ability, temporarily, to experience the world more or less as another does, not by forgetting the other's vantage point but precisely by having a good sense of it, at the same time as one holds on to one's own perceptions and one's own methodology for testing them . . . [p. 464]

On the other hand, the analyst must never let his or her relationship with realities outside the patient's subjectivity obliterate that subjectivity. Even when operating with relative emphasis on "outside reality," the analyst remains empathically attuned to the patient's experience, while respecting the degree to which his or her subjectivity is involved in the act of knowing.

Third, there is the matter of gender. I am aware that the way in which I have proposed dyadic and triadic modes presents multiple potentially misleading invitations to dichotomous thinking. Perhaps the most seductive of these lies in the domain of gender. We are inclined to associate dyadic relatedness with mother–infant relationships, and triadic relatedness with the entry of the father onto the

scene. But the aforementioned modes should not be parsed rigidly by gender. Again, although dyadic relatedness may find clear analogues in the maternal, and triadic in the paternal, it is also the case that these are as much analogues to our stereotypes of maternal and paternal relating as they are to the reality of them. Men and women are different. But mothers, and women, can function in a "paternal" mode, or in a mode related to the third, just as men can provide a "maternal" function and operate in a dyadic state of relatedness.

In referring to matters of developmental sequence, polarity, and gender, I am describing aspects of the dialectical relationship between dyadic and triadic modes. When modes appear in an overly linear sequence, or in a static polarized arrangement (as was the case in my work with Ms. A), one ought to wonder whether patient, analyst, or both are somehow closed to the full range of experience available to them. Optimally, the interactions between modes are complex and fluid, at times simultaneous and at times sequential. Asymmetrical imbalances occur in alternation, as various anxieties and obstacles are encountered, managed, and so on. These ongoing mini-imbalances combine to form an effective "balancing act," much as a tightrope walker succeeds not by maintaining perfect balance at all times, but rather by achieving steadiness through an ongoing series of calibrated imbalances and slight overcorrections.

This description of an optimal interaction between modes, replete with caveats against resorting to dichotomous, binary thought, brings me to the matter of the analyst's role in all of this. I propose that an important aspect of the analyst's job description is to monitor, and when necessary to alter, the balance of the dialectic. This is not accomplished by conscious choice, in the sense that Alexander (1946) talked about corrective emotional experience. Rather, the analyst acts out of clinically informed, intuitive, and authentic responsiveness. This mechanism, as it occurs in the dyadic mode, was described by Slochower (1996), as follows.

> [The analyst] . . . suspends her own subjectivity when it is discrepant with [the patient's] experience. In this sense, we may view the holding analyst not so much as *struggling* to meet the patient's needs, but instead as temporarily allow-

ing the patient to appropriate her subjectivity. [p. 327, ital-
ics in original]

I agree with this statement, though I would amend it by suggest-
ing that the analyst also needs to access a parallel but different quality
of attunement in the triadic mode, one described in the literature on
infant observation. This mode might be called "disruptive attunement"
(Herzog 1984, pp. 335-343). The analyst responds intuitively and
thoughtfully in this mode, but in ways that disrupt and impinge on
the patient's subjectivity by introducing relevant realities from out-
side that subjectivity. Overall, then, the analyst responds, in differ-
ent moments, from a stance in either mode, assuming asymmetric
but not exclusive responsibility for negotiating and sustaining a fluid
and flexible relationship between insulation and impingement, be-
tween attunement to the subjectivity of the patient, and awareness of
realities outside of, but relevant to, that subjectivity.

## REGRESSION TO DICHOTOMIZED
## AND POLARIZED VIEWS

I have articulated a mechanism for therapeutic action in the pris-
tine laboratory of theoretical discussion. But dialectics are finicky
creatures, and the robustness they display under artificial conditions
often withers when they are pressured by the exigencies of real-life
interaction. They are then inclined to regress to dichotomy and po-
larity.

When I was very young, my mother frequently took me to Bos-
ton's Museum of Science. I was riveted by a particular exhibit: a huge
magnet. Children tried to pass a rod midway between the poles with-
out having it grabbed by either side. It was hard to do, for the mag-
net was extraordinarily powerful, or at least it seemed that way to my
little boy hands. I was fascinated with this magnet. I wanted to find a
midway point, one equally affected by the opposing forces, but it
seemed that there was none. I solved the problem by placing the rod
slightly to one side, where I could hold it steady by opposing the
stronger force of the nearer pole.

Let me playfully propose an interpretation. At the time of my obsession, I was five years old. My father was sick and in fact about to die. I had no brothers or sisters. I was anticipating having to negotiate the upcoming shift in the structure of my life from a triad to a dyad; I sensed that this would be no easy task. Although I had no such conscious notion at the time, perhaps I was playing with the theme of triangles and twosomes.

Allow me now an even more fanciful digression, this time to the world of physics. The laws governing gravitational forces shed interesting light on the matter of two-object and three-object relationships. It is not so hard to describe and predict the gravitational relationship between two objects, but it is all but impossible to predict the outcome of gravitational forces amongst three or more objects; the interrelationships are too complex, the possible influences too difficult to anticipate. However, the problem can be solved in a very interesting way, as follows: Consider the moon and the earth. The moon does not simply revolve around the earth; the gravitational relationship is one of mutual, albeit asymmetrical, influence. But to understand the nature of orbital interaction, we simplify the model, considering only the earth's influence on the moon. In other words, the physicist represents the complexity of dyadic interinfluence much as does a classical analyst—that is, by seeing it as the influence of one object on another.

I offer these associations to call to mind a recurring psychoanalytic (and human) phenomenon: We are inclined to manage complexity by reducing dialectical relationships to oversimplified dichotomies. The history of psychoanalysis is filled with examples. Consider the matters of one- versus two-person psychologies, subjective and objective truth, the Kohut versus Kernberg argument, the mind–body split, oedipal versus preoedipal phenomena, maternal and paternal influences, and so on. Most analysts, when given space to think, consider these to be complex dialectical phenomena, not reducible to either-or taxonomies. We do fine in the laboratory, but fieldwork can be a different story. Most of us, when influenced by the kinds of anxieties that arise in clinical situations (and also in matters of institute politics, training, and other group-related phe-

nomena), wrestle with the inclination to regress. And so we are constantly pulled to simplify relationships that involve complex matters of mutual influence into unrelated and polarized positions.

The recent emphasis on subjectivity aims to protect against such regression by stressing the complexity, mutual influence, and uncertainty of the analytic endeavor. How well does it work? In the sections that follow, I argue that all analytic approaches, from classical to postmodern, are vulnerable to problematic, unexamined analytic certainty. I employ the aforementioned dyadic-triadic dialectic as a lens for examining how this occurs.

## Objective Pitfalls: Extruding the Patient's Subjectivity

What happens when the search for "objective" or positivist truth obliterates respect for the inherently subjective nature of analytic knowing? Because this is the very issue that the current emphasis on subjectivity aims to correct, I will address it here only briefly; much has already been written about deformations that arise from unexamined pursuit of positivist knowing and authoritative knowledge.

I do not believe that the paternalistic authoritarianism that at times characterizes classical approaches is entirely caused by a belief in the existence of a positivist, objective reality. An analyst can believe in objective reality, even at times seek to know it, without developing an arrogant certainty that he or she is regularly able to divine that truth. I would argue that the development of paternalistic positivism is determined more by the structure of the engagement, and not so much by the content of theoretical orientation. Specifically, an authoritarian stance develops when the analyst forms a rigid, impenetrable relationship with aspects of his or her theory and belief system, effectively negating the subjectivity of the patient. Curiosity and respect for the essential separateness of another is then lost, and real listening stops. The structure of this regression can be seen clearly through the model of a dyadic-triadic dialectic. A dyad comprised of the analyst and his or her belief sys-

tem is formed, and it remains impenetrable to the separate, tri-angulating reality of the patient's subjectivity.

Interestingly, we see this regression to the dyadic with alarming frequency outside of the analytic encounter. Prejudice and oppression thrive when the essential subjectivities of one group, including its customs, its religion, and so on, are no longer honored. When this group is thus stripped of the attributes that make it uniquely human, the other group loses empathic contact. This is facilitated when the in-power group has an intense, exclusive (dyadic) relationship with an impassioned ideation. Under such circumstances, aggression is allowed free rein, and attack and annihilation follow.

I believe that the analytic encounter can be subject to the same malignant transformations, albeit in far more subtle ways. In the analytic version of oppression, recognition of the patient's subjectivity is lost, along with the analyst's respect for uncertainty. Unrecognized aggression can then be deployed in the service of fending off anxiety and maintaining hierarchy. At such times, concepts such as projection and projective identification, and tools such as interpretation, no longer serve to advance knowledge, but instead function as a kind of analytic "secret police" in that they are used to fix attributes, minimize threat, and to maintain order.

### Subjective Pitfalls: Facilitating a Solipsistic Psychology?

Does the injection of postmodern theory, with its emphasis on subjectivity, intersubjectivity, and nondichotomous, nonbinary thought, offer a foolproof immunity to the virus of analytic smugness? Again looking through the lens of the dyadic-triadic dialectic, I find that admittedly helpful inoculations of subjectivism nevertheless contain the germs of a different kind of regression.

First, I want to make a distinction between schools of thought within the subjectivist approach. Some theorists (Schwaber 1983; Stolorow and Atwood 1992) direct their lens in a relatively single-minded manner at the patient's subjectivity. Their emphasis is on empathy and attunement; they promote respect for the patient's

experience; and they recognize the uncertainty inherent in endeavoring to know it. They are not, however, inclined to welcome into the analytic endeavor elements apparently outside of the patient's subjectivity, at times explicitly considering these to impinge on the patient's efforts to know his or her experience.

Other theorists within the subjectivist tradition emphasize the intersubjective nature of the analytic engagement. Originally, this approach was aimed at expanding the analytic lens to include the analyst's subjectivity, as well as the relational interaction between analyst and patient, in the domain of examined meaning. More recently, a number of proponents of the intersubjective (Benjamin 1988; Cooper, in press; Hoffman 1996; Renik 1998) have suggested that impinging interaction, or the bringing of the analyst's subjectivity into contact with that of the patient, is essential to mutative analytic process.

The first critique I discuss applies to those who focus exclusively on the patient's subjectivity.[6] What ensues when the patient's subjectivity is overly "privileged" (the term Gabbard [1997] used to describe an imbalance in which the patient's subjectivity is elevated without sufficient regard for the disciplining presence of context and "objective reality")? Consider the following passage: "Reality, as we use the term, refers to something subjective, something felt or sensed, rather than to an external realm of being existing independently of the human subject" (Stolorow and Atwood 1992, pp. 16-21). Let me playfully offer an association to this version of "reality."[7]

> When my love swears that she is made of truth
> I do believe her though I know she lies . . . .
> Therefore I lie with her, and she with me,
> And in our faults by lies we flattered be.
> 　　　　　　　　　—Shakespeare, Sonnet Number 138

[6] Aspects of my criticism are also shared by those who consider impingement to be an essential component of both developmental and clinical processes.

[7] In a letter to the editor of the *International Journal of Psychoanalysis,* Stolorow et al. (1998) protested that it is a distortion of their position to take this quote as indicative of a rejection of "truth, reality, and the external world."

Sometimes we do flatter our patients. And sometimes we are flattered by them. Working at the extremes of a person's experience often means that important, if partial, subjective truths are temporarily highlighted, while other, contradictory truths are excluded. Interfering with the emergence of these truths simply because they are partial ones makes about as much sense as interrupting the early stages of being in love because it is a state of unrealistic idealization.

But fantasies and mythologies, however generative and facilitating, also limit the possibility of achieving authenticity and resilience. Just as lovers must eventually come to terms with each other's transferences, with each other's conflict-engendering subjectivities, and with the exigencies of living together in a real-world context, so must we as analysts help our patients to take truths earned in their encounters with us into real relationships, both with us and in the larger world. We must help them move beyond a state of illusory control, and so learn to experience the separate and real nature of important others. We are in the business of understanding, but we are not in the business of avoiding conflict. To move from Shakespeare to analytic literature: "The analyst's failure to call a spade a spade, . . . out of a well-meaning attempt to be respectful of the patient's alternative psychic reality, is an abrogation of the analyst's responsibility to help the patient face the world . . ." (Grossman 1996, p. 515).

I believe that an examination through the model of dyadic and triadic modes illuminates what occurs when the patient's subjectivity is problematically "overprivileged." Suspension of judgment and perspective is facilitated by the formation of a relatively exclusive dyadic relationship, albeit one different from that formed in the classical mode. Included now in the impenetrable dyadic circle are the subjectivities of analyst and patient, while evicted from

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This seems a valid protest, but I offer the quote in the spirit of Cavell's (1998c) response to Stolorow and Atwood's protest. She suggested that the quote moves in the direction of "the very questionable idea that we might as well give up the concepts of objectivity and truth as something that is independent of what each of us believes to be true" (p. 1222).

the dance is the triangulating, disciplining, and contextualizing potential of other realities deemed "outside" or "objective" (in the sense of Gabbard's [1997] functional definition). With wagons encircled in this seemingly closed and entirely subjective universe, subtle invitations to avoid conflict and to limit curiosity prevail.[8]

### Subjective Pitfalls: Conflict, Difference, and Bodies

As mentioned, a number of theorists have described the mutative effects that ensue when the analyst, operating from a thoughtful, empathic, informed, and non-narcissistic stance, brings his or her subjectivity into contact with that of the patient. As Gabbard (1997) put it, "Providing a different perspective, that of the subjectivity of the analyst, in contrast to trying simply to locate the patient's perspective, is a critically important aspect of the analyst's functioning" (p. 18).

I believe that this intersubjective model effectively addresses problems that derive from "overprivileging" the patient's subjectivity. But does appreciation of analytic intersubjectivity itself really ensure that postmodern analysts will not be subject to the presumptuous positivism for which the classical tradition is so roundly criticized? Not absolutely. I believe that, even in the intersubjective model, there are times when the appeal of subjectivity can seduce one into losing respect for the disciplining and contextualizing role of objective (or outside) realities. And when this occurs, it becomes more likely that a belief will be imposed in a problematically positivist manner. I will illustrate how this can occur by examining postmodern approaches to the body.

Dunn (1995) noted that intersubjective theorists "construe the fundamental operation of mind as based in its striving for relational connection and communication, rather than discharge and gratifica-

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[8] "In an analytic context, there is no such thing as an analysand apart from the relationship with the analyst, and no such thing as an analyst apart from the relationship with the analysand" (Ogden 1994, p. 4).

tion of endogenous instinctual pressures" (p. 724). The value of this emphasis is by and large well appreciated. Still, few advances are without cost. One major critique of relational and intersubjective theory is that the overwhelming emphasis on relational striving and subjective meaning-making leads to the neglect of drive, the body, and biological reality (Green 1997).

A number of relational and intersubjective theorists (Aron 1998, Dimen 1998, Ehrenberg 1992, Gerson 1996, Harris 1998, Knoblauch 1996, Shapiro 1996, Wrye 1998) have aimed to address these critiques by bringing the body back into the forefront. The result has been the articulation of a dialectic composed of, on one hand, the physical realities of the body, and on the other hand, the subjective experience of those realities. Harris (1998), in describing what she called a "body and bodymind" dialectic, wrote, "The body ego is the dialectical engagement of endogenous body experiences with intensely meaningful, charged encounters with a social other" (p. 43). So far, so good. The existence of an outside, objective, bodily reality is recognized, while the inherently subjective, fluid nature of mental process is articulated. A dialectic takes shape—but does that dialectic maintain its useful tension?

I think it often does not. No matter how well analyzed we analysts are, the inclination to avoid conflict is omnipresent. It seems to me that one general drawback with working in an overwhelmingly subjective universe is that, ungrounded by the immutable and the objective, and empowered by the fluid and transformative capacities of the mind, everything and anything can seem negotiable. This extends even to that which is not. Thus, it can be all too easy to avoid conflict by steering attention away from one side of a dialectical tension while overempowering the other. A kind of "subjectivist slippage" occurs, one in which a seemingly robust dialectic deteriorates to an imbalanced polarity.

Detailed examination of relational and intersubjective approaches to the body highlights just how easily such slippage can occur. Postmodern theory, I believe, is inclined to dilute the body side of the aforementioned "body and bodymind" dialectic. At times, the body even seems to be explicitly rejected. Harris (1998) wrote:

> Relational theory can ground itself within the ongoing his-
> tory of Freudian thought by rejecting a reified and simple
> biological base to psychic life and commit itself to a view of
> body states and processes as inseparable from fantasy, inter-
> action and meaning. [p. 43]

I find this willingness to slide the hard reality of the body in-
to the more negotiable reality of the mind and language reminis-
cent of a short story by Vonnegut. In his "Unready to Wear" (1950),
humans, instructed by the brilliant mathematician Dr. Konigswas-
ser, have learned to leave their bodies. For one day a year, they get
back into them for a parade, but the whole affair is really rather
unpleasant. Bodies, after all, have their problems. As the narrator
tells us: "The minute you get in, chemistry takes over—glands mak-
ing you excitable or ready to fight or hungry or mad or affectionate,
or—well, you never know *what's* going to happen next" (p. 261, ital-
ics in original).

There is, of course, a seductive appeal to the negation of bod-
ily realities. For example, Dimen (1998), wrote that "to talk sex is
to do sex" (p. 83). This "zipless" approach to sexuality and eroticism
in the psychoanalytic encounter seems to provide a terrific solution
to an age-old psychoanalytic problem: how to invite the erotic into
the analytic, symbolizing without consummating. On closer examina-
tion, however, equating talking with doing is a neat "bed trick" with
a hidden cost. Talking sex can certainly be an erotic experience,
both during sex and not during sex; but talking and doing are not
the same. To say that they are underrecognizes the visceral, scent-
ed, wet realities of sex and the truly hard realities of aggression,
while emphasizing mentalized meaning and relational striving.

This "slippage" is reflective of an appealing and popular aspect
of postmodern liberalism, exemplified by Scheman's (1993) idea
that "the core modern epistemological problem [is one] of identi-
fying and bridging gaps" (p. 3). Okay, but when does bridging be-
come blurring? I suggest that, by its inclination to confuse blurring
and bridging, and thus to negate difference, this aspect of postmod-
ern philosophy, which has a strong foothold in modern psycho-
analysis, can subtly encourage the facile manipulation of truths that

are, at least to some degree, objective. And this is one of the cornerstones of a process by which the real comes to be replaced by the virtual. If talking really were the same as doing, one could imagine saying with some truth, "I did not have sex with that woman, not even once"—if one did not talk to that person during the act.

I would like to offer one more example of this "subjectivist slippage." Consider Pollack's (1998) popular book, *Real Boys*. Pollack wrote:

> Sheer competition among boys rarely builds character and does little to bring boys closer to one another . . . . When sports are kept in proper perspective—when we see sports primarily as a chance for boys to come together for joyful, spirited, high energy *play*—they can help boys discover new competencies, buttress their feelings of self worth, and reunite them with their authentic voices, enabling them to express the deepest stirrings of emotion in their hearts, widening their circle of connection. [p. 273, italics in original]

Is this what boys are really like? Aren't some aspects of competition and aggression essential to boys' (and, for that matter, girls') development? Would the quidditch game in Rowling's Harry Potter series (1998) be as compelling if it were only an arena to widen circles of connection? Pollack worked from a theory originally aimed at articulating and defining a psychology for women (Chodorow 1989, Jordan 1987, Stiver 1986, Surrey 1984), a need not effectively satisfied by existing schools of psychoanalysis. The contributions of this school have been exceedingly valuable, clinically, theoretically, and politically. But that does not mean that this theory can be turned around and applied wholesale to men and boys. This is yet another kind of blurring, a mirrors trick made possible when relatively immutable difference is negated. If it is not legitimate to apply a theory of male psychology to women, why should it be advisable to apply a psychology of women to men? To my ear, Pollack's passage exemplifies the reality-bending that ensues when meaning is not disciplined by such immutable facts as inherited

gender, when the emphasis is so disproportionately on relational subjectivism that realities of drive, aggression, difference, and body are either excluded or transformed by mind and language.

Pollack's assertions are suggestive of Cooper's (in press) notion of the "return of the positivist repressed" (pp. xii-xiii). An analyst, working in a subjective mode, still somehow manages to transform an inherently subjective understanding into a "bold assertion of truth" (pp. 278-279). In order to illuminate the mechanism by which the "positivist repressed" returns, or by which debatable opinion becomes proclaimed fact, I refer the reader one final time to the dyadic-triadic dialectic. I suggest that proclamations such as "to talk sex is to do sex" and "sheer competition among boys rarely builds character" result yet again from the formation of problematically exclusive dyads. In these cases, the inner circle is comprised of the author and his or her relationship with a theory or belief system. And the excluded, reality-based point of triangulation is the reality of the body or the non-negotiable differences between genders. While of course I do not know the authors' minds, it seems possible to me that recognition of these realities would have served as disciplining reminders. The authors might have experienced uncertainty, and their positions might have taken the shape of more open-minded hypotheses.

## CONCLUSION

In sum, I have pointed out two modes of engagement common to analytic interaction: the dyadic and the triadic. I have shown how therapeutic action derives from processes within each mode, as well as from the dialectic comprised of their interaction. In addition, I have indicated how these modes afford a useful illumination of analytic knowing. As noted, theories promoting attunement and listening in the extreme may be no less vulnerable to regressions from curiosity and open-mindedness, and to proclamations of certainty, than the classical mode they aim to correct. I think that this is a greater problem in subjectivist approaches that focus exclusively on

the patient's experience, but I have tried to demonstrate that it can also arise in intersubjective approaches.

I propose that closed-mindedness, positivist certainty, and proclamation do not so much derive from theory itself; rather, these problematic elements occur when dialectical tension between modes breaks down, and a dyadic arrangement is defensively created and maintained through the extrusion and warding off of a potential point of conflicting triangulation. In the classical mode, the most common example of this might be the extrusion of the patient's subjectivity in favor of the analyst's relationship with theory. While the intersubjective mode certainly does not prevent the possibility of the analyst engaging in a closed relationship with his or her own theory, I suggest that the most common example of a problem in this way of working might occur when realities outside the analytic dyad are negated or overlooked so as not to disrupt intersubjective "insulation."

What solution can be offered? If advances made possible by the invaluable recognition of the subjective nature of knowing are not to devolve into analytic caricature, appreciation of the subjective must be disciplined by a respect for the objective, however defined. In addition, the analyst must recognize and tolerate aggression, the body, conflict, and difference. This is no easy matter. There is often great pressure to deny difference (frequently by denying the existence of objective, non-negotiable realities), and so to avoid the conflict that recognition of difference tends to generate. But conflict and aggression are like water—when suppressed and denied, they are relentless and effective in searching out openings, no matter how tiny. Unlike water, however, when conflict and aggression squeeze through inevitable cracks, they emerge deformed by the effort. Typical deformations include a defensively maintained hierarchy, projection, disavowal, sadomasochistic enactment, and the like. Contrast this with what is possible when difference—and therefore conflict and aggression—are recognized and honored. An appreciation of these realities disciplines and keeps honest that which is learned through the subjectivist approach, rendering it more robust and enduring.

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# AT ONE WITH DEATH: DESTRUCTIVE NARCISSISM

BY STEPHEN RUSH, PH.D.

*In this paper,* narcissism *is considered to be the relation of self with an idealized internal object, and Narcissus's romance with his reflection is taken to be a two-party affair.* Destructiveness, *an inborn capability, is distinguished from* destructive narcissism, *a two-party situation between the self and a sadistic internal figure built on the idealization of power. Too often, only half the narcissistic pair is analyzed. The internal object becomes the persecutor of self, while the sadism of self, projected onto the persecutor, goes unanalyzed. This paper takes up a clinical solution: how the analysis can seize the destructive internal object and resolve it down to its nucleus, the self.*

## INTRODUCTION

Narcissus doting on his beautiful reflection in the water is the image that Freud chose as his icon for self-absorption or the deployment of infantile narcissistic libido. But *doting*, being in love, would usually be thought of as an object relation between a lover and a beloved. Narcissus's doting might well have been infantile, like many erotic transferences, recreating a relation between a beautiful, doting mother and a beautiful, worshipful baby boy. Surely, many a romantic passion has been a disguise for a yearning for the breast. The point here is that it was a two-party affair, an internal object relation being projected onto the reflection, until Narcissus became a flower.

The word *narcissism,* in its use on the street, has continued to mean self-absorption with no room for a second party. That is to say, the ghost of Freud's primary narcissism still lingers about the word. On the other hand, evidence from infant research seems to be persuasive that it is the nature of the mind to be object related, and that life starts out that way, with the newborn turning to seek the voice it heard in utero. From the beginning, the mind seems to be ever in search of objects: for faces in the clouds, in the seeking for beings who might determine one's fate, by the anthropomorphizing of stones and hurricanes, and even of pain and affliction, as I will discuss.

The ambiguity of the word *narcissism* is increased by the awareness of an internal world of the mind, in which relationships are created with internalized objects. This relation of self with an internal world of objects is sometimes taken as self-absorption. This is valid in the sense that the focus is internal, but the object of desire or of fear is not the self, but rather the images of others created in the world of the mind. This sort of internal relation is usually more attractive when it is an identification with an object regarded as omnipotent. The classic example is a baby's delusion that its all-powerful, all-knowing mother is an agency of itself. It is as if a phase of the self has become at one with power, is the caregiver; and, therefore, the conscious self need not suffer its true helplessness.

Consequent developments later in life commonly appear as aristocratic attitudes of mind, with an aloofness from reality, and often with psychosomatic symptoms. If the illusion persists, the conflict with reality is recognized to be a very troublesome problem. This has been recognized, with varying slants, by Freud (1914), Kernberg (1992), Kohut (1971), Rosenfeld (1987), and others. Schreber's relationship with God (Freud 1911) is an exaggerated example.

I understand the definition of narcissism to be a relation of self with an internalized object that is usually idealized and felt as omnipotent. This paper will explore the formation of internalized objects—both supportive and destructive ones—and narcissism as an object relation, and will also examine the way these formations can be modified and resolved toward their nucleus, the self.

# DESTRUCTIVE NARCISSISM

Destructiveness as an innate capability is distinct from destructive narcissism, which involves the creation of a destructive internal object felt to be omnipotent. Destructiveness is apparently a universal capability; ongoing evidence in the military and political news of the world shows how readily masses of people can be recruited to enact extremes of destructiveness. Yet it is a quality of mind that many people, including many analysts, prefer to set aside from consideration.

Destructive narcissism, by contrast, is a two-party scenario: it involves the creation of an internal object that mimics the infliction of dread and pain. It is aptly expressed in the words of the mad colonel in the movie *Apocalypse Now* (1979). The colonel cries out, "It's the horror! If you don't make the horror your friend, it will surely be your enemy!" Filled with terror and revulsion at the cruelties of war, he "rises above" his suffering by becoming one with the horror. He then shares in the power to bring about pain, terror, and death. The sentient but powerless person—himself—is abandoned and finally murdered. A deadly figure has been created.[1] The formation of this sort of figure, through identification of a phase of the self with destruction, is a subject I will elaborate further.

I see the colonel's identification with death and destruction as a most primitive move, not born of envy or of object love, but an emergency measure in the face of a primal disaster. Continuous horror often leads to the disruption of the organization of the self, as well as a breakdown of faith in the security that comes from the lifelong union with a primary (mother) object. As occurred in the case of the colonel, while the trustworthiness of goodness fails under the pressure of pain, at the moment of disruption of integrity and security, as all other handholds vanish, then the thing that is destroying the self is taken as an object with which the self identifies and which the self

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[1] Many of us remember that a small number of Vietnam veterans went the way of the mad colonel and behaved in a murderous fashion on their return home. Another small number went the way of Ms. L, a self-destructive patient I will describe later; they became at one with the horror of their experiences.

idealizes. The worshipping-child self now turns its adoration toward the object that terrorizes it.

Patricia Hearst, held prisoner in the closet of the Symbionese Liberation Army, comes to mind. In terror for her life, she became one of the gang, participated in bank robberies, and served as the gang's spokesperson. In just such a way, the psyche may seize death, which is like a ravening beast at its throat, and make it its own, a part of the self. It can then act as the champion and perpetrator of destructiveness.

In destructive narcissism, in the absence of a protecting, sensuous mother, the second best, the most vital force around, appears to be that which is inflicting the distress of the emergency. There is an alliance and identification with the "horror" and with death (in cases such as the colonel's), with the painfully sensuous, harmful object, rather than with an endurance of that object as an enemy. In such a fantasy, the animating puppeteer is the self, who mimics the all-powerfulness of destruction; the self is also the individual who is, at the same time, being destroyed.

The creation of a narcissistic destructive object can occur in circumstances in which brutal forces constitute the overwhelming power in a child's experience, and sometimes when this occurs in an adult's experience. The destructiveness may come from a person, an illness, a circumstance, or an accident, to give a few examples. The power of the destructiveness becomes idealized and re-created. The destroyer is then an internal object, inspired by a feeling of near-death. This "feeling object" fills the mind with awe of one's own executioner, internal or external.[2]

As a mass phenomenon, a similar identification with threatening power by an aspect of the self occurs as an idealization and identification with the ruthless power of a central government that potentially threatens all citizens, under tyrannical regimes such as the Third Reich.

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[2] Anna Freud (1936) discussed identification with an external aggressor. However, I am here discussing a different phenomenon, an intrapsychic personification of a physical state, such as pain or dread.

*The Death Instinct*

A psychoanalyst can hardly reflect about destructiveness without thinking about Freud's theory of the death instinct. Nowadays, a diminished reliance on energy-based theories has almost put the death instinct out of business. Yet there remains in many analysts an attachment to Freud's (1920) theoretical leap in "Beyond the Pleasure Principle," which finally brought destructiveness into the psychoanalytic picture of the human psyche.

There is something attractive about the theory. Beyond the metapsychology of the death instinct, Freud offered the proposition that mankind's mortality, the tendency of life to yield to gravity and come to a stop, reverberates in the psyche, producing movement toward disintegration and against the current of life. This is a psychoanalytic equivalent of the second law of thermodynamics, that the universe is proceeding inexorably toward an increase in entropy. These intimations of mortality are, then, the spark to ignite mankind's destructiveness.

Another attractive aspect of Freud's idea is that evil can be acknowledged and explained. Mankind's cruelty can be faced as the consequence of mankind's tragedy, and paid for in advance. This viewpoint is more palatable than the repugnant alternative: evil unexplained, an innate inclination to be destructive. There is something stark and guilt-provoking in the thought that sadism and destructiveness lurk in all of us, with no deus ex machina to explain them, and that we have to learn to combat them by love for our objects.

The imminence of death is often experienced, either unconsciously known or consciously felt. For example, medieval monks frequently ended their personal correspondence with *timor mortis turbat me* ("the fear of death disturbs me"), and sometimes wrote the equivalent of "I have my murderer inside me."[3] There are intimations of mortality in sensations of suffocation, starvation, unbearable pain,

[3] Personal communication from a monk at the Mission of San Juan Capistrano, California, in 1970.

and weakness; the imminence of death is felt. Not only infants, but most adults recognize such moments. When the feeling is over-powering, destructive narcissism may be the response. The alarming sensations then become the enemy: not just the person or thing in-flicting harm, but the physical and mental state itself. With the childhood tendency to anthropomorphize, the attacking sensations of pain and fear are given an intentional quality and seem to have a personality that is cruel; the stomachache and the suffocation are attackers.

Tustin (1981) wrote of "sensation objects," by which she referred to benign sensations, such as the swallowing of milk, being experi-enced as "mother." What I am describing is on the harsher side of infant experience; they similarly anthropomorphize sensation, and more especially feelings. Feelings of mortality are not benign, Tus-tin continued, but are experienced as though they are a murder-ous enemy inside. The sensations of dying, which may accompany smothering or pain, are the enemy. The deadly sensations that sig-nal death become the dominating presence that fills the mental space.

Narcissistically, the powerful figure, the feeling-object that is imaginatively formed out of pain, becomes idealized, and through the process of identification, can become the most destructive in-ternal object. The newly joined internal object can now inflict at-tacks on integration and life itself, attacking oneself and others, and through projection creating a paranoid world. From that picture of destructive narcissism comes my title, "At One with Death": the self becomes at one with its executioner, or rather, with its execution.

*Clinical Challenges*

The expression of destructive behavior can be a product of nar-cissism, but in the consulting room, one is most likely to meet a harsh internal object that is not a public menace. Rather, this inter-nal object barrages the self, bringing on various troubles such as de-pression, obsessive-compulsive behavior, panic, post-traumatic repe-tition, and suicidality. Here is the familiar persecutor, occurring in the relation between a destructive internal object and the self.

I am especially concerned with those cases in which an impediment to treatment develops in an analysis because of a focus on only half the narcissistic pair within the personality. This narrow focus occurs all too often, especially when the self is the victim, being attacked by a destructive internal object. The self becomes depressed, is undone by perverse seductions, is battered by traumatic dreams, and feels ready to die; but this is the conscious self, the one who can speak out in the consulting room.

Even the splendid accounts by writers like Meltzer (1992) and Rosenfeld (1987), describing the behavior of the destructive internal object, tell the story from the victim's point of view. The element of *self* behind the destructiveness often eludes perception. The victim is usually the one who gets the analysis; it is our method, after all, to attend to the thoughts that come to mind and are spoken. But the unthought sadism of the persecutor is readily disowned and not thought about in the first person. I will focus here on this dangerous other party, a second phase of self. At the same time, let us keep in mind that at the center of the pain lies a suffering child-self, which is to be suppressed by joining forces with destructiveness. The pain is denied, or perhaps projected onto the victim, as in cases like the mad colonel in *Apocalypse Now*. Remorse and sorrow at a life so spent are possible sequelae.

How can this constellation be altered and the turmoil relieved? Freud offered clues to answering this question.

### Freud's Concept of the Superego

> The intention [of psychoanalysis] is to strengthen the ego and make it more independent of the superego, widen its field of perception, and enlarge its organization, so that it can appropriate fresh portions of the id. *Where id was, there ego shall be.* [Freud 1933, p. 80, italics added]

When Freud wrote the above, he opened a way out of the concept of the restrictive, punishing relation with the superego that he had first described. In that last sentence, he acknowledged that the

structures which he had named superego, id, and ego were not solid; their boundaries could be dissolved. In fact, "The superego merges into the id" (Freud 1933, p. 79). He had already described the ego as being built out of the id, and the superego as made of the stuff of both of them. He described the need to modify the savagery of the superego: ". . . it is supermoral and then becomes as cruel as only the id can be" (1923, p. 546). Furthermore, he noted that ". . . the superego can become a kind of gathering place for the death instincts" (p. 546). Freud evidently felt that the destructive superego can and should likewise be transformed so that "there ego shall be."

I learned through personal communications with members of the second generation of Freudian analysts and their children (Lewy 1962) that these people had tried to bring up their own offspring in a manner in which the children would not suffer the affliction of even *having* a superego. Their goal was to extrapolate from Freud's dictum about the id to arrive at the following: "Where superego was, there ego shall be." Unhappily, at that time, they were not able to bring about enough progress in the theory of ego development to reach a balanced outcome.

From today's vantage point, it is possible to change the destructive internal object and leave in its place only the self. There are significant implications for the treatment of serious psychopathology in Freud's dictum "there ego shall be." We can now recognize that the superego, too, is an internal object; that internal objects are created in the realm of fantasy; and that fantasies can be changed.

The concept of *superego* has broadened as our recognition of the number and complexity of internal objects has grown. When today's analysts use the term, it has a meaning beyond that of internalized oedipal parents. But one of Freud's (1917) basic premises—that internal objects are formed through identifications with significant figures and enlivened by our own passions—remains as a model that I would follow. Freud recognized that this phenomenon could become a source of great pain, as the ego savages the newly created other or vice versa. He did not develop all its implications, probably because of his Galilean-Cartesian-Newtonian view of science,

which embraces structure—even though he was a master at the study of dreams and fantasies.

At any rate, he was developing an understanding of internal objects (parts of the split ego) that could be at war with one another. It fell to later authors, such as Rosenfeld (1987), to describe the intricacies of destructive perversity, the way the narcissistic self seeks to invade other personalities, and related themes.

### Mastery of Trauma

Repetition compulsion (Freud 1920) is often observed in the aftermath of trauma. The perspective described in this paper suggests a twist on Freud's idea that repetition is a way of striving to master trauma. Freud's conception of mastery was the ability to better tolerate the trauma; that view focuses on strengthening the victim in suffering repetition of the trauma. But in my imagery of destructive narcissism, mastering the trauma has a different meaning: It means literally *becoming* its master, not its victim—i.e., the aggressor-self is able to wield and inflict the trauma and so be its master. And who would be the target of the traumatic assault? The same victim as in the first place: the unready, uncomprehending self.

Looking at the repetition from this viewpoint, we find the perpetrator to be invisible, as in other models of destructive narcissism that entail attacks on the self. The destructive internal object-self—i.e., the doppelgänger, who has become the master of the trauma—wields and inflicts that trauma from the shadows of the unconscious, being one with another great power. In a case to be described later in this paper, that of Mr. M, the victim of near death in a violent accident is present, and so is the internal object that personifies the flood of feelings at the brink of death.

### Self on Self

Generally, internal objects are experienced as not-self, separated from the conscious self. However, it is self-evident that within

any individual, only one complex mind exists, and that the single person therein takes several roles. The ventriloquist who animates the internal objects must be some aspect of oneself, no matter how alien and how inimical the behavior may appear, or how much the self attempts to resemble an external figure. Internal objects are often treated as though they are somehow being influenced by external objects, or indeed, as though they *are* external objects.

In the final analysis, an internal object is a figure created by the self, composed of the self and animated by the self, although behaving like others. Each internal object is created by an identification of the kind that Freud described in 1917: The self is *impersonating* an external object or an imaginary object. Freud, thinking quantitatively, noted that a portion of the ego is set aside for this job, thus depleting the ego. But the point is that the internal object *is* the self, acting like Mom or Dad or whoever, embellished with one's own loves and hates. In "Mourning and Melancholia" (Freud 1917), a display of cruelty to the internalized object was described, although the impersonation was obviously not of a violent person, but of one whose main offense was having the bad faith to be dead. One's own sadism, expressed by the self-in-disguise-as-other, is disowned, relegated to this object, which then rides free, hidden in the badlands of the unconscious.

Although there are at least two parties to this affair—two phases of self—in the consulting room, one usually meets only one, the victim. It is the victimized side that the patient generally knows consciously and presents for analysis, and that is the side that usually gets analyzed. The motives of the victim are explored: guilt? a desire for punishment? Such explorations are of some help, but only if they free the self to take a stand against the persecutor and question its authority. It also comes to pass that learning to be kind to one's reality objects helps to sweeten the internal world by strengthening its positive objects. But these measures neglect the active member of the combination, the aggressor-self. If these therapeutic efforts fail to get inside the destructive object to find the nucleus of self-will, the gain will never be secure.

If we take Freud's dictum of "let ego be" to its limit, it should be possible to understand the fantasy of impersonation that creates a harsh internal object, to penetrate it, to put an end to the impersonation, and to leave only the self, a thoughtful human being who can observe the self's own ethic instead of the dictates of an internally created object.

## Destructive and Self-Destructive Patients

We do not ordinarily encounter patients with conscious and frankly ego-syntonic destructiveness. The extreme cases are rare and chilling enough to be of interest to the news media, as with serial killers, for instance. Their biographies often reveal extremes of horror in childhood and infancy. But they have made that horror their friend!  Such violent individuals are not commonly in treatment, but they present a difficult challenge to psychoanalytic thinking, and sometimes to clinical work. This is partly because such individuals seem to have embraced a destructive element of personality that is puzzling, repugnant, and frightening to most people, including even psychoanalysts, while it is ego-syntonic for themselves.

Conversely, let me turn to a situation familiar in almost every consulting room: patients in whom destructiveness is aimed at the self. To keep the lineup clearly in view, I will refer to the destructive internal figure as an internal *self,* an *objectified self* (not to be confused with Kohut's [1971] quite different concept of self-object). In such cases, the destructive qualities of self are disowned and evicted, riding unseen, outlaws in the badlands of the unconscious. Unlike the self in frankly destructive individuals, the conscious self in these persons has disavowed its cruel qualities, but must then submit to the cruelty of the internal rider, who has taken the conscious self as its target and has become a dangerous persecutor within the personality, destroying self-esteem, producing depression, and even cutting throats. One readily loses sight of the knowledge that the aggressor is the self—a doppelgänger of the self, smacking its lips with gusto, as it enjoys the sadism inflicted on the conscious self.

But how cunning, deadly accurate in its aim at vulnerabilities, and how sly, ruthless, and relentless this self can be! No one else could know as much as the self in this alternate aspect. It *is* the self, a simultaneous personality splitting the ego, a double of oneself. Yet we are certain, as our conscious selves, that *we* could never be like that, and as analysts, we are inclined to help insulate such a sadistic element as though it were unrelated to anybody's self. It is permitted to remain as though it were an intruding alien, and this is usually agreeable to the patient.

The psychoanalytic literature includes some dazzling accounts of destructive engagements in the internal world, most notably in the work of Rosenfeld (1987). These descriptions delineate the intrigue, seduction, and corruption inflicted upon the dependent child-parts of the personality. In these insightful examinations of this phenomenon, the splitting of the ego—in Freud's meaning of the term—has been established. We are then dealing with an interaction, as if between two or more individuals. Nevertheless, in the accounts of clinical cases, including those of Rosenfeld and others, the sadistic self does not get billing as a player on the home team, but is treated as other, alien to the self, an intruding, marauding bully.

In addition to my exploration of the construction of destructive objects and self-targeted destruction, I will address the parallel, as I see it, of post-traumatic stress disorders, in which the past trauma is reinflicted on the self by the internalized aggressor. This was the case with Mr. M, whom I will describe at a later point.

*Links to Obsessive-Compulsive Disorder and Panic Attacks*

The two-party drama is patently clear in some cases of obsessive compulsion. For instance, in a 30-year-old man, Mr. J, the internal command to pick up scraps of paper from the gutter and read them had the flavor of the voice of a ringmaster who makes animals jump through hoops. Always, there was the threat of harm to the hostage—in this case, Mr. J's cherished sister. If he failed to have his toes pointing eastward, for instance, while he changed the pronouns in a negative thought to the first person so as to deflect danger

away from her and onto himself, she would be in grave peril. So he had been warned. And, as is usually the case, Mr. J did not dare to challenge the ringmaster's authority. Although he had tried to do so, a week was the longest period he had been able to maintain such defiance. What if it were all true? His sister's life was dear to him. Mr. J had not yet been able to get inside the persecuting object to face his own sadism, with which a doppelgänger of his self was running over both him and his sister.

In cases of obsessional thinking, the tormenting thought or image is placed before the eyes of the victim by the persecutor-self. The two-party relation to which I refer may also underlie panic attacks, and thus has further clinical applications. Panic attacks sometimes occur at moments when the self discovers it is face-to-face with a persecutor and has nowhere to turn for safety. The loss of a protective object in the external world, often the death of a parent, may produce the experience of an internal world barren of loving figures, leaving the self at the mercy of the persecuting object-self. The persecutor is frequently vengeful in this circumstance, and the self fears not only harm, but something worse: being thrown away forever. This is even more the case when the loss has been of an object loved ambivalently and therefore guiltily.

## CLINICAL VIGNETTE 1: MS. L

Ms. L's case is particularly informative because, for her, the organ of consciousness was passed back and forth between victim and destroyer. A 40-year-old woman suffering from a lifelong suicidal depression, she had been in treatment for about a year at the time of the session I will describe. She had made no active suicidal attempts during this period, but had spoken of suicide once or twice. On this particular day, she said in a cold-blooded tone, "I can no longer tolerate being in the same skin with something so loathsome as myself. So I am going to put an end to it."

I attempted to formulate what lay behind this information. It appeared to me that the killer was able to speak to me, but the vic-

tim was speechless, the reverse of the usual split. The victim was despised and discarded because she was already dying and beyond help.

I told the patient that if the victim were able to express anything, it would probably be pain and terror, and that if she were able to have a voice, it would probably be screaming into space, while I was felt to be deaf to it and uninterested. I said I thought she had abandoned the victim, not wanting to be part of something that was dying. Since she could not believe that anyone who could help was interested, she had tried to join up with the most powerful thing in sight: that which was killing her. Indeed, she was behaving as though she believed that the way to avoid dying was to become one with overwhelming, immortal death, the killer, while the victim was abandoned to perish. The victim was being revealed—not directly, but by her showing me the deadly assault that was going on against her life. One could certainly feel how badly she needed an ally.

Ms. L seemed uncertain: "Do you mean it?" Then she spoke in a different voice, sobbing, "I am bleeding. I am all open wounds, all scabby and gaping. I have been this way all my life." There was relief, of course, at hearing that the gravely damaged person could emerge from the shadow of death and be brought to mind while another receptive mind was present to know about it.

## Discussion

In the case of Ms. L, the organ of consciousness was in the possession of the destructive object. The doppelgänger was alive as a destructive object and was being illuminated by consciousness, so that it was experienced, with all its destructive intent, as the conscious self. The victim was dimmed out, cast aside, a target of aggression. All the force of life lay in the destructive self, with the intent of harming the other.

Then, at my intrusion, consciousness changed hands. The erstwhile inert victim now came to the foreground and could speak

for herself. As the vignette illustrates, at the beginning, there was no recognition of the victim as self. The patient had become other, not self. Consciousness had been withdrawn from the personality that would normally have been the conscious self. She had the pain, but she was not suffering it; her center of consciousness was elsewhere. Then the reverse became true as she switched from one self to the other.

## *The Organ of Consciousness*

In a completed psychoanalysis—that is, in cases that *are* completed—both self and the doppelgänger come to be known together, and the pathological system is dissolved. The self then stands alone, free of the fantasies that were enacted with such grave effect. The analysis of Ms. L later reached that status.

Although, as mentioned, it is commonly the victim who shows up in the consulting room, one does encounter patients like Ms. L, in which the other internal object-self, the attacker, is the one who possesses consciousness at the outset. I came across a dramatic example on the lawn of a veterans' hospital at twilight one evening. A man standing there seized himself by the shoulders, and with a lurch and a little jump, he seemed to hurl himself two or three feet away, shouting, "Get out of here! You are nothing! You're nothing but a nothing!"—and hurled himself again; and again he repeated his shout.

In a two-and-a-half-year-old girl, I had a glimpse of another, more benign example; I watched an internal object in the making. This child was waiting for her mother to finish chatting with another woman on a street corner. The little girl extended her foot from the edge of the sidewalk, out toward the roadway. She then spoke in a kindly, maternal tone, saying "No, no!" and retracted her foot. Then the other foot went out, followed by "No, no!" Clearly, a mimicry of a kindly but firm mother was taking place, a type of impersonation that marked the making of a positive internal object, a kind of superego not born of oedipal conflict.

# CLINICAL VIGNETTE 2: MR. M

As mentioned earlier, the mind seems to search for objects, faces in a cereal bowl and in the grain pattern of wood, beings who determine the events of one's destiny or who inflict pain as tormentors. In this vignette, I will depict internal object formation as an *impersonation* or as an *identification* with some external or internal thing or being. The split-off aspect of self that works as an internal object behaves as other, not self, though animated by the self.

Mr. M was a 21-year-old man who came to my office a few days after surviving the crash of an airliner. He had not turned into a destructive person, but the process of identification with power is illustrated in his personification of the trauma and of the feeling of imminent death, as well as the forming of an internal object-self. The product was an aspect of self, impersonating the fury of a nonhuman object, the crash, which was then repetitiously inflicted on the self.

At our first meeting, Mr. M told me about his dreams, from which he awakened nightly in terror. In each of them, he experienced the crash again, in great detail. The plane had crashed on takeoff, falling back onto the runway, gliding off an embankment, and tumbling down to water below. There were injuries and deaths among his fellow passengers. Mr. M had expected to die.

Due to the timing of our first session—shortly before he was scheduled to return to school in a Midwestern state—I would be able to see him only eight times, on consecutive days. Such conditions of treatment made the outcome seem very doubtful. At the moment, getting back to college was impossible for Mr. M because he could not face the terror of being on a plane, nor indeed of being in any moving vehicle. At best, he could walk to my office from a nearby hotel.

Mr. M reported five dreams, one a day from the second meeting on, and there seemed to be a continuity of theme from one to the next.

*Dream 1*

> Mr. M is driving around in a car with his fraternity brothers. He wants to find a gas station to refuel the car. He gets directions to a small restaurant, which also has a gasoline pump; they find it next to a small airport. They stop at the restaurant for lunch. Sitting down to their meal, they hear screaming and shots fired outside the restaurant. Peeping out through the window, they see a small airplane from which a bandit has emerged. He is cold-bloodedly shooting into the crowd, and there are casualties. The proprietor pulls down the blinds in the restaurant, but the bandit has already spotted Mr. M and his friends, and now comes in to start shooting at Mr. M, whose companions flee. Mr. M, facing the bandit alone, picks up his dinner plate as a shield and wards off bullets. Both laugh. The bandit continues to smile. He knows that Mr. M will grow tired, while he himself will not run out of bullets or patience; sooner or later, Mr. M will be unable to ward off the deadly barrage.

The patient's associations before narrating the dream were as follows:

> I feel as though the crash was a capricious act of violence against me, as if the crash itself had bad intentions . . . ill will, mercilessness.

After relating the dream, Mr. M voiced associations to various forces, including Hurricane Andrew, which he visualized as looking like a personification of the north wind, with his cheeks puffed out, blowing down buildings. The patient also thought of Pele, Hawaiian goddess of volcanoes. He mentioned that the bandit had a little goatee, similar to his own.

It became clear that the bandit, the killer from an aircraft who massacred the crowd, represented the personification of a non-human object: the crash, with its reverberations in the patient's psyche. This event had likewise mercilessly injured and killed "members of the crowd," amid their screams. The crash brought into view

the inexorableness of death, also personified by the bandit, who would prevail in the end even if warded off for a while. The dream also illustrated how the mind tends to give a personality to inanimate forces.

Mr. M's companions fled: The supportive network of internal objects failed him during the life-threatening disaster of the crash. There was nothing left to bolster him against the terror of dying. The usually reliable and nurturing background mother (breast/ restaurant) offered no protection. An internal father's attempt to protect him by concealing the situation from sight (pulling down the blinds) was of no avail. The only powerful presence remaining was the feeling of the disaster itself.

The bandit expressed emotional attitudes emanating from the repertoire of the dreamer. He smiled patiently, and Mr. M experienced the bandit's thoughts and viewed himself from the bandit's point of view. By creating a destructive internal object, the patient had made a part of himself a smirking villain, and a two-party affair commenced. He had become one with the crash, as well as its victim. He sought to be at one with the harsh feeling-object formed from the infliction of death and fear. The internal object that he had constructed was given the attribute of sly, amused sadism. All other objects had fled. The mutual laugh occurred as the patient and the bandit saw eye-to-eye; an identification took place as Mr. M shared the joke on himself and his futile defense against it. He was now sharing death's point of view.

*Dream 2*

> In a tropical jungle, Mr. M faces a cobra, which raises its hood at him. A guide cuts down the cobra with a machete, but it rises again, striking Mr. M in the face, where it stays with its fangs embedded. The patient pulls desperately at it, but it has become part of him. If he were to succeed in pulling it off his face and throat, he would damage himself.

The patient's associations were as follows:

I have been so ornery lately—I have never been so bellig-erent. This experience is bringing out the worst side of me. I bite people's heads off. I came down very hard on my parents when they called with consolation and croco-dile tears.

The guide in the dream had on a turtle-necked shirt, like yours, only black. His machete didn't stop the snake.

In this dream, a second symbolic killer, the cobra, struck and be-came part of the patient's face and throat: one-ness with a feeling-object. But instead of the nipple becoming part of the mouth, the killer phallus has replaced the nipple, becoming part of the mouth. There is one-ness with the deadly thing, a feeling-object represen-ting the destruction of Mr. M himself. The guide and the analyst failed to help him; again, he cannot count on his positive objects. So far, the overpowering force of the trauma has prevailed. The in-fantile reference to a phallic attacker echoed primitive uncon-scious fantasies. The patient faced death unaided, and so teamed up with it. He pulled at the cobra; he was trying to separate himself from one-ness with the deadly object, but feared losing part of him-self. The collusive laughter of the first dream was not present in this one, however.

As we discussed this dream, Mr. M idly folded a paper airplane. He sailed it along the office coffee table, so that it glided over the surface and off the end, tumbling to the floor. I commented that he had taken the role of destiny by creating a plane crash. He said he had not been conscious of it, but that he had made the airplane behave exactly like the one in which he had crashed.

This crash of the paper airplane repeated the trauma, just as had occurred in dreams and flashbacks. The patient himself engi-neered the accident.

*Dream 3*

Mr. M is lost in a great, dark forest. He is searching for a person to be his friend. He vows that if he finds someone, he will then try to find another friend for this friend.

As the patient associated to the dream, I noted that he was maintaining eye contact with me for the first time. He said amiably:

> Well, I am really glad to be in a safe place. I feel more able to cope, thanks to you. I haven't wanted to talk to anybody until this morning, been so preoccupied. Today I chatted up the concierge at the hotel.

I concluded that, in this dream, being lost and searching for friends in a dark forest, Mr. M was observing himself in the process of establishing me as an object in his internal world. He was able to include me in a positive feeling. He brought into sight the emptiness of his internal world and his desire to replenish it. In his earlier alliances with the airplane crash and with death, he had abandoned his good objects, or had felt that they abandoned him, and had given up the object-seeking part of himself. The dream found this object-seeking self, lost in the dark regions of the mind (the forest), seeking reintegration by gathering the abandoned internal objects back together again. This was the self that was abandoned when Mr. M made a friend of the horror he experienced. It now ventured out in personal connection with the therapist, and the patient's previous, well-developed gregariousness began to re-emerge.

*Dream 4*

> A man and a woman are throwing rattlesnakes at one another, and both are bitten. The people survive, amazingly. Mr. M then finds himself back on the airplane that crashed, facing a rattlesnake.

In associating to the dream, Mr. M marveled that he had not been hurt in the real crash. For the first time, he began to feel afraid about how close he had come to being killed. No longer at one with death, he was able to recognize a fear of death, as he now faced it: a rattlesnake. The transference was evolving. Infantile sex-

ual imagery of a perverse primal scene emerged as one trauma was represented by another.

## Dream 5

> Mr. M is again wandering in the forest, this time looking for a cake. It has grown dark, and he is lost; he decides to stop and sleep. He makes a sleeping bag out of bark that he takes from trees, and climbs inside it. In the morning, he is awakened by his family, who have found him and now surround him, laughing affectionately, teasing him about his sleeping bag made of bark.

The patient's associations to the dream centered around his feeling that he was "getting out of the woods." He had thoughts of homesickness, and found himself "itching to get together with everybody."

## Discussion

By the time of the fifth dream described above, Mr. M had allowed me to become a nurturing person for him. Searching for a cake in the forest, he was aware of being "in the woods," the dark region of his mind. Again, the loving aspect of himself appeared, which had been abandoned since the crash. In this dream, his attention was on the lost self and its search for a reunion with the benign feeling-object, the sweet and filling presence of mother (breast, cake) which had been transiently replaced by the cobra at the mouth. In crawling into a sleeping bag made of bark,[4] Mr. M showed

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[4] The bark brought up Mr. M's history of infantile atopic eczema, in that being wrapped in bark is analogous to being wrapped in crusty, eczematous skin. The patient had suffered his most recent episode of this condition when he left his parents' home for the first time to attend college in the Midwest. Since the sensual organ of contact is the skin, Mr. M's disturbances of contact were expressed via the skin. If the present crisis had occurred at a time when he did not have access to the tools of psychoanalysis for bringing such an experience to his mind, perhaps he might have somatized it in his skin. The loss of good objects, whether through physically leaving home or through becoming at one with trauma, is seen to agitate the organ of contact.

how the skin, as the organ of bodily contact with an object, can be a feeling-object that creates a helpful illusion—for example, that mother is part of the physical self, or that she is absent and causing pain where pleasure was. The patient was then found and awakened by his family, a representation of his finding his "old self" and re-awakening to the loving connection with his good internal objects.

By the end of this session (our eighth), Mr. M's nightmares had ceased, and he was able to board a plane for the Midwest. I was very impressed by the speed of his response to analysis. I have heard from him a couple of times since then, and he reports no difficulty. It seems that the restoration of an ability to maintain loving and constructive objects played a large part in his recovery. After his first session with me, the nightmares reenacting the plane crash were replaced by other nightmares in which the crash was represented as a willful, living thing. These dreams reflected the same material as did his work in therapy, in which the creation of an internal object, personifying the crash and his trauma, was often the subject. The installation of me, his therapist, as a helpful object was useful in breaking the grip of his negative identification.

Mr. M differed from Ms. L in that he was relatively intact psychologically before the crash. I believe this fact enabled him to withdraw from his destructive identification, to stop inflicting the trauma once he understood its mechanics, and to restore his internal world with relative speed. In contrast, Ms. L's psychological life had been dominated by a reciprocal pair of objects, the dying and the killer. Any improvement coming out of such a dark situation was, of course, fortunate, though necessarily slower.

## THE MAKING OF THE OBJECT

The clinical question is: How is the analysis to take possession of the destructive internal object? How can the ultimate source of aggressivity in the self be discovered, once it has been experienced as not-self, separated from the conscious self?

A word about the making of internal objects and the maneuver called "introjection": The mind, from the beginning of sentient life,

is said to carry on its commerce with the world by introjection and projection; this is a psychoanalytic truism. The gastrointestinal metaphor is sometimes offered by way of explanation: the taking in and putting out, as is the way in nature. Inhaling and exhaling are likewise brought to bear. The metaphor may correspond to a child's fantasies of introjection and projection, but the metaphor does not detail the actual process. Let me describe a slightly different picture: The baby is endowed with the capacity to be worshipful. It adores its mother, her ability to do miraculous things, to answer the baby's prayers, and to lift up its little body. Parents know how endearing and gratifying that worshipful adoration can be.

The child's worshipful fantasy can also be likened to the religious observance of Holy Communion. In imagination, the baby takes in the substance of its deity and feels it as an in-dwelling deity. But that is the baby's fantasy; more accurate is Freud's (1917) account of the way the internal figure is created: A bit of self identifies with (impersonates) the omnipotent mother.

In the crisis of a threat to life, the most vibrant force, the life-crisis itself, becomes the object of worship. I see the motive in this alliance with death as an attempt to cling to life, to be aligned with the most lively force, which appears to be the life-threatening force itself. Sometimes, the figure of death may be drawn as an all-powerful, internal figure, tyrannizing over the imaginary terrain, the region of unconscious fantasy. (Such a figure dominated the dreams of Mr. M, the young man with a traumatic neurosis.) When this object is made to appear (suddenly—in his case, after a trauma), the meaningful drama of normal life that generates loving fantasy objects in that inner space of the mind is interrupted by a state of emergency, and these fantasied good objects and their work are abandoned.

Two images are then placed on the mind's stage. One of them is the helpless self who has been abandoned. The second is the deadly figure, devoted to the annihilation of the first and to a reign of pain and terror. Both can be visible to the analyst, although only one or the other is usually experienced by the individual. In the case of Ms. L, both objects became visible to the patient and me, the dying one having been at first obscured by the deadly one.

*Feeling Objects*

Pain is a sense-experience, and terror, too, has its sensuous aspect; they can be experienced as feeling-objects. In the situation I have been describing—the overwhelming biological emergency of the presence of death or near-death—the delusional solution can occur through one-ness of an aspect of the self with the feeling-object of pain, fear, and dying: that is, being at one with death.

I have observed such developments in several children after they awakened from general anesthesia, probably experienced by them at a biological level as a sense of dying. They appeared to abandon the dying self. One can glimpse a similar sort of maneuver in some terminally ill patients, in whom a flight from dying seems to be enacted by the development of hostility toward the ailing self.

*Sensual Objects*

For many people, escape from suffering seems to become one of life's goals. One unfortunate method of achieving this goal is to escape altogether from the self that is suffering by becoming some other self, for instance, by joining with some power. Children (and adults) may make use of sensual experience to represent their objects. Swallowing, touch, sounds, or smells sometimes stand in place of the person connected with particular sense experiences, or these sensations can be the object even before the whole person is appreciated. The feeling experiences are felt inside; therefore, the object is felt to be part of one's self. Alternatively, the feeling experiences may occur at the surface in sensations of contact with the skin; when the skin is stimulated by retrograde excitation, reproducing sensations of touch and contact, it can produce conditions like neurodermatitis or ectopic eczema.[5]

Good sensations, like being held, fed, and caressed, are in themselves representations of mother and become good internal objects.

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[5] Indeed, this was probably the case for Mr. M.

But children can as easily make use of morbid sensations, such as pain, terror, suffocation, and the like—oneness-with-death sensations. These morbid sensations may also represent the presence of the person connected with the experience. In the cases presented, these morbid sensations are the focus of fusion with an omnipotent destructiveness, a great power that totally obscures the violated self.

Ms. L had occasion to call upon union with such bodily objects. She was overpowered by pain and a sense of dying during infant surgeries and by life-threatening illnesses, while her mother was often violent, delusional, and critically ill. These experiences influenced both members of the narcissistic couple. The sensations of dying, pain, and violence were part of the destroyer on one side, creating while simultaneously hiding the victim, "scabby and bleeding," on the other. Conversely, Mr. M responded to a catastrophe in adulthood, and his automatic fusion with all-powerful destructiveness turned out to be brief.

With patients like Ms. L, who have created an alliance with the deadly, work is accomplished through the analysis of destructive elements at times when the destructive object-self has possession of consciousness. The will to do harm can be recognized, and, ideally, reconsidered and managed—even converted to plowshares. But, as can be seen in the case of Ms. L, the reciprocal, the concealed presence of the victimized and dying object, an abandoned self often felt to be like a little child, has to be revealed after having been kept secret. Otherwise, it is the victim in the personality who may be lost from sight and never rescued.

In a later session with Ms. L, she commented, "I'm afraid I have had a great fall, like Humpty-Dumpty, and I can't be put together again." The major aim in her life had been to get away from, get rid of, and, if need be, murder the pained victim aspect of herself. She had desperately searched for a more constructive solution. She had looked for union with some powerful object, other than death: various religions, meditations, dependence on alcohol, a Tibetan monastery, membership in Alcoholics Anonymous. She was an artist, and she became identified with her own sculptures, but each of

them turned into a damaged and defective thing that had to be jettisoned.

In responding to Ms. L, I said that I could understand her pessimism, since things had never been otherwise, but Humpty-Dumpty was an egg, after all; and might she not think it a good outcome for an egg to be broken, so that the baby confined in it might emerge, even if it uttered a cry?

She answered, "I've been aware that I've never in my life emerged as an individual, never even had an idea of it, always thinking about some greater thing that I could become a part of. Emerging is a dazzling prospect. But then again, considering Humpty-Dumpty was an egg, I am not so sure I want to come out as a chicken." In fact, by this point, Ms. L had hatched as a courageous woman; she was no chicken.

## THERAPEUTIC IMPLICATIONS

The patient's true recognition of internal events like those described can actually bring partial relief, since for many individuals so affected, the presence of a well-elaborated internal object is not observed. Only the effects of negative pressure and disparagement are felt. The recognition of an attack that seems to come from another phase of the self, whose authority can now be challenged, weakens the delusional power of the internal object.

But how does the analysis take possession of the destructive internal object? A difficulty is that the patient, and often the analyst, experience it as other. The organ of consciousness usually belongs to the conscious victim-self, which is at the mercy of the powerful "other." The destructive, internal objective-self usually exists in the shadows of the unconscious, while self-consciousness belongs to the victim-self. The aura of a foreign body and not-self is maintained around the marauding object-self.

Although analytic work with the victim is usually unavoidable, since that is who comes into the consulting room, the work is not finished, nor the patient's safety secure, until the destructive self

is unveiled and assimilated. In clinical experience, the discovery that an unjust internal object exists is the first step toward liberation from it. But the discovery of one's own will is essential. It is necessary to know one's self, animating the destructive internal object with triumph, smugness, and sadistic satisfaction, if freedom is to be secure and complete.

The discovery of cruelty often begins with glimpses of sadistic feelings toward the analyst. It is ultimately the same person, after all, who is the mean inner object and the mean self. Clinical experience shows that the self must come to know its agency in both members of the internal narcissistic pair. When consciousness is in the hands of a destructive internal object-self, the doppelgänger, it is urgent to understand the victim-self, who may be in danger, as was the case with the suicidal patient described, Ms. L. For marauders like the colonel in *Apocalypse Now,* the caring self can often be found projected onto victims.

## SUMMARY AND CONCLUSIONS

I have formulated my definition of narcissism as an identification with an internalized object felt to be omnipotent. Destructive narcissism is a similar fantasy, in which the omnipotence of the emotions and sensations of dying, dread, and pain become idealized in an internal object, and the self is then identified with it.

As mentioned, an analyst can hardly think about destructiveness without considering Freud's (1920) theory of the death instinct, even though this is a time in which there has been much less reliance on energy-based theories. Freud's clinical observation that mankind's mortality contributes to mankind's destructiveness has a form similar to my account of the development of destructive narcissism. Freud did not make clear how the physical tendency becomes translated into destructive action. But in Freud's conception, there is a tendency to express the death instinct by opposing life itself—which is concerned with linking and integrating—through efforts at delinking, disintegrating, and destroying. On the other

hand, in my view of destructive narcissism, the experience of immi-
nent death becomes an idealized presence. Overshadowing the nur-
turing mother, the mortal experience becomes the most powerful
presence around. Bonding with this feeling-object is a step in the
creation of a destructive internal object, a step in the direction of
destructive narcissism.

Most people are shocked when they encounter someone who
consciously embraces brutality and even murder. There is obviously
a serious need to treat such patients, both for the patients them-
selves and for the safety of others, although such treatment seldom
occurs. Destructiveness is apparently a universal capability. The on-
going evidence on the world stage shows how readily masses of peo-
ple can be recruited to enact extremes of destructiveness.

Destructive narcissism is a step more complicated than direct
destructiveness addressed to its victims. There is an intervening cre-
ation of an idealized internal object, created from the experience of
the horror, with whom the individual feels identified. The idea of a
destructive desire in one's own mind that secretly seeks to harm
the mind itself might seem bizarre, were there not such an over-
whelming abundance of evidence for this phenomenon. The inter-
nal object is intent on persecuting the self. Such destructive inter-
nal objects are familiar in most analytic consulting rooms, and it is
well known that this destructive element can inflict pain, damage
self-esteem to the point of grave depression, and can even bring
about death, either by suicide or by arrangement.

The destructive object-self may express its force against others,
while the victim self is projected onto those external victims. This
situation occurs in individuals who have had little development in
the realm of compassionate empathy. More typically, people are for-
bearing and afraid when it comes to frank brutality. The dirty work
goes on internally in the persecution of the self. This was the case
with Ms. L.

I have discussed a form of repetition compulsion (Freud 1920)
—an attempt to master a trauma—in a way that differs from Freud's
account; I have focused on a form that takes possession of its power
and mastery through the ability to create or duplicate the trauma

and inflict it on the already traumatized self. An example is the post-traumatic repetition experienced by Mr. M. I have also discussed compulsive disorders, which may occur when a sadistic internal object tyrannizes over the victim-self, compelling it to carry out absurd rituals, usually by holding as hostage someone who is loved by the self. This was so with Mr. J.

In addition, I have described a related dynamic that is sometimes seen in panic attacks. In the interlude after an individual has suffered the loss of a protector, such as a parent, that individual may be filled with terror on facing an internal persecution without the ego means to cope, and without a protector.

Most people live with some variation of a tormenting internal object, and many suffer from grave attacks that produce damaged self-esteem and depression. Some live with a lethal nemesis, a doppelgänger who is at one with death. Obviously, it is important that members of our profession continue to illuminate this dark subject. Then, where destructive narcissism was, let ego be!

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# THE ROOTS OF VIOLENCE: CONVERGING PSYCHOANALYTIC EXPLANATORY MODELS FOR POWER STRUGGLES AND VIOLENCE IN SCHOOLS

BY STUART W. TWEMLOW, M.D.

*This paper demonstrates that several psychoanalytic models taken together converge to collectively explain school violence and power struggles better than each does alone. Using my own experience in doing psychoanalytically informed community intervention, I approach the problem of school violence from a combination of Adlerian, Stollerian, dialectical social systems, and Klein–Bion perspectives. This integrated model is then applied to the Columbine High School massacre in Littleton, Colorado.*

Deprived of the affective nourishment to which they were entitled, their only resource is violence. The only path which remains open to them is the destruction of the social order of which they are the victims. Infants without love, they will end as adults full of hate.

—R. A. Spitz (1965)

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A student confided in the Zen master Soen Nakagawa during a meditation retreat, "I am very discouraged. What should I do?" Soen replied, "Encourage others."
                                        —As quoted by K. Tanahashi
                                          and D. Schneider (1994)


It takes a whole village to raise a child.
                                        —Anonymous African proverb


The only thing necessary for the triumph of evil is for good men to do nothing.
                                        —Edmund Burke


# INTRODUCTION

Among Freud's numerous contributions to an understanding of the human mind, one of the most important was the principle of over-determination (Freud 1893, 1895). This explanatory concept helped him to fathom the almost overwhelming complexity of the multiple causes of human problems without oversimplifying the process. The goal of this paper is to examine a series of models, and then, extrapolating from Freud's principle of overdetermination—usually applied to clinical syndromes in individuals—to come to an understanding of power struggles in various settings. Instead of explaining symptoms as arising from several causes not "good and sufficient" in themselves (in Aristotle's—and Freud's—sense), I arrive at formulations by applying four psychoanalytic models with different perspectives and assumptions which, when taken together, elucidate power struggles in a more comprehensive manner than does each individually.

Some of the data and ideas for this theoretical exegesis come from an intensive research study of an elementary school that had the highest student suspension rate in its district, and where there had been a sexual assault on a second-grade girl by a group of second-grade boys (Twemlow, Fonagy et al., in press). Now, four years later, the school's students demonstrate well-above-average academic achievement, and the school is so quiet that on one occasion when I

visited, I thought it was closed for the day because there was so little noise! In short, the primary objective of the research study was to help staff and students deal with their power struggles so that coerciveness was no longer necessary for communication. Our intervention had a remarkable and widespread effect on the school community as a whole.

## WHAT IS TRULY PSYCHOANALYTIC ABOUT COMMUNITY INTERVENTIONS?

A caveat is in order to make a very fundamental distinction between two potentially disparate views of what is "truly" psychoanalytic about psychoanalytic efforts in the community. Whereas this is not the venue to discuss what is fundamentally psychoanalytic about psychoanalysis, it should be pointed out that for those using psychoanalytic concepts in the community, there are two distinct "camps," sometimes generating more heat than light when discussing their differing points of view. On the one hand, Bracher (1992), for example, from a Lacanian perspective, considered the "true" psychoanalytic approach to communities to be one analogous to the classic stance, in which the analyst remains a passive interpreter of group functioning, attempting to bring the group to an understanding of its problems and to create solutions based on insight that will then make it a working group. According to this viewpoint, any attempts to intervene actively are seen as seductive, distorting, manipulative, or as gratifying group transference phenomenon. The other approach holds that, while transference-based expectations of group participants needs to be monitored and handled, and while such expectations are used to understand the etiology of the problem, the primary intervention is not interpretative, but instead is directed at actively changing how the group functions. I do not see such efforts as seductive or contradictory to any model of psychoanalytic activity, but rather as an integral part of any typical supportive intervention basic to the analytic process. The school intervention described in this paper is one example of such a technique.

Similarly, Gould (1991) divided psychoanalytic organizational consultations into two types, according to whether they are more or less like clinical work with patients. His Type I psychoanalytic approach utilizes technical procedures and methods of psychoanalysis and psychoanalytic psychotherapy, such as organizational role analysis and the techniques of the Tavistock Group Relations Training Conference. Type II consultations are guided by psychoanalytic principles, but utilize nonanalytic methods and techniques. The modalities of this type are multiple and varied; they include many types of interventional strategies designed to alter the organization once its situation is psychoanalytically comprehended. Gould called these approaches "sociotechnical."

# NEW APPROACHES TO COMMUNITY PSYCHOANALYSIS

Extending Gould's work, I propose a Type III approach, utilizing the "Tree model" of Volkan (1998) and the "Engineered Conflict model" of Twemlow and Sacco (1996). The Type III approach begins with a psychoanalytic "diagnosis" of the problem, as well as the establishment of a community-initiated, psychoanalytically facilitated dialogue in which needs, wishes, and goals are articulated by leaders and members of the community. Then an intervention is designed to meet the goals and resolve the problem.

Volkan's "Tree model" provides a potentially integrating framework for these apparently contradictory approaches. Volkan (1999a), in reviewing the results of a community project in Estonia, discussed the analogy of a tree as a useful metaphor when considering how noncoercive dialogue creates useful and ever-increasing options, like the innumerable branches of a healthy, growing tree. The tree's roots are solidly planted in a model of human change derived from Freud: that the causes and cures of problems reside in those experiencing them, and that the community psychoanalyst's task is to facilitate insight into these processes with supportive, adaptive alternatives, derived from needs the community analyst helps uncover.

Extending that model, a similar process has been proposed (Twemlow and Sacco 1999) in which diagnosis of the community's problems follows the establishment of dialogue in a background of safety and trust, with input from representatives of warring and decision-making groups and the evolution of a group consensus approach, and constructive conflict engineered by the facilitator. The process to achieve this has been called "engineered conflict" (Twemlow and Sacco 1996). The final step in this model is a psychological "vaccination" campaign, whereby skills are developed in community members to prevent conflict and to develop a habit of collaboration, with development of insight and open dialogue. Thus, ongoing community projects are more likely to continue beyond the termination of the intervention and are themselves the visible outcome measures.

It is at this point that the specific projects of a sociotechnical nature (Type II) have relevance. Such projects need to be nested in psychoanalytic theory, but might make use of nonpsychoanalytic interventions—for example, behavioral modification and psycho-educational skills training. The point Volkan made, with which I strongly agree, is that the individuals of the community are the ones who best know what and where the needs are and can provide the point of entry for most effective assistance.

The psychological goals of these initial dialogues are:

1. To learn to tolerate differences in others and negative emotions without reacting impulsively or angrily (i.e., establishing a point of similarity).

2. To develop a habit of collaboration around issues that are not points of conflict—e.g., in the school project discussed earlier, obtaining play equipment and constructing soccer goals became products of the habit of collaboration.

3. To develop personal relationships and perceptions of each other, so that the people and the process become humanized (i.e., part object relationships become whole object relationships). The frequent negative experi-

ence of frustrated teachers who refer problem children to unresponsive doctors is a theme that creates part object relationships. If not worked through, such common misperceptions can undermine the working relationship between psychoanalyst and teacher. Off-site workshops and meetings in homes help create a less defensive atmosphere.

4. To deal with stereotypical racial, religious, and gender perceptions of each other. Mutual respect for differences must be developed. For example, in our intervention, a Baptist minister's dislike of the term "meditation" was accommodated by referring instead to "relaxation techniques."

5. To develop an agreed-upon common language to communicate ideas. In this instance, the language of coercive power relationships, exemplified by bully–victim–bystander interactions, was mutually adopted.

6. To understand that the process is not a magic bullet and needs long-term, ongoing work.

7. To understand that only a collaborative, rather than competitive, partnership will result in change.

8. To achieve an understanding by all participants that the facilitator must remain neutral in the psychoanalytic sense, i.e., nonjudgmental, warm, and caring.

## CREATING A PEACEFUL SCHOOL LEARNING ENVIRONMENT: A SUMMARY OF INTERVENTION ELEMENTS

The initial impetus for my colleagues and me to become involved in the school project mentioned earlier was a violent power struggle: the attempted rape of a girl student by other students. The school

met the criteria for a violent community (Twemlow and Sacco 1999): a high level of teacher dissatisfaction; a low level of parent involvement and proactive problem-solving; adversarial relationships between school personnel and the parents of problem children; school tolerance of power struggles without an active plan to identify and manage them; high suspension rates and disciplinary referrals; a high number of dropouts in nearby middle and high schools; many student fights; gang recruitment activity; drug and alcohol use in nearby middle and high schools; and low overall academic achievement.

Working from surface to depth, we developed our program after dialogue with teachers, administrators, custodial and secretarial staff, students, and parents. The organizational structure involved maintaining consistent supports, such as regular coordination meetings and consultant availability, with continuity maintained by the psychoanalytically informed project staff, who were aware of the psychological importance of such containment. Bion's (1967) containment model emphasized the processing of negative as well as positive object relational configurations, in contrast to the "holding environment" of Winnicott (1965), which is more exclusively a positive and encouraging model. In addition, the intervention was molded to characteristics of the school in a way similar to a good therapy's adaptation to fit the needs of the patient. The method used was based on understanding and addressing the etiology of the problem, rather than on forceful attempts to superimpose a corrective experience— e.g., truancy programs based on improved detection and increased penalties. Table 1 summarizes the main components of the school intervention.[1]

Having described the methodology and context of this study, I will now focus on psychoanalytic models for the nature of power struggles and how adults' and children's behavior and psychology influence such struggles.

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[1] More detailed descriptions of the program components are available in Twemlow, Fonagy et al. (in press) and in Twemlow, Sacco, and Twemlow (1999).

Table 1:  Creating a Peaceful School Learning Environment (C.A.PS.L.E.)—Program Components

| Program Name | Program Components | Psychoanalytic Function |
|---|---|---|
| Zero tolerance for bullying, being a victim, or bystanding | Peace flags, posters, stickers, discussions, and a discipline program focused on identifying and correcting power dynamics | Adopting a psychoeducational approach to self-awareness and identification of repetition compulsions |
| Gentle Warrior Program | Martial arts-based skills training to replace or supplement physical education classes | Supporting and supplementing adaptive ego functioning; restoring self-esteem and self-confidence by strengthening sublimatory defenses |
| Peer Mentor and Peer Leader Program | Older children assist younger ones in solving power struggles | Learning the value of relationships and collaboration in conflict resolution |
| Bruno Program | Adult mentors provide conflict-resolution skills outside the classroom | Establishing a containment function (good and bad self-representations) of the adult mentor creates a "net of safety" |

## AN ADLERIAN APPROACH
## TO RITUALS OF EXCLUSION

Adler's group theory approach helped to inform my conceptualization of this school's group process (Ferguson 1984). Adler described a healthy attitude in the group as a sense of oneness and identification with the community, with concern for others and their welfare. When an individual lacks a sense of belonging to the group, he or she becomes an isolated outsider, with attendant psychological sequelae, or instead strives to find a place in the group by proving him- or herself. Adler felt that such striving rarely leads to lasting, peaceful success. The goal of the teachers in our project, then, was to help children know that each had a place and that each belonged to the school community merely by virtue of his or her existence. As a result of such knowledge, a child no longer needs to "prove" him- or herself. Once that realization occurs, children can expend their energies on contributing to the group, rather than on proving individual value or status.

One of the values of the Adlerian model is that it highlights the power of group rituals of exclusion in the production of overt violence. The struggles of those excluded then focus on acceptance in one form or another, usually an acceptance that leads to disruption of the working function of the group as a whole and of its peace and harmony. Adler (1958) noted that "every human being strives for significance, but people always make mistakes if they do not see their whole significance must consist in the contribution to the lives of others" (p. 8).

Using Adler's concept of identification with the group, my colleagues and I set up our intervention to foster an innate sense of realization of one's fundamental right to belong to the group. Following on this concept, we adapted ideas from Dreikurs (1957) to provide a succinct typology for the meaning of disruptive behavior in young children, theorizing that the child's disturbing actions are based on his or her basic aim of achieving a place in the classroom group. The defiant child, from this point of view, believes that such behavior will lead to acceptance by the group. He or she may adopt

one or more of the following pathological behaviors or attitudes to gain group acceptance.

1. *Attention-getting mechanisms.* In our culture, children often have few opportunities to be useful contributors within the family group. Thus, getting attention through socially acceptable methods, like being "cute," is common. If being cute does not work, more unpleasant methods—e.g., acting out—are often employed, which may lead to considerable humiliation and punishment. Dreikurs (1957) commented that "children prefer being beaten to being ignored" (p. 13). From kindergarten through third grade, children's relationships with their teachers are still very much in a child–parent mode. Thus, teachers in the younger grades often function as direct parental models, with children not distinguishing academic goals from parental containment and nurturing. It is not unusual for teachers in these grades to comment on the degree to which they see their function as primarily a parenting one.

2. *Power struggles between children and adults.* A struggle between a child and an adult often leads to a stalemate, with the child ultimately "winning" because the adult's authority is inhibited by superego prohibitions, while the child is not as fettered. Even when the parent is abusive, the child wins an indirect moral victory. In our modern era, the child can further humiliate the parent or teacher by phoning an anonymous child abuse hot line, or by complaining to parents about teachers or vice versa. In these power struggles, the roles of bully, victim, and bystander are interchangeable, frequently fluctuating from moment to moment. My observation has been that as long as the roles are interchangeable, dialogue about reinclusion in the group is possible and can proceed. Once the roles become fixed, however, as was likely in the tragic Columbine High School massacre in Littleton, Colorado, serious damage is usually imminent.

3. *Fixed revenge or retaliation power dynamics.* A fixed revenge–retaliation dynamic occurs when the battle for power reaches extreme degrees. The main goal of such battles is revenge for being hurt. The purpose of the revenge, as Stoller (1974) has pointed out, is to rebel against and retaliate for the painful position in which the child feels he or she has been placed by the parental figure. In children's dynamics—and sometimes in those of other groups—the hated one occupies a powerful role. Thus, the bully in a school setting maintains a powerful status based on his or her fantasies and those of peers regarding the bully's capacity to hurt and control. As children mature into adulthood during the latter years of high school, bullies often lose a great deal of their influence with peers, unless the whole group is socially regressed and the role of the bully controls day-to-day living of the group members, as in gang-dominated schools. This can also occur in schools in which the principal behaves in a way that reinforces such a fear-producing, bullying image. I know of one such principal who was proud of a portrait of General Patton hanging in a prominent place behind his desk!

4. *Real or imagined inferiority feelings.* A victimized child who is passive and beaten down may become so discouraged that he or she gives up the hope of playing a positive role in the group and begins to display defeat and failure, with inferiority serving as a defense against any expectations of him or her. Nonparticipation is often an attempt to preclude more humiliating and embarrassing experiences. Alternatively, a victimized child may retaliate with massive, destructive revenge, as in many of the recent school killings.

These four behaviors and attitudes converge in the core concept of a *power struggle* within a context of dominant-submissive power dynamics, which I believe underpin all human and most primate relationships (Twemlow 1995a, 1995b).

# THE DYNAMICS OF RITUALIZED EXCLUSION AND BULLYING

Human history is, in many respects, the story of ways in which individuals have excluded each other from participation in social activities. Such exclusion and exclusion rituals have a variety of motives (Hoover and Milner 1999), both pathological and motivated by group survival instinct. Such patterns are immortalized in literature, as exemplified by the exclusionary tactics in *The Scarlet Letter* and the painful, bullying experiences of *Tom Brown's School Days.*

The extraordinary impact of bullying on the psychological state of the victim is well documented (Twemlow 1995a, 1995b). A chronically victimized child shows similar symptoms to those of a victim of chronic domestic violence. The mind of such a child, under the influence of hormonal shifts, becomes uncreative, perseverative, and very narrow in focus, resulting in a despairing acceptance of the victimization because creative solutions do not occur to the victim. Thus, submission becomes a way of life.

Traditional definitions of bullying (Olweus 1992) and our definition (Twemlow, Sacco, and Williams 1996) need extension. We have called bullying "the exposure of an individual, over and over again, to negative interactions on the part of one or more dominant persons, who gain in some way from the discomfort of the victims" (p. 297). Such an individualized definition does not sufficiently emphasize two important features of bullying: (1) the nature of gain by the bully; and (2) the role-interdependent natures of the bully, victim, and bystander.

Some examples of bullying which are socially accepted in our culture today are the following:

> *1. Hazing.* Hazing rituals on college campuses, which at times have serious or even fatal consequences, reflect the way in which a newcomer is absorbed into a group. In many ways, hazing is designed to symbolically sever the initiate from his or her past life through acts of extreme deprivation or cruelty. An oath of loyalty to the new "family" is often required as part of the ritual. Ul-

timately, the novice assumes the group identity, and, as Ramzy and Bryant (1962) have pointed out, there are further ramifications as the newest members of the group perform acts of cruelty on the next novitiates, so as to cement their apparent conversion to group loyalty as well as to act out their displaced rage.

2. *Excommunication.* Religious rituals whereby those who do not follow the religion's precepts are excluded from the group are exemplified by formal excommunication. Such rituals have significance for individuals committed to the religion, but may have little effect on individuals of the larger, more diverse society as a whole. In contrast, excommunication in the more isolated Amish community, where religion has great significance, may even prevent individuals from pursuing their livelihoods within the group.

3. *Blackballing.* Blackballing is sometimes a function of unions. Union members who cross a picket line can be blackballed, ostracized, and ignored, if not physically brutalized and harassed. Attempts are often made to prevent strike breakers from obtaining work by denial of union membership, rumor spreading, and negative job references.

## A Personal Experience with Exclusion and Bullying

While I was in general medical practice in a small coal-mining village, I reported on the incidence of tuberculosis being transmitted to humans from unpasteurized milk. Little did I know that pasteurization would have shut out certain local milk suppliers, who had great influence with the city council. In a brief space of time, local newspapers featured headlines depicting me as a "Svengali," hypnotizing the community about the value of pasteurization while neglecting the importance of God's natural, unadulterated milk! My wife was ignored when she went into stores to shop, and my medical practice dropped off; people traveled up to 300 miles for medical care rather than seek treatment with this ostracized scapegoat.

Parenthetically, I would like to mention that the term *ostracize* comes from the Greek *ostraca,* the word for potsherds used in Attica in the third century B.C. The term was used to describe people whom community leaders felt should be banished, just as school communities and larger communities today less formally cast their votes by ignoring bullying, pathological power struggles, and rituals of exclusion. Hoover and Millner (1999) focused correctly, I think, on an aspect of such bullying behavior that was missed in many other studies that reflect the more benign desire to dominate. Many exclusion rituals practiced by children and adults are not based on the goal of preserving the group through exclusion of dangerous, unhealthy individuals who may weaken it, but instead are more sadistic in nature.

To return to my personal experience with bullying, and to view it in a positive light, this exclusion could be seen to stem from the survival instinct of that particular community and its milk suppliers. The solution in this case was actually quite a simple one: I met with the president of the city council and pointed out that I would have to leave the community if the situation did not improve. (That area had had considerable trouble obtaining medical care.) Community members responded with apologies, and an overwhelming number of patients returned, some bringing gifts of vegetables and meats. Acceptance in the group required only that I remind the townspeople of my vital role in the community; but had I assumed the stance of victim and withdrawn from the group, everyone would have suffered. Obviously, there is an interaction between the way in which power struggles are filtered through the biological matrix and the psychological makeup of the individuals involved.

## BULLYING BY STUDENTS IN SCHOOLS

In observing and studying the ways in which children function in schools, and particularly their power struggles, my colleagues and I have been acutely aware of the similarities between children's be-

havior and the functioning of adults. Certainly, as the African proverb notes, it takes a whole village to "raise" a child, but child-rearing can become pathological if that village has unconscious dynamics that encourage exclusion of certain members from the group as a whole.

In a classroom setting, a bullying child is often the one creating a disturbance—for example, firing "spitballs." Here the target victim may be the teacher, who might become very upset and the object of triumphant ridicule by the bully and his or her retinue of bully–bystander disciples. The triumph is based on the teacher's having lost his or her "cool." Ultimately, the entire class is victimized, since learning time is sacrificed. In our experimental intervention (Twemlow, Sacco, and Twemlow 1999), the discipline plan formed the foundation for the whole class's reflection on its role in the disturbance, and in this sense, the entire class carried some responsibility for the actions of the bully.

It is generally accepted that bullying is much more common among boys than girls, especially physical bullying (Boulton and Underwood 1992; Hazler, Hoover, and Oliver 1991). However, as society moves toward increased acceptance of aggressiveness and assertiveness in women, there is already some evidence that this is changing and may change further. Nonetheless, current research indicates that boys bully more frequently than girls, and even in the elementary school years, such bullying often has sexual overtones.

The biological vulnerability and the developmental position of natural aggressiveness in young children make them particularly susceptible to dynamics in which power is operative. Bullying, up into the middle years of high school, often has considerable social status amongst peers. Thus, there is a developmental, social aspect to the bullying that is maintained by the psychological needs of the bully's peers. To summarize, the bully gains both social power and personal satisfaction from the combination of an exalted position within the peer bystanding group and personal sadistic/sexual pleasure at the humiliation of the victim. I will next address the forms such humiliation takes.

*Physical Bullying*

Physical bullying is, in most cases, a form of teasing, hitting, poking, tripping, or slapping contact. Physical damage is usually not great. It is the humiliation of the child in the presence of peers that is the benchmark of the bully. Too much damage to the victim may encourage sympathy for the victim from peers and punishment for the bully. Dunking the head of a child in a toilet, hanging obnoxious signs on the back of clothing, sexual grabbing, and other forms of touching and poking are common physical manifestations of bullying dynamics. Defilement of clothing, school bags, and lockers constitutes less direct physical bullying.

*Name Calling and Rumor Mongering*

Verbal bullying always occurs in the context of an audience and takes a variety of forms. Teasing is often said to be in fun, but is very rarely enjoyed by the object of the teasing, in spite of the bully's protestation that the teasing is meant in jest. Victims of this form of bullying are often children who are vulnerable because of psychological factors, such as shyness or low self-esteem, or because of physical problems, such as seizure disorders, acne, or cerebral palsy. The put-downs serve to unite the group and to stimulate strong feelings within it. Insulting nicknames are not uncommon: "Elephant Man" for the ugly child, "Dumbo" for the one with big ears, or "Tiny" for the obese child. Occasionally, such a nickname is adopted by the victim as a form of "undoing" or minimizing the damage done. The pressures on group members to be connected with the powerful bully leader increase the dilemma of the victim, since negative reaction to the verbal bullying may lead to further exclusion from the group.

Rumors often exclude children from informed peer groups, such as cliques or "street clubs." Sometimes, this sort of problem reaches epidemic proportions in schools. My colleagues and I consulted in a school with few disciplinary and no academic prob-

lems, but in which the younger children did not want to go to school, resulting in complaints to the principal from their parents. This unhappiness had been created by the formation of cliques that excluded younger children. The older students were consequently engaged in our intervention program as peer leaders and assistant instructors, thus strongly encouraging them to act as mentors for younger children rather than as bullies. Some school administrators are alert to this type of bullying exclusion of certain children from overnight activities, birthday parties, and so on, but usually try unsuccessfully to legislate it away, rather than to understand and deal with the underlying psychodynamic causes.

There is an echolalic form of bullying, i.e., mimicking speech or repeating the victim's last few words, or exaggerating the gait or other physical peculiarities of the victim. In late latency and early adolescence, especially among girls, rumor-spreading is a very common form of verbal bullying, frequently having to do with accusations of promiscuity, as the following vignette illustrates.

*Vignette 1: A Victim of Rumors*

A sixth-grade girl was shy and quite slow intellectually in comparison to her peers. She had highly upwardly mobile parents, who were extremely ambitious and competitive, and an older sister who excelled in school and was good at sports. Little by little, the girl was sexually humiliated by the circulation of various rumors about her. She expressed the increasing erosion of her self-image in drawings that revealed considerable anger and depression, as well as envy of the peer acceptance of her friends. It was not until a couple of years later that she acted out her rage at the rumors and at her mother's lack of empathy for her plight: One evening, she announced at the dinner table, to the chagrin of her mother, that she was sexually active and "just thought her mother should know." This was said in a deadpan way, as if no further reaction were expected. The mother collapsed.

# SADISTIC BULLYING

My experience with bullying children brings to mind the work of Stoller (1974, 1985) on the nature of sexual perversion. Characteristic of such sadistic bullying is the fetishizing of the victim, so that instead of a whole object, the victim becomes a part object only. Fetishizing or dehumanizing the victim/child through the splitting off of humanity and aliveness produces a less alive (less unique or human) fetish object, allowing the sadistic, bullying child to act out vengeful, hateful, destructive fantasies, fueled by the painful and humiliated response of the victim. My experience is that the role of hostility in bullying is similar to hostility in sexual perversions. In fact, I see bullying as a form of perversion in which the bully expresses three basic unconscious issues:

1. *Rage* at having to give up merger fantasies with the mother—that is, renouncing the mother.

2. *Fear* of not succeeding in getting away from the mother's pervasive influence.

3. *Revenge* against the mother for having been put in this predicament.

The act of bullying reverses the positions of the actors in the drama, as Stoller (1974) suggested, and also reverses the affects. The victim (of the family pathology) becomes the victor. He or she moves from the passive object of parental hostility to being the person in power, the tormentor. This manic mechanism, as Stoller pointed out, allows the child to omnipotently become the parent, and thus the perversion is a form of sublimation of these three dominant affects. The movement from danger to escape and from danger into gratification explains the intense vibratory quality of the aggressive, sexualized arousal. The bullying, as it becomes more and more intense, leads to an explosive triumph, with a "joyous," manic quality often accompanied by laughter. Whereas this situation seems extreme when applied to an elementary school child, it is not, in my

experience, a rarity. Sexual excitement may also be part of the etiology of pathological behavior in other types of bullying children.

The most clearly pathological type of bully is the sadistic one, characterized by prominent antisocial trends. He or she shows little emotional involvement with the act of bullying itself. Sadistic bullies, whose prognosis is poor, are often feared, especially if big and strong.[2] Sadism should be distinguished from aggression: in acts of sadism, the intent is that the object visibly suffer. Mihashi (1987) called the sadistic exclusion of others *kegare,* an archaic Japanese term that meant marking individuals for abuse as outsiders. In the past, the Japanese culture institutionalized forms of self-humiliation as honorable rituals in order for the defeated shogun to save face, with *seppuku* (ritual disembowelment) being one such historical practice of samurai. In Japanese schools today, humiliated children are sometimes forced by their peers to eat grass (Mihashi 1987). That act of unpalatability contemptuously implies an animal-like nature, thus reducing the child to the humiliation of being less than human. In addition to the symbology of the act itself, it is my observation that the victim of such bullying must also be shown to be hurt, and the bullying continues until there are screams and cries and pleading, often accompanied by laughter from the bystanding audience and triumphant exultation on the part of the bully. Socially, such actions convey a message about the undesirable nature of the victim, and perhaps cement the group as a whole in a pathological way (Alexander 1986).

In an earlier clinical typology of bullying (Twemlow, Sacco, and Williams 1996), my colleagues and I described a sadistic form of child behavior. In sadistic bullies, anxiety is low, self-esteem is normal, sadism is prominent, there is little fear of discipline, and empa-

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[2] Other forms of bullies and victims are more easily manageable, and are often considered in a more sympathetic way as victims of insecurity and nonmirroring mothering. As Fonagy, Moran, and Target (1993) indicated in their groundbreaking paper on violence, children of this type do not appear to be able to reflect on the nature of their own thinking (that is, to develop a theory of mind or a capacity to mentalize), but instead are caught up in the throes of the paranoid-schizoid position, with a reactive rather than reflective response to the aggression of others.

thy is lacking. Such children probably comprise about one percent of the school population. A bully of this sort often functions as a leader in the elementary grades, but usually loses most of his or her social status by the upper grades of high school. A sadistic bully has few true friends, but many followers. Frequently, parents of such children model unempathic aggressiveness in their own behavior. The mothers of these sadistic bullies, often depressed and abused themselves, vicariously achieve satisfaction from their children's sadistic precociousness, and may act it out by defending their children's actions to authorities.

There seem to be at least two ways in which the sadistic bully gains from the discomfort of the victim. One is the sadistic experience of the bullying act, requiring that the victim show discomfort. A spiraling ritual of excitement occurs in the bully, often with highly sexualized and perverse overtones. Sadomasochistic humiliation rituals are a recognized part of our culture, from the cruel blood baths of serial killers like Ted Bundy, who called himself a vampire while engaging in sexual torture of victims (Doyle and Cave 1992), to the institutionalized sadomasochism in the "S & M" parlors of San Francisco. The more humiliated the victim, the higher the level of sexual arousal in the victimizer. Experimental work on serial rapists (Marques 1981) shows that they are most aroused by submissive, pleading victims. Sadomasochistic behavior is less recognized in young children; however, the following vignette illustrates such a sexualized form of bullying.

*Vignette 2: A Sadistic Bully*

A fifth-grade boy, very tall and strong for his age, monopolized a great deal of classroom time because of his regular, sadistic bullying. He had even been known to threaten teachers with physical injury—quite unusual in an elementary school context. He gained great strength from the knowledge that his family could back up his threats, since his father was a prominent member of a local criminal gang. Each day, the boy was picked up from school by a tattoo-

covered, well-known "hit man." The boy delighted in showing off this man's large muscles to any friends and other students hanging around.

Much of his bullying was sexualized. He enjoyed grabbing the crotches of female classmates, who were rendered helpless by the elevation of his hand, so that they not only suffered sexual humiliation but also had difficulty standing. This would be accompanied by great laughter and clapping from his bully–bystander henchmen. He used several forms of sexualized bullying, including "humping" the display cases containing school trophies, with the intent of frightening younger children while symbolically denigrating the school's achievements.

Although the boy was placed in a special classroom, he was soon mainstreamed back into a "normal" classroom when the teacher threatened to resign if he were not removed, since she feared his physical strength and resented his total lack of concern for disciplinary procedures. The staff fantasized that the most effective procedures with this boy would involve sadistic "bullying of the bully." It emerged that the only individual able to control him was the school custodian, who had a background of aggravated assault, and who had used whispered threats of bodily harm to subdue him.

Ultimately, this boy responded quite gratifyingly to our intervention program, which made use of his charismatic leadership skills by enlisting him as an assistant instructor in the "Gentle Warrior" program. This process ameliorated his sadism and allowed the emergence of more caring and positive qualities. The physical part of the training facilitated shifts in the aggressive and sadistic components of his character structure, whereas the omnipotent aspects were satisfied by identification with a teacher as a teacher's helper, with the modeled behavior being caring and compassionate rather than dehumanizing and bullying. On a recent occasion, he was observed waiting for a school bus; a small child nearby was wailing because he was unable to tie his shoelaces. After looking around to make sure no peers were watching, the boy approached the child, leaned down, and tied the younger child's shoelaces himself!

*Vignette 3: A Victim of Sexual Bullying*

Sometimes, sexual bullying can lead to extreme levels of victim-ization, as in the recent case in Georgia of a bullied fifth-grade girl (Davis versus Monroe County Board of Education 1999), which led to a United States Supreme Court decision defining the school board's responsibility in sexual harassment. The signs of this child's victimization included failing grades and a suicide note found by the mother, reflecting the girl's extreme fear and humiliation. She experienced additional humiliation and difficulty in speaking out about the problem due to the obscene and repetitive nature of the sexual harassment, which occurred over a period of several months. In this case, the male perpetrator pled guilty to sexual battery after the girl's mother notified police. After a number of attempts to re-solve this problem from within the school system, the mother had given up hope that teachers or school administrators would take any corrective action.

# A PSYCHOANALYTIC SOCIAL SYSTEMS MODEL FOR THE BULLY–VICTIM–BYSTANDER INTERACTION

Having summarized the importance of the roles of sadism and sex-uality in the aggressive action of bullies, I will now turn to anoth-er model for a description of the fundamental dialectical nature of the bully–victim–bystander roles. This model calls for a dynamic, in-teractive, social systems approach to the understanding of power struggles.

In other works, my colleagues and I have detailed the role-de-pendent way in which the bully interacts with the victim, influ-enced by the socially and personally defined roles of others in the surrounding environment (Twemlow 1995a, 1995b; Twemlow, Sacco, and Williams 1996). The modern concept of dialectic is central to a social systems approach. Concepts of dialectic are derived from the work of the phenomenologist Hegel, and have been extensively

discussed by writers such as Fonagy (1998) and Ogden (1986, 1989). The seeing of one's self in the other person and the influence on oneself by the other are parts of an ongoing process in which human beings define themselves in regard to both their separateness and their similarities. Thus, the two opposites define each other and depend on each other for their existence; neither would exist without the other. Marcuse (1960) wrote that dialectical thought is a process in which subject and object are so joined that the truth can be determined only within the subject/object totality. It is my belief that dialectical struggles around activity and passivity form part of the contextual background in all relationships, including the analytic one, and become more conflicted if aggression begins to dominate intimacy.

Such struggles are not confined to human interactions. Dominant behavior is a well-known ethological strategy for defense in animals via flight behavior. In many primates, dominance is part of competition for resources, mates, territory, and social status, and helps maintain genetic variance within the group. Flight behavior is used to avoid danger and harm, and is phylogenetically very old (Dixon 1998). Animals—including human beings—who are exposed to inescapable threats or attacks exhibit a typical gaze-avoidant, immobile response. Dixon compared the behavior of depressed patients to such arrested flight behavior. Although the response of such a victim is not always adaptive, it at least arrests escalating fear by cutting off fear-inducing input.

In previous works (Twemlow 1995a, 1995b), I have shown how the complex dialectical interaction between victim and victimizer is fueled by the bystanding audience. Like cofactors in a chemical equation, the participants can influence the direction of the equation. The bully–victim–bystander relationship can be analogized to a mass law equation, with the bystander being the cofactor driving the relationship in either direction, as follows:

$$\text{BULLY} \underset{\text{BYSTANDER}}{\overset{\text{BYSTANDER}}{\rightleftharpoons}} \text{VICTIM}$$
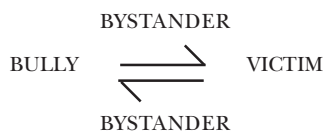
The characteristic object relationship configurations in Tables 2, 3, and 4 result from fixed, traumatic object relational units. This typology emphasizes the object relational configurations and role-dependent nature of the dialectic.

It should be noted that these dynamic categories may bear little or no relationship to statistically derived, clinical syndromes comprising DSM-IV approaches to psychiatric disease classification. Nonetheless, such psychoanalytic diagnoses suggest clear courses of treatment. Once these traumatic object relational patterns become fixed, the social system is set up for difficult-to-avoid, violent destructiveness. In the early stages of this dialectical interaction, the bully–victim–bystander roles are interchangeable in a confusing, ever-changing kaleidoscope, involving mainly the following defense mechanisms: projective identification, counterprojective identification, extractive introjection, and altruistic surrender.

Recent psychological research questions the importance of low self-esteem in causing violence. Bushman and Baumeister (1998), in a study of college students, found that negative, insulting evaluations of essays written on an emotionally charged topic, such as abortion, increased the aggressiveness of responses for all types of individuals, and that these aggressive responses were strongest among subjects who scored highly on questionnaire-assessed narcissism. The authors concluded that threatened egotism is a significant cause of aggression. Measures of self-esteem yielded no significant results. Bushman and Baumeister felt that such a view contradicts the traditional one that low self-esteem causes aggression. The results of this sophisticatedly designed study strongly suggest that narcissistic hypersensitivity promotes aggressive responses. In a useful and straightforward way, the authors distinguished high self-esteem (thinking well of oneself) from narcissism (passionately wanting to think well of oneself). In Gabbard's (1989) classification, the hypervigilant narcissist seems the most prone to violence. Those with oblivious narcissism may brush off criticism more easily, but it is my experience that hypervigilant and oblivious responses exist in a dynamic equilibrium. It seems that those who need to validate a grandiose self-image with constant

Table 2: A Clinical Typology of Bully Roles

| Type | Main Descriptive Features | Relationships with Peers | Relationships with Teachers | Family Background | Object Relations Configurations |
|---|---|---|---|---|---|
| Sadistic Bully | Low anxiety, prominent sadism. No fear of discipline. Lacks empathy. Impulsive. About 1% of a school population. Possible genetic factors. | Often a feared leader. By high school, less popular. Few true friends; many "followers." | Constant disciplinary referrals. Teachers feel helpless and sometimes afraid. | Mother often depressed; vicarious satisfaction from child's behavior. Defends child to authorities. | Hostile, critical; iden. w/father — *Part Self-Representation* / Rageful vengefulness — *Affect* / Omnipotent, isolated, lonely; iden. w/mother — *Part Object Rep.* |
| Depressed Bully–Victim ("Provocative Victim" of Olweus [1992]) | Low self-esteem. Whines, tattles, has aggressive outbursts. Truant and tardy often. Late on assignments. Vegetative depressive signs present. | Rumormonger. Lacks friends. Easily led. Provocative and loud. Unpopular with peers. Attention-seeking. Uses helplessness to manipulate. | Frequent staff splitting. Resists direction. Often disliked by peers. Attention-seeking. Uses evoked sympathy to manipulate. | Homes often violent, with victim–attacker patterns in parents. | Hostile, critical; iden. w/father — *Part Self-Representation* / Rageful vengefulness — *Affect* / Omnipotent, isolated, lonely; iden. w/mother — *Part Object Representation* |
| Agitated Bully | Anxious. ADD/ADHD diagnosis. Creates whirlwind classroom disruption. Short attention span. Lack of empathy. | Not popular with peers due to teacher "favoritism." Seen as "odd" or "sick." | Often receives special attention. More likeable than depressed bully–victim. | Less dysfunctional and cooperates with treatment after initial resistance, especially to medication. | Hostile, critical; iden. w/father — *Part Self-Representation* / Rageful vengefulness — *Affect* / Omnipotent, isolated, lonely; iden. w/mother — *Part Object Representation* |

Table 3:  A Clinical Typology of Victim Roles

| Type | Main Descriptive Features | Relationships with Peers | Relationships with Teachers | Family Background | Object Relations Configurations |
|---|---|---|---|---|---|
| Submissive Victim | Passive, withdrawn, physically small, self-doubting, sensitive to criticism. Rich fantasy life; not depressed. School refusal. Copes with fear by submitting. | Lonely, unpopular. Submits easily to attack. | Often overprotected. Can be forgotten. Poorest academic achievement. | Child is often devalued by family and/or over-protected. May be physically and/or or sexually abused. | Inadequate, helpless, ugly — *Part Self-Representation*<br><br>Sad — *Affect*<br><br>Hostile, critical — *Part Object Representation* |
| Masochistic Victim | High school-age girl, usually in context of a "crush." Schoolwork suffers. Do not see themselves as ill, but rather "in love." | Masochistically martyr themselves, often to a bully who is seen as worth the sacrifice. | Often truant, preoccupied, distracted. Uses downers. | Is often repeating a parental pattern of martyrdom. | Fragile powerfulness with underlying inadequacy — *Part Self-Representation*<br><br>Self-sacrificing — *Affect*<br><br>Helpless, controlling — *Part Object Representation* |
| Rescuing Victim | High school-age girl, usually in context of a "crush." Schoolwork suffers. Do not see themselves as ill, but rather "in love." | A submissive, rescuing relationship to a bully who is seen as capable of reform if handled the right way, namely, by the victim. | Preoccupied, distracted. | Repeating an observed parental pattern of rescuing. | Good child to be rewarded for compliance — *Part Self-Representation*<br><br>Omnipotent, self-sacrificing — *Affect*<br><br>Helpless, controlling — *Part Object Representation* |

Table 4: A Clinical Typology of Bystander Roles

| Type | Main Descriptive Features | Relationships with Peers | Family Relationships |
|---|---|---|---|
| Bully | Voyeuristic. Vicarious reexperiencing of trauma in an attempt at mastery. | Identifies with bully as helper; is a potential bully. | History of domestic violence in home. |
| Victim | Depressed, self-pitying. Poor academic achievement. | Tonic immobility response to threat; suggestible, easily led, timid. | History of sexual and physical abuse. |
| Avoidant | Sometimes an adult in authority, e.g., a principal who denies obvious problems. Tends to be "teacher's pet." | "Pollyanna" attitude. Naively positive thinker. | Often from fundamentalist religious family. Has external locus of control. |
| Ambivalent | Quite mature for age and aware of narrow-minded focus of peers. Liked by teachers, but not a "teacher's pet." Actively intervenes to prevent power struggles. | A detached observer. Hard to coerce to take sides. Might suffer ostracism. | Healthier home environment. |

positive feedback respond most aggressively when that feedback is not forthcoming.

Situations of high arousal, such as fear and anxiety, create a psychophysiological response that deeply alters the permeability of psychological boundaries between victim and victimizer. In one sense, the ego boundaries of victim and victimizer fuse, creating a single entity from two minds. A primary influence of this boundary permeability is stimulated by the sympathetic and parasympathetic nervous systems. The sympathetic nervous system secretes adrenergic hormones, which activate the psyche and body in preparation for fight and flight. The parasympathetic response, through glucocorticoids, has an opposite, relaxing and calming effect. Under normal conditions, this combination of responses is adaptive and reestablishes a homeostatic balance in the body and mind. In situations of extreme fear or chronic victimization, however, such as in bullying and domestic violence, exhaustion of the adrenals can lead to a premature, exaggerated, parasympathetic calming response, creating a sleepy mental state, muscular weakness, and inhibition of the blood coagulation mechanism and immune system—thus paradoxically making the individual more vulnerable both to ego boundary permeability and to physical injury. VanderKolk (1989) coined the term *traumatic bonding* to explain the way in which affect psychology creates a charged object relational configuration (self and object representation), which then becomes highly cathected due to extreme conditions at the time (e.g., contemptuous bullying). This traumatic object relational unit can stimulate a flashback, influencing later behavior in self-destructive repetition compulsions.

I have elsewhere described a form of negative intimacy between bully and victim, similar in form to lovesickness (Twemlow 1995a). Emotional dependency may develop in the same way that it does in chronic domestic violence, with a form of dependent linking of the victim and the bully. Terror and sadistic control, rather than love and caring, predominate. One victim, who described herself as "spot-welded" to her rapist, could not get him out of her mind, even changing her brand of cigarettes to his brand. Intrusive thinking, alterations of consciousness, and a sense of incompleteness, along with a

total preoccupation with the bullying attacker, are frequently described.

Social proscription enhances the lovesick experience, as well as conferring on the victim and victimizer in bullying relationships a social notoriety, embellished in excruciating detail in the contemporary media preoccupation with violence. The person I have described as the bully–bystander is vicariously identified with the bully, and the victim–bystander is vicariously identified with the victim. Both typically exhibit a similar level of fear and arousal, with ego boundary permeability, and both can participate as "cofactors" in the bully–victim dialectic, depending on which way they are polarized. The avoidant bystander who denies the existence of a problem, and the ambivalent bystander who is not caught up in the regression, have less boundary permeability and less of a maladaptive response.

## A MODEL FOR POWER STRUGGLES DERIVED FROM KLEIN/BION AND OTHER OBJECT RELATIONAL CONCEPTUALIZATIONS

A Kleinian object relations model for power struggles can best be illustrated first by a theoretical outline of the typical object relational configuration; second by defenses and affects synthesized primarily from the work of Bion (1967), Klein (1935), and Ogden (1986, 1989); and finally by a clinical illustration of the model that occurred in a school where fixed bully--victim--bystander power struggles resulted in lethal violence.

Projective identification is both a defense and an interpersonal communication, as pointed out by Ogden (1986). It is a way of learning about somebody else, as well as a way to disavow bad self- and object representations. Hamilton's (1986) concept of positive projective identification highlights the potentially pathological function of the projection of good self- and object representations, when these are idealized or unrealistic. *Counterprojective identification,* a term coined by Grinberg (1962), is essentially an unconscious coun-

tertransference to the patient's projections, so that the analyst unconsciously functions according to internalized projections from the patient, unaware of the differences between his or her reactions and the patient's. Thus, the borders between self and object (or "us" and "them") are blurred and can lead to power struggles, as Ganzarain (1999) pointed out.

In the highly boundary-permeable psychophysiological state existing in trauma situations, such as that of prolonged bullying, an ever-changing, confusing mélange of mental contents defies clear delineation. The endpoint of submission with domination can involve even apparently trivial identifications, as with the brand of cigarettes of the attacker, and also more potentially lethal ones, such as a hopeless submission to the attacker—i.e., identification with the victimized self-representation of the attacker. Bollas's (1987) concept of extractive introjection is useful as a special case of "object stealing," in which the attacker extracts self-representations from the mind of the victim, leaving a feeling of being empty of thoughts and empty of the capacity to think, with a loss of the sense of one's person. Bollas considered such multiple extractions to be a "serious deconstruction of one's history" (p. 166) that can be irreparable. Such a situation exists in the chronically bullied child, who might eventually erupt with serious retaliatory aggression, either by murder or suicide.

Anna Freud's (1936) concept of altruistic surrender, not unlike Hamilton's (1986), of positive projective identification, suggests the projection of positive rather than negative ideas onto the external object. Altruistic surrender enables positive attachments to be established—with the price of self-denigration, however. Common examples include the projection of ambitions and ideals onto another person—for example, a school gang leader. Some bullies cannot tolerate a benign, loving superego; the projector may be unable to experience pleasure for him- or herself without intolerable persecutory guilt. The bully–bystander role is a frequent example of such an altruistic surrender, wherein the bystander's personal ideals and ambitions are projected onto the bully, and life is lived vicariously through this pathological identification, with often remarkable service and sacrifice to the bully–leader's whims.

Other defenses connected with deep levels of regression, such as pathological idealization, omnipotent denial, and splitting, are often involved at various stages of the power struggle. From an economic point of view, these primordial defenses defend against the catastrophic effect of maldistribution of power, which becomes a threat to the ego. Unadulterated, undefended power creates the same subjective state that Bion (1967) described as "catastrophe" (p. 116), a state of nameless dread of cosmic proportions.

Bion's idea of nameless dread specifically referred to a meaningless fear that comes about in the context of an infant's relationship with a mother incapable of reverie. Children, and sometimes adults, who are consumed by violent feelings seem immersed in this meaningless, powerless, omnipresent terror. A key to taming the terror involves the idea of reverie as a specific form of containment (Bion 1967). The reverie of the mother is a particular quasi-therapeutic act of containment that ameliorates and transforms catastrophe. If the mother fails to contain the infant's terror, she becomes a projective identification-rejecting object, which then renders the baby's experience meaningless, as is the dread that affects both the perpetrator and victim of violence. What is reintrojected from the reverie in the capable mother is not a "fear of dying made tolerable, but a nameless dread" (Bion, p. 116). With recurrent introjection of this projective identification-rejecting object, a pathological introject forms, which destroys meaning and leaves the infant in a mysterious, meaningless, terrifying world—which may not only strip meaning from the immediate world, according to Bion, but may even give rise to a superego structure that issues meaningless injunctions about behavior. In the individual psychopathologies of violent people and of victims, it is likely that the mother reverie was not present or was defective.

One can extend this concept to a community level. The community itself can become a container, and yet if it cannot deal with the terror of the community—for example, terror in the context of violent schools—what is reintrojected is a terrifying environment of meaninglessness, lack of coordination, and especially lack of compassionate interconnectedness and helpfulness, as seems to exist in a

number of violent school settings and in other environments that have deteriorated or have been destroyed. A common effect of such an environment of meaninglessness is that the individual is incapable of what Bion called *alpha-betization* (1967), that is, the encoding and linking/connecting of beta fragments with emotional experiences and with each other through naming, making them available for thought and for dreams, fantasy, and feelings. Containment is therefore a fundamental requirement for mental processes. The terror of falling endlessly, which Grotstein (1990a, 1990b, 1991) described as the "black hole" (an elaboration of Bion's [1967] idea that the black hole is not an astrophysical concept), is akin to the *feeling* of falling endlessly, and, more generally, of being in a precarious state of imminent catastrophe.

The very destructiveness of these aggressive forces suggests a powerful, presymbolic, internal object field. The autistic-contiguous organization postulated by Ogden (1989) extended Freud's idea that the initial ego is a body ego derived from bodily sensations. The autistic-contiguous position organizes experiences of raw sensations and perceptions on bounded body surfaces. Anxiety in the autistic contiguous positive is the anxiety of dissolution of boundedness. This form of preconceptual thinking is an early attempt to conceptualize the world in Bion's sense. Thinkable thoughts are produced from preconceptions (beta to alpha transformation). The act of bullying and the act of violence may represent a failure to verbally symbolize and thus release catastrophic dread with attendant urgency. The act of violence, then, is an externalized symbol that binds anxiety (Alford 1997).

The terms "stomping for intimacy" and "blood brother," often used in penitentiary settings, are ways of getting close to someone in the form of a brutal assault (Alford 1997). From this point of view, repetitive bullying is a complex set of defenses, actions, and affects. Ogden's (1989) autistic defensives include rhythmically repetitive phenomena, like head-banging, skin-picking, and bingeing and purging—to which I add repeated bullying. These are all attempts to establish a physical sense of continuity of surface to bind catastrophic anxiety. It is rare that bullies engage in single acts, and

their violent acts are often experienced as calming. One serial killer I examined referred to his killing escapades as "like grinding meat," which he could conclude with a martini and a good night's dreamless sleep. The murders, he said, temporarily relieved him of omnipresent, paranoid, enraged feelings of isolation, accompanied by fears of "falling through space."

The bully's cohort of bully–bystander disciples often have to demonstrate their loyalty through acts of submission and even self-humiliation, a form of psychological "stomping for intimacy." Thus, a bullying child, through either individual psychopathology, family dynamics, or community psychopathology, or some combination of these, has developed an incapacity for "thinking thoughts" in Bion's (1967) sense, as well as an incapacity for mentalizing (Fonagy et. al 1997). Instead, in "seeing oneself in the other," the bully is unable to contain aggressive impulses. Under these conditions, concern for the welfare of others becomes submerged by an immediate survival need (i.e., to survive annihilation by the impulses).

There is a dramatic shift in the flexibility of interchangeable, coerced roles when the perceived enemy becomes truly an enemy. This rather complex concept has been explicated by Volkan's (1998, 1999b) idea of *familiar enemy*. In convincing arguments based on the study of large group and ethnic conflicts, Volkan pointed out that the enemy is a needed part of the total global identity, in order to contain the disavowed self- and object representations that for one reason or another need to be projected outside of the self. The container implicitly agrees to contain these disavowed parts while similarly projecting. A dynamic tension or armed truce may occur between familiar enemies who develop a long-standing relationship without being involved in direct conflict, or who are in conflict only sporadically. Volkan's idea was that as long as the enemy is a familiar one, there is implicit agreement for this situation to occur, so that a form of "stable instability" results.

With the production of a true enemy, conflict is inevitable; and the possibility of negotiating with the enemy is destroyed. The enemy is truly an alien, that is, neither human nor redeemable. From an object relational perspective, the container then rejects the pro-

jections of the familiar enemy, and a psychotic transformation occurs, so that the enemy comes to be perceived as a direct threat against whom attack action must be taken.

## A FATAL SCHOOL POWER STRUGGLE: THE COLUMBINE HIGH SCHOOL MASSACRE

Perhaps the most startling present-day illustration of the complexity of the bully–victim–bystander relationship is the phenomenon of school killings over the past two years, beginning with the one in Pearl, Mississippi, on October 1, 1997,[3] and most recently, the massacre at Columbine High School, Littleton, Colorado. According to media reports, all the fatal shootings were by Caucasian boys in nonurban schools. All the perpetrators experienced severe bullying and were social outsiders, ridiculed by their peers. Luke Woodham of Pearl, Mississippi, said, "I killed because people like me are mistreated every day. I did this to show society; push us and we will push back."[4] Many of these children belonged to fringe groups, and all spoke quite openly about killing people. For example, in Jonesboro, Arkansas, on the day before the murders, Mitchell Johnson boasted, "Tomorrow y'all are gonna find out if you live or die."[5]

In the Columbine High School situation, Eric Harris and Dylan Klebold fit the aforementioned pattern. They were children from middle-class backgrounds, with parents involved in regular work and professional activities. Each of them had two parents. Both were involved in traditional, all-American activities, such as Little League ball games and Boy Scouts, until a year or so before the shootings. Harris applied to enter the Marines, but was denied because he had taken Luvox. They liked bowling and each had worked in a pizza parlor.

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[3] For a description of this event, see *Time Magazine,* Special Report, May 31, 1999, p. 35.

[4] *U.S. News and World Report,* May 3, 1999, p. 18.

[5] Ibid.

Behind this innocuous facade, however, a core of murderous rage began to escalate as the relentless bullying continued. The boys developed an intense preoccupation with the video game "Doom," which depicted brutal slayings of cartoon characters, offering bonus points for "head shots."

Each of these boys seems to have suffered a regression to an autistic-contiguous mode of relating, with many persecutory, paranoid-schizoid features. Reports of their relationships with others showed a rapid, regressive deterioration in the year before the killings, when they displayed many signs of primitive disintegration, which were not taken seriously by either school or law enforcement officials. In that year, there were reports to the local sheriff that the boys had made and detonated pipe bombs, and had threatened to carry out mass shootings. A website containing death threats toward other students "could not be found" by investigators.[6] Retrospective news reports also suggested that the boys had openly displayed their preoccupation with violence at home. Investigators found a shotgun barrel and bomb-making materials on a dresser in the home of one of the boys; none of these items had been noticed or taken seriously by the boy's parents.

There is a tendency to search for explanations that ameliorate our community responsibility for crimes like these. It is easier to imply that the boys were seriously mentally ill (aliens) or pawns in a plot by adult terrorists with political motives. Although investigations are still ongoing at the time of this writing, it would surprise me if any such causes are found. A forthright and honest approach to this tragedy reveals that it is likely a "textbook" illustration of the lethal outcome of pathologically fixed bully–victim–bystander dynamics. In the year or so prior to the killings, before the bully and victim roles became fixed, the Trench Coat Mafia, to which the killers belonged, openly embodied extreme anti-American, neo-Nazi attitudes, with defensive idealization of the role of the outsider. Conversely, the White Cap Jocks, the bullying group, had strong athletic records and high social status at school.

[6] See *The Washington Post,* May 1, 1999, p. A7.

Virtually every student interviewed for the news media after the tragedy had been aware of this persecutory atmosphere. Until about a year earlier, the Trench Coat Mafia had "given as good as they got": their bullying activities included the creation of threatening videotapes for school projects, the glorification of death and killing in other school assignments, and unexpectedly and paradoxically rude and physically violent responses when pleasant greetings were made to them. About a year prior, these roles had become fixed, with the White Cap Jocks as bullies and the Trench Coat Mafia minority as the outsiders/victims, while the rest of the school—including the principal, who had "no idea"[7] of what was going on in the school—comprised the bystanding audience.

What is striking are the many red flags raised by these boys, which can be seen with hindsight as cries for help, and the fact that ignoring and minimizing their distress signals could be seen as additional indirect bullying by bystanders. The Trench Coat Mafia were given a page in the school yearbook, where their serious views were described as though the group were merely some sort of weird glee club. A further example of the omnipotent denial of the obvious, basic bully–victim–bystander dynamics was the community's subsequent production of a plethora of denial tactics and scapegoats, including the alleging of severe mental illness, adult influence on the boys, lack of adequate surveillance and security in the schools, lack of gun control, and "liberalism" (Newt Gingrich[8]). It was Vice President Gore's opinion that the massacre was evidence of the existence of evil in society.[9] The idea of evil places it beyond the pale of human understanding and thus beyond a possibility of resolution without divine intervention.

These various potential explanations not only deny the facts, but also fail to explain why this event occurred in an affluent, primarily white high school (therefore, blame could not be

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[7] See *U.S. News and World Report,* May 3, 1999, p. 17.

[8] See *USA Today,* May 13, 1999, p. 3A.

[9] As expressed in a commentary after "Nightline—The Day After," *ABC Television News,* April 21, 1999.

attributed to young, unemployed, African American men, as frequently occurs in such incidents). Our culture, in spite of being a democracy and a melting pot, has a history of persecuting outsiders. In a graphic account, a member of the Trench Coat Mafia, who was not directly involved in the shootings, described the taunting he received; he said life for members of the group was "hell, pure hell." Athletes at the school called him a "faggot," bashed him into lockers, and threw rocks at him as he rode his bike home. He said, "I can't describe how hard it was to get up in the morning and face that."[10]

Some survivors of the massacre reported that, during the killings, the gunmen were laughing with glee, as if they were enlivened by the experience; perhaps this was a form of "stomping for intimacy." One gunman was heard to say, "This is what you get for the way you treated us."[11] Clearly, the victims (the Trench Coat Mafia) and the bullies (the White Cap Jocks) had disavowed their bad self- and object representations by projective identification onto each other. The omnipotent denial of the school principal, and the denial and/or conscious avoidance by other bystanders, illustrate a rich variety of defenses. If the situation were truly not obvious to the principal, counterprojective identification with denial is the likely explanation for this extreme and dangerous lack of awareness. Many students may have felt too helpless and afraid to be involved (as victim–bystanders). Some interviewed were honest enough to express chagrin at their own avoidance. Extractive introjection disempowers the self, leaving empty, helpless feelings, which perhaps explains this subjective vacuity.

The understanding provided by converging psychoanalytic explanations of these events has prompted my colleagues and me to explore to what extent the general public may be aware of these factors. In doing so, we took advantage of one of America's great national pastimes, "Giving Your Opinion at the Diner." A local restau-

[10] *Topeka Capitol-Journal,* April 25, 1999, p. 13A.
[11] Reported by a child interviewed on "Nightline—The Day After," *ABC Television News,* April 21, 1999.

rant diner,[12] a gathering place for many long and fascinating discussions, provided the setting for us to ask four questions of customers, seventy-one of whom voluntarily and anonymously gave their opinions concerning the Littleton tragedy. The results are summarized in Table 5.

Striking in these results are the level of awareness and strong opinions on the part of the public about community responsibility for this tragedy. The respondents in this sample believed that improved school security would likely not have prevented the disaster, and that the media, the Internet, and adults' and children's bullying of each other were significant contributors.

## SUMMARY AND CONCLUSIONS

In addition to the aim of contributing to an understanding of adults' and children's power struggles, I have tried to apply psychoanalytic explanations of clinical phenomena—such as Freud's principle of overdetermination—to models rather than to patients, in examining tragedies such as the Columbine massacre. Rather than addressing the problem exclusively from a particular school of thought, I have utilized the work of many outstanding clinicians, as well as the findings of many experimental and quasi-experimental studies, to present bases for these interpretations.

I have also proposed a new, combined approach to social problems, which I believe is uniquely psychoanalytic. Complex problems like violence should be approached both from a Type I perspective, using the analogy with psychoanalysis itself wherein the role of the community facilitator is like that of an analyst, and with the use of Type II sociotechnical methods, including more specific interventions in which the group learns to work together toward a common goal. Taking as a foundation Volkan's "Tree model" and my previous work with colleagues on the "Engineered Conflict model," I have outlined the psychoanalytic basis for a specific program intervention,

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[12] Doug's Diner in Topeka, Kansas, owned by Doug Petrie.

Table 5: Public Opinion of the Columbine High School Tragedy

| Question | Percentage (Number of Respondents) "Yes" | Percentage (Number of Respondents) "No" | Percentage (Number of Respondents) "No Opinion" |
|---|---|---|---|
| Do you think better school security could have prevented the Columbine High School tragedy? | 40.6% (28) | 53.6% (37) | 5.8% (4) |
| Do you think the media and the Internet contribute to violence? | 90% (63) | 7.1% (5) | 2.9% (2) |
| Do you think adults' putting each other down contributes to children's violence? | 74.6% (53) | 14.1% (10) | 11.3% (8) |
| Do you think children's bullying each other in schools contributes to violence? | 88.7% (63) | 8.5% (6) | 2.8% (2) |

Type III, based on open-ended fact-finding and problem-solving dialogue, with the assistance of analytically trained facilitators. This intervention has been shown to be successful in ameliorating severe violence in an elementary school (Twemlow, Fonagy et al., in press).

It is my belief that, when combined to form this approach, the four conceptual models described in the foregoing more fully explain psychological aspects of power struggles between adults and children than do other models or any of the four alone. My colleagues and I have observed that adults are prone to create and act out socially entrenched rituals of exclusion; culturally validated exclusionary groups include, for example, country clubs and trade unions, among many others. Children also form special groups, such as clubs, cliques, sports teams, and the like, which include or exclude other children based on arbitrary criteria. Adler's (1958) group theory seems particularly useful in explaining how exclusionary processes occur within social groups. His approach postulated that all individuals have a right to membership in a group and should not have to seek or earn it. Thus, the group, in excluding others, may engender narcissistic pathology in the individual excluded, who may avoid the group (victim) or force entry (bully).

In a more individually focused study of coercive power pathology, we developed a sadomasochistic model, derived largely from Stoller's (1985) work on sexual perversion. This model describes the sexualized, repetitive, and ritualistic nature of bullying, both by adults and children, in which humiliation and dehumanization of the victim yield a sense of sadomasochistic excitement for the bully. The deep and primordial intensity of bullying, as well as the enraged and furiously destructive responses that may result, are best explained using Stoller's approach.

My colleagues and I developed the third model based on a study of literature on primates and human behaviors (Dixon 1998), as well as our own research on dominance and submission in human relationships. This social systems psychoanalytic model assumes that the roles of bully, victim, and bystander are dialectically structured. That is, they are dependent on each other, and, all other aspects being

equal, would not exist as a whole if each separate role did not exist. This belief, based on a model invoking role suction, suggests a classification and treatment of subgroups of bullies, victims, and bystanders, as outlined in Tables 2, 3, and 4. This model also allows planning of interventions that aim to alter the input and output of the social system, and to rearrange the distribution of power to correct the asymmetrical relationship between bully and victim played out before an audience of bystanders.

Finally, a model derived from Bion (1967), Klein (1935), and other object relational views has been described and illustrated by the example of the recent massacre in a high school in Colorado. This tragedy highlights the primitive defense mechanisms and self- and object relationships that can evolve and develop in a situation where all participants, including bystanders, are caught up in unconscious primitive regressive defenses, allowing serious victimization which in turn leads to lethal violence. An understanding of these primitive mechanisms is useful to explain the behavior not only of the killers, but also of the bullies—as well as that of the bystanding community and staff (including the school principal), most of whom seemed stunned at their own lack of foresight.

These specific models were chosen because each one, in addition to explaining part of the phenomenon observed, suggests a practical treatment intervention. Collectively, then, these models suggest that the power struggles of subgroups need attention and examination by the larger community group, particularly of rituals of inclusion and exclusion and how the subgroup deals with outsiders. Clearly, children are at risk to occupy coercive power roles, the adoption of which can be detected early, with interventions designed accordingly for individual children.

In a subsequent paper, additional models will be described which give other perspectives on these phenomena, since these four models obviously do not represent the only ones potentially useful in explaining such complex social and individual phenomena. It goes without saying, of course, that in this paper, I have focused on psychological models, but other relevant factors include genetic sensitivity, individual psychopathology, availability of weapons, inadequate so-

cial control, and media focus—to name only some of the other broad areas that contribute to this complex public health crisis.

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# BOOK REVIEWS

STANDING IN THE SPACES: ESSAYS ON CLINICAL PROCESS,
TRAUMA, AND DISSOCIATION. By Phillip M. Bromberg.
Hillsdale, NJ: Analytic Press, 1998. 368 pp.

*Standing in the Spaces* is a wise and compelling collection of essays on
the analytic relationship and clinical process. It offers readers valu-
able and thought-provoking insights into the conceptualization and
application to technique of issues that lie at the heart of contemporary
analytic clinical discourse. These include the relationship of conflict
to deficit, the place of trauma in pathogenesis, the analyst's subjectiv-
ity, the positive use of countertransference, and the roles of interac-
tion, enactments, self-disclosure and other relational, noninterpreta-
tive therapeutic factors in the analytic process.

Bromberg is a leading contributor to the relational and intersub-
jective schools of analysis. His writings reflect his roots in Sullivan
and the interpersonal tradition in which he was trained. Other forma-
tive influences include contemporary Kleinian authors, especially
Bion, and the British Independents. Given these sources and the co-
gency and value of the arguments advanced, readers in the main-
stream of American psychoanalysis who may be less familiar with these
branches of the analytic literature will not only appreciate *Standing
in the Spaces* for its insightful clinical contributions, but will also find
it to be a powerful illustration of the extent to which many of the
present-day controversies in clinical practice and theory with which
contemporary analysts are engaged have long been the object of
study of other analytic orientations.

At the core of Bromberg's vision is a complex view of the mind as
a nonlinear system of loosely related self-states and self-representa-
tions. These emerge and coexist from the beginnings of individual,
subjective experience. This system is comprised of:

. . . a configuration of discontinuous, shifting states of con-
sciousness with varying degrees of access to perception and
cognition. Some of these self-states are . . . unlinked from
perception at any given moment of normal functioning . . .
while other self-states are virtually foreclosed from such ac-
cess because of their original lack of linguistic symboliza-
tion. [p. 125]

What determines the degree of linkage or foreclosure that can
exist between component self-states is the ever-shifting balance be-
tween the individual's self-protective, conservative aims (the fear of
trauma and its repetition) and an intrinsic movement toward human
relatedness, growth, and development. Given this dialectic, Brom-
berg proposes a system in which dissociation is a normative devel-
opmental process central to both character formation and, when in-
tensified by trauma, character pathology.

This perspective is important for our understanding of the
treatment process. That which is dissociated—unarticulated and un-
articulatable—can be expected to appear via jointly and unconscious-
ly created enactments and countertransference impulses and fan-
tasies, rather than in the patient's verbal associations. Bromberg's
position in regard to this is as follows: "It is only through an ana-
lyst's joining the intrapsychic battle in his patient's inner world via
the interpersonal and intersubjective battle in the analytic process,
that a patient's divisions within himself can come to be known" (p.
217). This interpersonally derived assertion is reminiscent of Freud's
views of repetition in action as a precursor to remembering.[1]

The implication of Bromberg's claim is that there exists a cate-
gory of patients—or moments in the treatment of all patients—for
whom "being" rather than "telling" is vital, and with whom the ana-
lyst's task is more that of "recognizing" or "knowing" than "under-
standing" (p. 25). Thus, Bromberg sees the patient's encounter with
the unique qualities of the analyst's being (the analyst's subjectivity) as
central to therapeutic engagement and progress. It is the analytic

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[1] Freud, S. (1914). Remembering, repeating, and working through. *S. E.,* 12.

relationship that must provide and become the medium through which the patient's dissociated self-states may appear. And it is the analytic relationship that must allow the patient the requisite sense of safety needed to risk experiencing dissociated elements of self —that is, to regress or de-equilibrate into unfamiliar patterns of experience from which new or previously dissociated self-organizations may emerge.

This conceptualization of the dynamic role of the analytic relationship in the treatment process reflects the rich traditions of a decidedly interpersonal emphasis on content as an aspect of process, rather than something simply uncovered by process (p. 57). It is grounded in Sullivan's descriptions of security measures, participant observation, and the interpersonal field, yet it resonates with contemporary discussions of analytic interaction, enactment, relational forces, and Bion's theory of "container and contained." In regard to the latter, Bromberg's theory also illustrates the extent to which clinical views of enactment, projective identification, and the positive use of the countertransference converge within writings of the modern interpersonal, relational, contemporary Kleinian and British Independent schools.

In a chapter entitled "A Relational Perspective on Clinical Process," for example, Bromberg raises the central question of why, given the adaptive value and inertia inherent in the stability of personal identity, anyone should change. His answer moves from the inherent struggle between the self-preservative power of ongoing subjective truth and the self-transformative power of human relatedness to "a conception of the mind as a non-linear, dialectical process of meaning construction, organized by the equilibrium between stability and growth of one's self-representation" (p. 168).

The role of analysis in this process is heavily dependent upon the unique personal qualities of the analyst and the actuality of the analytic relationship: "Psychoanalytic inquiry breaks down the old narrative frame (the patient's "story") by evoking, through enactment, perceptual experience that doesn't fit, thus allowing narrative change to take place" (p. 176).

Bromberg's uniquely interpersonal perspective on this process emerges in his assertion that:

> . . . the one vehicle for the expression of the patient's disso-
> ciated "data of experience". . . is through enactment in the
> analytic relationship where the presence of these data is re-
> vealed in the co-created intersubjective world of the trans-
> ference/countertransference gestalt and never in the mind
> of the patient alone. The phenomenon is not *intra*psychic
> and can be observed only through living it with the patient
> in the joint creation of an intermediate reality that bridges
> the experiential void between the patient's self-states and
> helps meet his experiential need "to stay the same while
> changing." [p. 183, italics in original]

For Bromberg, psychoanalytic inquiry *includes* the patient's en-
counter with the actuality of the analyst's being. This encounter serves
as both a necessary background for exploration (as in the more familiar
concepts of empathy or the therapeutic or working alliance) and as a
form of interpretive action in and of itself. Interpretation and relation-
ship coexist and to a large degree are coextensive. The result, within a
well-conducted, well-functioning analytic situation is the creation of
opportunities for new growth and progressive change:

> There is a chance . . . for the dissociated domains of self
> to play out aspects of [previously] unsymbolized experience
> that will allow motoric, affective, imagistic, and verbal ele-
> ments to coalesce with relevant narrative memory in the
> context of something formerly unthinkable: a perceptual
> experience of the patient–analyst relationship as a dyadi-
> cally constructed illusion, linking internal truth with a
> new, self-consistent, more flexible version of external reali-
> ty. [p. 183]

As elements of experience that were once dissociated (deficits)
achieve representation, the conditions necessary for intrapsychic
conflict—and its analysis—become possible. In Bromberg's view,
this process is universal and has important implications for his views
of the self and normality.

> The psychoanalytic transition from dissociation to the sub-
> jective experience of internal conflict is not one that has a

linear beginning and end. In some patients, the initial shift is dramatic and involves a major personality reorganization, but the basic configuration is there in every analysis and is part of every treatment process during all phases. [p. 186]

Consequently, Bromberg concludes:

There is no such thing as an integrated self—a "real you." . . . *Health is not integration. Health is the ability to stand in the spaces between [personal, subjective, and intersubjective] realities without losing any of them. This is what . . . self-acceptance means and what creativity is really about—the capacity to feel like one self while being many.* [p. 186, italics in original]

There is far more of value and substance in *Standing in Spaces* than can be recounted in this review. As a final illustration of the rich rewards that readers may expect from this book, I will close with a passage that says a great deal about Bromberg's orientation toward the analyst's stance, the analytic relationship, and their implications for the treatment process. This passage reflects the author's exquisite sensitivity to the patient's need for safety in the face of the fear of the traumatic potential of human relatedness. As clinicians, we would be well advised to remember it.

For any patient to benefit optimally from analytic treatment, the therapeutic relationship must support his ability to maintain (or develop) the internal structure to regulate potentially traumatic hyperarousal of affect, either globally or in specific areas, as the work progresses. The continuing analytic focus always in mind is for the patient to safely experience his self-structure as one that is stable and sturdy enough to withstand the input from the other person's subjectivity, without it threatening to overwhelm his immediate experience of selfhood by triggering a flooding of shame and panic associated with unrepairable early trauma. [p. 295]

**HOWARD B. LEVINE  (BROOKLINE, MA)**

DOES PSYCHOANALYSIS WORK? By Robert Galatzer-Levy, Henry
    Bachrach, Alan Skolnikoff, and Sherwood Waldron, Jr. New Ha-
    ven: Yale Univ. Press, 2000. 302 pp.

Of the handful of serious questions that could and should keep psy-
choanalysts up at night, this book's title, *Does Psychoanalysis Work?*, is
high on the list. Most of us can and do believe we know the answer;
and, in the cold light of day, we can comfortingly recall those success-
ful cases that reassure us of the merits of our efforts. However, such
anecdotal evidence does not silence the skeptics about the efficacy
of psychoanalysis, nor should it. We cannot afford to rest comfortably
in our beliefs without systematic study. Along with "how does psycho-
analysis work?"—a question that endlessly fascinates us—the prob-
lem of studying and documenting the effectiveness (benefits) of psy-
choanalytic treatment is a very serious matter for us analysts, for our
patients, and for the future of our field, serious for some obvious and
perhaps not so obvious reasons. The obvious ones involve putting our
treatment on what is now called an "evidence-based" footing in the
world of therapeutics, giving it the objective legitimacy it desperately
needs. The less obvious pertain to the critics within our field who are
dismissive, suspicious, and at worst sanctimonious about the (ir)rele-
vance of empirical objective studies of psychoanalysis, and more broad-
ly, of intellectual and scientific scrutiny of psychoanalysis by the "un-
initiated."

     The authors of this ambitious, comprehensive, and unique book
have accepted the challenge. The book's history is noteworthy: in
1988, Richard Simons, then President of the American Psychoanalytic
Association, charged the Committee on Scientific Activities with the
task of addressing the need to document the effectiveness of psycho-
analysis. The authors of this book served as a subcommittee, publish-
ing their report as a now classic article.[1] *Does Psychoanalysis Work?* is an
elaboration and examination of the data and a discussion of the is-
sues.

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[1] Bachrach, J., Galatzer-Levy, R., Skolnikoff, A. & Waldron, S. (1991). On the
efficacy of psychoanalysis. *J. Amer. Psychoanal. Assn.,* 39:871-916.

Most remarkably, this book gives the analytic clinician reader an entire education in research methodology, critical thinking about research design, and the humbling lessons to be learned from the history of psychoanalytic research. One comes away with vivid pictures of both the daunting challenges encountered in studying a complex process like psychoanalysis, and of the impressive and demanding, if methodologically flawed, pioneering research efforts. In some respects, this is a painful read: The detailed examination of "groundbreaking" research studies (the authors devote separate chapters to the Menninger Project, the Columbia Center Research, the Boston studies, the New York studies, and others) conveys a powerful sense of how serious analysts put in monumental efforts to understand the ways in which we predict outcome and assess analytic process, therapeutic benefit, and other measures; and *how hard it is to do this kind of research!*

Among the book's many strengths is its thoughtful structure, as follows: Part I addresses what analysts want to know about the therapeutic effects of psychoanalysis, including, at the start, "What is psychoanalysis?"; Part II, the empirical studies of psychoanalytic outcome and efficacy; and Part III, finding out more of what we want to know and directions for future investigations.

In Part I (in some ways, the most interesting of the three sections), the authors pose the question, "What do psychoanalysts want to know about the therapeutic effects of psychoanalysis?", and they offer a sophisticated and comprehensive overview of major questions that should be of serious concern to analysts. They begin in Chapter 1 with "What is psychoanalysis?", and conclude succinctly, "The boundaries of psychoanalysis remain blurred" (p. 12). In Chapter 2, they ask, "What are the relevant measures of psychoanalytic outcome?" The questions of what psychoanalysis does and how it does it are examined in depth, and the book's plan is laid out:

Psychoanalysts have generally assumed that the impact of psychoanalysis is highly specific and have debated what these specific effects are. There are many theories about which elements of psychoanalysis are effective, including theories of catharsis, defense, amelioration of the severity of

the superego, reworking of psychic conflict, transformations of pathological internalized object relations, new developmental experiences, transformation of the self, and the abandonment of maladaptive modes of psychological function. [p. 31]

Chapter 3 of Part I reviews some humbling issues in "Predicting the Course and Outcome of Analysis." Soberly, the authors suggest that:

The cumulative wisdom of psychoanalytic practice has been brought to bear on the question of analyzability and transmitted through clinical supervision, study groups, scientific panels, a substantial clinical literature augmented by critical summaries and evaluations of the existing knowledge, and the reports of formal systematic research efforts . . . . Much is known . . . but we have not yet reached a point where systematic answers are available. [p. 44]

In Part II, as noted above, the history of psychoanalytic research and the major studies are reviewed. Here the reader can appreciate the massive efforts colleagues have made to study analyzability, efficacy, and outcome, with limited results. Patients appear to get better; yet we cannot predict who and why or correlate this with "sacred" constructs like psychoanalytic process. And there remains the problem, as the authors detail, of "meeting criteria for effective outcome research." The reader is given an extremely valuable discussion of these criteria. Again, the authors take the field to task for its inability to completely agree on what we analysts mean when we talk about analysis.

Matters of definition and conceptualization limit the studies insofar as there has been no clear consensus about the meanings of terms or the method of measuring clinical concepts. Such terms as *improvement, therapeutic benefit, analytic process* and even circumstances *of termination* exist within

varied conceptual and institutional frameworks and were measured differently in all studies. [p. 129, italics in original]

Part III, the longest of the book, looks to the future, providing a truly comprehensive assessment of the problems and challenges facing various forms of psychoanalytic research. Here the authors serve as teachers about major methodological issues: collecting data, analytic process research (a particularly instructive section), data analysis, population studies, the single-case method, and more. This section of the book alone should be required for anyone considering immersion in psychoanalytic research in any form.

Stylistically, the book has one limitation: it is dry and fact-filled (as it needs to be to cover the terrain so completely and effectively). Readers of *The Psychoanalytic Quarterly,* accustomed to more discursive and personalized, narrative and theoretical writing, may find its "hard-bitten," objective, and information-packed qualities rough going at times; but it is worth the effort.

What more would I have wanted from this thoughtful book? Perhaps the voice of a nonanalyst researcher might have added further critical objectivity to our effort to study psychoanalysis. Such an addition would have also aided in the service of valuable bridge-building between clinical psychoanalysis and the world of research.

Perhaps this book could have been called *Everything You Could Possibly Want to Know about Psychoanalytic Outcome Research But Were Afraid to Ask.* This comprehensive, ambitious, and challenging book, while not fully answering the question it poses by its title, represents an important effort to push our field out into the open for necessary study. It teaches us about how and how not to study what we do, what we think we do, and how it all looks, again, "in the cold light of day." While the reader may come away uncertain of the ultimate proof of the efficacy of psychoanalysis, he or she will be forever changed in his or her view of both research and psychoanalysis, and will thereby be very well rewarded.

**ROBERT ALAN GLICK (NEW YORK)**

FREUD, SURGERY AND THE SURGEONS. By Paul E. Stepansky.
    Hillsdale, NJ: Analytic Press, 1999. 260 pp.

The psychoanalytic historian Paul Stepansky has created a thoughtful
and scholarly work in which he explores the rise and fall of Freud's
surgical metaphor. By "surgical metaphor," the author refers to the
description of "psychoanalysis as a surgical procedure with the psycho-
analyst in the role of a surgical operator" (p. xiii). Stepansky, manag-
ing director of The Analytic Press, has written or edited eight previ-
ous volumes on the history of psychoanalysis. In this book, he begins
his narrative with a quotation from Freud's 1912 paper, "Recommen-
dations to Physicians Practicing Psychoanalysis." Freud advised col-
leagues to "model themselves . . . on the surgeon," who puts aside all
feelings, including "sympathy," in order to perform "the operation as
skillfully as possible" (p. 1).

    As the author traces the ascent and decline of this analogy, he ex-
amines the history of surgery, as well as Freud's exposure to surgery
as a medical student, as a physician, and ultimately as a patient. A fine
historian and narrator, Stepansky uses the book's themes to under-
score the intertwining of psychoanalysis and surgery from past to
present.

    In Part I, "The Metaphor Ascendant," Stepansky chronicles the his-
tory of surgery, beginning in the twelfth century. He notes that "me-
dieval and Renaissance surgery was anathema to the metaphor of
deep penetration" (p. 23). It was only after "the discovery of the anes-
thetizing properties of nitrous oxide, ether, and chloroform in the
1840s [that] surgeons envisioned an era of deep and painless surgi-
cal penetration as a godsend to suffering humanity" (p. 27). But it was
to be four more decades before there was acceptance of Lister's anti-
septic methods, and surgery became safer for the patient. As part of
his wide-ranging exploration, Stepansky discusses Freud's troubled
relationship with the surgeon Wilhelm Fliess during the 1890s, in-
cluding Irma's injection dream and the treatment of Emma Eckstein.

    In Part II, "The Metaphor in Retreat," Stepansky observes that
Freud moved away from surgical thinking and the surgical metaphor
after World War I. As part of the richness and complexity of the nar-

rative, the author discusses war neurosis; lay analysis; the medical and surgical experiences of Abraham, Ferenczi, and Jones; and the relationships among psychoanalysts, surgeons, and psychiatrists in the use of lobotomy and shock treatment. Among the many topics examined is a very full exploration of Freud's "surgical vicissitudes" during the 1920s and '30s, and of their effects both on Freud and on psychoanalysis.

Stepansky notes that the volume represents a change in his own scholarly pursuits. While the work engages psychoanalytic history through the "surgical metaphor," it asks "fundamental questions about the techniques of care-giving and the temperament of the caregiver" (p. xix).

In sum, Stepansky has given us an erudite, engaging, and illuminating work in which he explains the interdigitation between psychoanalysis and surgery. His scholarship and insight help the reader to understand the similarities and differences among healers with different interests and backgrounds. The narrative is an important contribution to the history of psychoanalysis and the history of medicine.

**DANIEL S. PAPERNIK (NEW YORK)**

LACAN AND THE NEW WAVE IN AMERICAN PSYCHOANALY-
    SIS: THE SUBJECT AND THE SELF. By Judith Feher Gurewich
    and Michel Tort, in collaboration with Susan Fairfield. New York:
    Other Press, 1999. 278 pp.

It was with some disquiet that I decided to review this book. The task
is to say something useful to an audience of American psychoanalysts
about a book that records an encounter between the psychoanalytic
cultures of France and the United States. I was initially skeptical about
the book's apparently simple apposition of "self" and "subject."  I was
also aware of my own sense of alienation from the current trends in
psychoanalysis in America. Yet, alienation could perhaps be a starting
point to orient myself to speak to potential readers of this book.
    There has been an impetus for reform in American psychoanaly-
sis for the past thirty years, whether in the form of self psychology,

relational, or American "intersubjectivist" theories. To oversimplify a complex situation, it appears that the core of the alienation and subsequent rebellion was directed at the authority of the "classical" American psychoanalyst. The very legitimate concerns about how the analyst positions him- or herself with respect to authority, in the context of a theory of technique, led to attacks on the fundamentals of Freud's theories, or at least attacks on Freud's theories as represented by the postwar generation of ego psychologists. These movements for reform occurred within an American context, within the cultural values that have formed the United States since the Revolutionary War fought against the authority of the British Crown. Clearly, we are all bound to view the world from our particular origins; that is, we are subject to the culture into which we were born. Looking at how analysts around the world think about the notion of "psychoanalysis," even within the IPA, in terms of theory and technique, one immediately experiences a sense of identification or alienation toward the "other's" version of psychoanalysis.

I myself was trained in English Canada, which gave me the advantage of being exposed to ego psychology, self psychology, and object relations theories from psychoanalysts trained in both the American and British traditions. Ironically, one of the features of Canadian culture is the phenomenon of the "two solitudes." Canadians do not have to leave home to experience alienation; it is constitutional in our linguistically divided country. Unfortunately, it exists in Canada in the division between English and French psychoanalytic cultures as well. However, my sense of alienation from American ego psychology, as it was transmitted to me, was based on my sense of it as rigid and devitalized. In retrospect, I would say that the language of ego psychology had become for me a set of dead metaphors. However, I found no great change in replacing "ego" with "self." The reformation of "ego" into "self" appeared to be as much a movement to purge disturbing elements from psychoanalytic theory as a method of dealing technically with narcissism. Of course, this depiction is a caricature, and I am sure there are many American psychoanalysts who have found their own way to accomplish the ongoing struggle to preserve and yet renew the vitality of psychoanalysis. The American analyst

whose writing I most admired was Loewald, who I think accomplished his own reformation by a continual elaboration of Freud's text, even to his last papers.[1]

For me, it was in looking toward France, and later Quebec, that I began to find a new vitality in psychoanalysis. This vitality was not discovered in evacuating Freud's concepts or language, but by a return to origins, a return to Freud via a detour conducted by one of the most controversial figures in psychoanalytic history: Lacan, who left his mark on French psychoanalysis by opening up the reading of Freud as an experience of intense discovery and renewal. Those analysts in France who detest Lacan in the most virulent way, who have nothing but contempt for him, are also those who make the reading of Freud the center of their own work. The question of how a psychoanalyst comes to be authorized, as such, and of what this authority consists, was part of Lacan's inquiry in questioning the desire of the analyst. The superstructure of Lacan's return to Freud was his reading (implicit in Freud) of three levels or registers of human experience: the imaginary, the symbolic, and the real. Using Lacan's conceptualization of the imaginary and the symbolic, I think it is possible to distinguish between two registers of authority that have been confounded in the United States. I believe that American reform movements, in their attempt to redress the "imaginary" authority of the analyst, have found it necessary to attack the "symbolic" authority of Freud. I hope to clarify the issues at stake in the question of the authority of the analyst through the process of reviewing this book, which records an encounter between what one might call American reformists and French reformists.

*Lacan and the New Wave in American Psychoanalysis: The Subject and the Self* turned out to be a much better read than I thought it would be. I was impressed by the scope of the project, by the drama of "two solitudes" colliding, by the courage of the Americans in presenting their work to the French, and by the care with which the French analysts tried to respond to their American guests.

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[1] See, for example, Loewald, H. W. (1988). In search of nature: metapsychology, metaphysics, projection. *Ann. Psychoanal.*, 16:49-54.

A group of American psychoanalysts went to Paris in 1994 to present papers to a group of French psychoanalysts. This project was an attempt to establish lines of comparison between the "self" and "the subject" through a discussion of "borderline" states. The group was led by Gurewich, an American analyst who is director of the Lacan Seminar at Harvard University, and by Tort, a psychoanalyst and professor at Université Denis-Diderot, Paris VII. As coeditor, Gurewich begins the book with a succinct but thorough introduction to Lacan via a glossary of Lacanian terms, directed to an American audience. This is followed in Part I by papers about the concept of "borderline" in American and French psychoanalysis. Kouretas gives a very readable account of the history of the uses of the term "borderline" in both the English and the French literature. Fédida, of Paris, renders a vivid clinical presentation of a woman functioning at a "borderline state of humanity," whose mother was born in a concentration camp. Widlöcher gives a French perspective on borderline states.

The core of the book (Part II) is structured in repeating sequence: a paper by an American analyst and a response by a French analyst, followed by excerpts from discussions of the group hearing the papers at the 1994 presentation. The Americans were Paul Ornstein, Anna Ornstein, Zilbach, Notman, Modell, and Akhtar. The French commentators were David-Ménard, Blevis, Hassoun, Tort, Dor, and Nasio. In Part III, coeditor Tort concludes the book by giving his impressions of the conference and a commentary on the major issues raised.

To give the reader a flavor of this encounter, I have excerpted a series of quotations from the exchange between Paul Ornstein and David-Ménard. This exchange brings forward the question of how the analyst positions him- or herself, and implicitly involves the authority of the analyst. For those not familiar with Lacan's terminology, I will describe my understanding of the "subject" in Lacan. A discussion of the "subject" leads simultaneously to a differentiation of the imaginary and symbolic levels of experience as they pertain to the question of authority. In my reading, Lacan's concept of the subject bears no relationship to the American "intersubjective" approach.[2]

[2] See Stolorow, R., Atwood, G. & Brandchaft, B. (1994). *The Intersubjective Perspective*. Northvale, NJ/London: Aronson.

In addition, I believe Ogden's discussion[3] of the "subject" misinterpreted Lacan as a deconstructionist. In conflating the symbolic and the imaginary, Ogden's notion of the third is more the overlapping of two imaginary phenomena than the conceptually distinct third that Lacan's development of the symbolic order offered.

One cannot talk about the "subject" in Lacan without talking about the signifier. Lacan's wager was that he could articulate Freud's theory of the unconscious with de Saussure's theory of linguistic signification. Some do not agree that Lacan accomplished this articulation[4]; however, be that as it may, it was an ambitious vision, attempting to interrelate two radical disturbances in twentieth-century thought. Psychoanalysis disturbed mankind's relation to one's own consciousness, and de Saussure's linguistic sign disturbed mankind's relation to language.

Although de Saussure was not a radical, his invention of the signifier opened the issue of the machinery of signification, which influenced many later developments, including structuralism and deconstructionism. He suggested that the core of language is the linguistic sign, which he defined as the signified (s, a mental concept) over the signifier (S, an acoustic image in the mind), which together form the sign (Sign = s/S). What makes de Saussure's theory so radical is its opening up of a space between "acoustic sound image" and "mental concept" and "external referent" in the world.

The system of language works according to two principles. The first principle is that there are no fixed signifiers and no fixed signifieds. Signifiers exist as relations between sounds (phonemes) that are perceivable only *as the difference* of one from another, and signifieds exist as relations of mental concepts perceivable only *as the difference* of one from another. Signifiers and signifieds have no existence outside of their differential relations embodied in the sign. The second principle of language is that the "meaning" of a sign exists only by social convention, by agreement of the human group. For me, this second condition, the existence of language as product

[3] Ogden, T. (1994). *Subjects of Analysis*. Northvale, NJ: Aronson.
[4] See Nancy, J. & Lacoue-Labarth, P. (1992). *The Title of the Letter: A Reading of Lacan*. Albany, NY: State Univ. of New York.

of human culture, leads naturally to Lacan's concept of the Other (the big Other) as human space that is both outside the individual and at the same time foundational to the mental makeup of the individual.

Lacan further radicalized the concept of the signifier, and interpreted the rules of Freud's unconscious (the dream work: condensation, displacement, means of representation) as being structured like a language. Here, I emphasize that it is de Saussure's sense of language—a dynamic system of acoustic images/mental concepts/consensus of human groups—to which the unconscious is similarly structured. For me, the simplest way of thinking about what Lacan was driving at by his use of the terms "subject," "signifier," and "Other" is the following: We are always "saying more than we know we are saying." This attribute of the speaking being, this "saying more than we know we are saying," is called the discourse of the Other. The Other is the locus, the "place" where the symbolic order is constituted by all the manifold possibilities of language to convey more than we know we are saying. The "subject" Lacan is speaking about is this elusive effect of the signifier. The subject of the unconscious arises and fades in the movement from signifier to signifier in the human act of speaking, especially in slips, in jokes, and in the telling of dreams, but it is also implicit in every act of enunciation. Lacan spoke of the subject in the following quotation, in which I take him to have meant by "heteronomy" that the subject as an effect of the signifier is always saying something "other" (i.e., heteronomous), in addition to the statement that is made:

> The radical heteronomy that Freud's discovery shows gaping within man can never again be covered over without whatever is used to hide it being profoundly dishonest.

> Who, then, is this other to whom I am more attached than to myself, since, at the heart of my assent to my own identity it is still he who agitates me?

> His presence can be understood only as a second degree of otherness, which already places him in the position of mediating between me and the double of myself, as it were my counterpart.

If I have said that the unconscious is the discourse of the Other (with a capital O), it is in order to indicate the beyond in which the recognition of desire is bound up with the desire for recognition.[5]

The subject of the signifier is manifested in a different register (the symbolic order) as a "second degree of otherness" mediating between "me" (me as imaginary ego) and the "double of myself" (the imaginary other) in the mirror. The imaginary ego and its counterpart, the imaginary other, are components of the imaginary register, and are the repository of narcissism in Lacan's theory of the mirror stage. Here is how David-Ménard describes the imaginary in *Lacan and the New Wave:*

A Lacanian analyst finds it hard to accept the need to work with a mirror transference, since for Lacan the model of the mirror has an entirely different meaning. It refers to the fact that every identification entails a degree of illusion that, in the life of every desiring subject, perpetuates the original mirror situation. When the child recognizes his own mirror image at an age when he does not have motor autonomy and is still an *in-fant* (literally, unable to speak), this identification with his own image is in part a decoy, a lure. Although it gives him the reassuring illusion of autonomy and thus has a positive effect on maturation . . . it also implies that any desire for wholeness necessarily involves a threat of disintegration." [p. 91, italics in original]

To my mind, Klein's projective identification and Kohut's selfobject were subsumed by Lacan in the imaginary relation. As ego, I try to objectify myself; I try to maintain an image of perfection and completeness that I am always judging myself against or projecting onto others as judgments of me. Lacan viewed the "subject" as an entity that is orthogonal to this dual imaginary relation of the ego. Thus, psychoanalysis is not only a two-body psychology, but always involves

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[5] Lacan, J. (1977). The agency of the letter in the unconscious or reason since Freud. In *Ecrits.* New York: Norton, p. 172.

a third. Lacan's Schema L contains the following depiction of this orthogonal relation between the imaginary and the symbolic:[6]

(Es) S                                         other (oʹ)(aʹ)


ego (o)(a)                              Other (Autre)
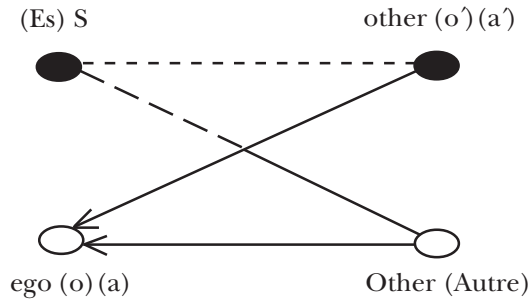
The imaginary axis is "ego–other," and the symbolic order involves the linkage of S, the subject (which is homophonic in German with Es, the id), and the Other. The Other is a third because both of the participants in a dialogue are subjected to language. In order for there to be communication, both parties have to accept the third of language, as defined by their culture in a pact embodied in cultural codes, such as the dictionary. However, the Other is not complete: it is lacking; it is not totalizing. If one looks up a word in a dictionary, for example, there may be more than one definition, plus homonyms and synonyms; there are many different dictionaries, and language conventions change over time. The symbolic order is constituted on this lack of unity, and no one has the last word; there is always more to be said.

The split, the heteronomy, that Lacan refers to in the human being is the cleavage that results from the human infant becoming subjected to language, to culture, to the symbolic order, to the Other. As Tort notes in *Lacan and the New Wave:*

Analysts in France who have been receptive to Lacan's theory have privileged the aspect of subjection because it allows

[6] Lacan, J. (1993). *The Seminar of Jacques Lacan: Book III, The Psychoses, 1955-1956,* ed. J. Miller. New York: Norton.

full scope to the problem of the relation to the Other in a non-idealized way. *The Other is in no way an intrapsychic object, good or bad, but rather the symbolic condition of there being an object, a subject, and a relationship.* [p. 251, italics in original]

In the book's encounter between Paul Ornstein and David-Ménard, Ornstein summarizes self psychology theory, and then discusses a patient who could not tolerate being alone, requiring multiple sexual involvements and physical hyperactivity to calm down his continually "overstimulated" state. The treatment was conceptualized as the development of an idealizing transference, followed by a mirroring transference, leading to the patient's improvement:

It would have been easy for the analyst to be seduced by the content of the patient's free associations and attempt to analyze them. Instead he [Ornstein] focused on the patient's subjective experiences and repeatedly offered his tentative understanding of what the patient's various enactments were designed to accomplish regarding his tension regulation. [p. 85]

. . . it was not the pursuit of the psychic content of the state of fragmentation that furthered the analytic process, but reconstructing what happened—what had led to the momentary fragmentation—and showing the patient the function of his sexualizations and rages that emerged as a consequence of the disruption of the idealizing transference. [p. 85]

Following are excerpts from David-Ménard's response:

The novelty of [Ornstein's] approach . . . lies in its abandonment of the practice of interpreting images and dream reports as phases in drive integration. The analyst no longer has to interpret transferential aggression as a resistance connected to defenses against a genetic process of oedipal maturation. He accepts the patient's material in the register in which it is presented, and as a result the patient can bear the threat of disintegration that forms the counterpoint to his sadistic fantasies and to the erotic and transferential dependence that he was at first unable to tolerate. [p. 88]

As for Lacan . . . in seminar XI he makes it clear that drives are the speaking being's modes of relating to otherness, orality corresponding to the demand addressed to the Other and anality to the Other's demand . . . . In clinical practice, [Lacan] says, the patient tends to lose himself in the idealization of the Other, as happens with falling in love. If this idealization, accepted by the analyst, is in one sense what allows the analysis to take place, in another sense it represents a hindrance that the analyst must mitigate by bringing the patient back to what, in the vicissitudes of the drives, makes his existence unique in a way that cannot be reduced to any totalization of an object. [p. 90]

Empathy, introspection, access to the other's inner life—all these terms seem to Lacan to be the legacy of nineteenth-century psychology. To go beyond Freud's objectivism it is not enough to return to subjectivism that is its counterpart. We must, instead, conceptualize in a new way the division of the subject that is called for by psychoanalytic practice . . . . Lacan separates himself from phenomenological and existentialist concepts of intersubjectivity on the grounds that they are part of a philosophy of consciousness that Freud has shown to be unworkable. [p. 90]

The patient's frantic search, at certain points in the treatment, for his analyst's agreement and approval can be understood as the beginnings of the search for what Lacan calls the symbolic, precisely because it does not coincide with any specific figures but is created in the space between patient and analyst by virtue of the transference. Because the analyst's desire gives substance to this intervening space composed of the relation among several scenes, we would not say that he understands his patient. Understanding would prevent the patient from constituting this space as a space and would confine him in the relationship that Lacan, contrasting it with the symbolic, calls imaginary, a relationship in which the patient would have contact only with real people who, as they usually do, would block his access to his own anxiety. [pp. 92-93]

Following are excerpts from the discussion of the above.

[Hassoun:] With regard to empathy, the question arises as to the place from which the analyst speaks, from which he intervenes, when he invokes the concept of empathy, since there has to be a third place in order for there to be an interpretation. If empathy means engulfing the other, then there is no analysis but instead a psychotization of the analytic setting. Although we come from different theoretical orientations we have all explored the issue of the third space, the space from which the analyst intervenes and that must be there in order for analysis to take place. [p. 96]

[Paul Ornstein:] We have begun to feel, over the last decade or so, that the expert in the room about the patient's inner world is the patient. We have to make the effort to listen in such a way that we can understand, and communicate that understanding to the patient. Now, if we have a blueprint of the unconscious, or theories about conflicts or the stages of the drives, we think we are the expert, but we are not. On what level do we feel that the patient has, in a sense, the last word about his or her own inner experience? That will determine how we conduct the analysis. [p. 97]

In concluding this review, I will address Ornstein's questions, quoted above, about the analyst's expertise and the patient's words. There is little argument about our patients' often profound sense of alienation and the desire to be understood. One might say that Lacan saw understanding as a problem rather than as a goal. The wish to be understood could be seen as indicating a desire for recognition. As quoted earlier, Lacan believed that the desire for recognition is bound up in the recognition of desire. But desire for Lacan was different from *demand* or *need;* desire involved a causality founded in the negative. A constituent lack is established in the wake of subjection to the Other, necessitated by becoming a speaking being. This lack simultaneously defines one's singularity as a sexuated human and acts as the originating cause of one's desire. But desire is also founded in confusion with the desire of the Other.

For those who study Lacan, analytic listening is tuned to the very specificity of the parts of speech in which the patient speaks, as the

analyst waits to hear the particularity of this "subject" in speaking his or her desire. The analyst's task is to set up the conditions for the hearing of this speech and to recognize in it the desire of the subject. What allows the process to occur and simultaneously impedes it is, of course, the transference.

Lacan wrote that one knows transference is taking place when the analyst is perceived as *"le sujet supposé savoir"* (the subject supposed to know, the supposed subject of knowledge). The analyst is the subject who is supposed to know about signification, and the analyst is supposed to know because he or she is a subject of desire for the patient; but at the same time, there is the issue of the analyst's desire. In this way of conceiving the transference, the struggle is to accept the necessity of being in the place of *"le sujet supposé savoir"* in order for there to be transference to work through. At the same time, the analyst must realize that the imaginary nature of *"le sujet supposé savoir"* is a lure to view him- or herself as the incarnation of a benign or malignant "knowing," including knowing what is best for the patient. The experience of transference cannot be suggested away by democratizing the analytic space, or by pointing out the real relationship, or by "getting real" with the patient. Something has to be lived through in the theater constructed at the junction of the symbolic and the imaginary: in this space, "another scene" emerges. Disillusionment with the *"sujet supposé savoir"* is accomplished by the patient's work of speaking "what comes to mind," in order to elaborate his or her desire and the analyst's belief that he or she knows only enough to keep listening.

To efface the symbolic authority of Freud's work, as a means of reforming the authoritarian analyst, is to tear down the theater and lose the power at the heart of psychoanalysis. Freud's discoveries authorized this theater, but its transmission into the future is at risk of being lost through mindless repetition or through relegation to history by the illusion of progress. I recommend this book to those who would like an introduction to a kind of reform that allows for a reconciliation with Freud.[7] In my view, if being a psychoanalyst

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[7] See Loewald, H. W. (1988). *Sublimation: Inquiries into Theoretical Psychoanalysis.* New Haven: Yale Univ. Press.

means anything nowadays, it means being subject to the impossibility called the unconscious, in an ongoing interrogation of Freud's work.

**RICHARD B. SIMPSON  (TORONTO)**

GASLIGHTING, THE DOUBLE WHAMMY, INTERROGATION, AND OTHER METHODS OF COVERT CONTROL IN PSYCHOTHERAPY AND ANALYSIS. By Theo L. Dorpat. Northvale, NJ/London: Aronson, 1996. 278 pp.

In this work, Dorpat sets out to rescue psychoanalysis and psychotherapy from the temptation to take covert control over the patient's mental life. Most often, such domination enters the consulting room unrecognized. There are, of course, some psychotherapeutic systems, such as behavior modification, in which control and shaping behavior are not bad words, but avowed objectives. However, in psychoanalytic therapies, freedom of thought is a most valued element. Yet even in the analytic therapies, Dorpat demonstrates how subtly, yet powerfully, covert control and indoctrination do occur—and how commonly.

The author's deep conviction and concern are apparent in his writing, and the book delivers a caveat for even the most seasoned of psychoanalysts. Part of his thesis is that the essence of psychoanalysis is its method. It is a beautiful method, making it possible for patients to have the freedom to discover and get to know their inner world of experience, so that they can understand how they construct their reality and who they really are. All methods of control and domination are antithetical to that essence. Moreover, the exercise of power and indoctrination is a violation of an individual's personal dignity and humanity, whether in psychotherapy or in everyday life. As such an exercise of power enters therapeutic work, the patient becomes compliant to being controlled and loses touch with the creativity of the dreaming mind.

In my opinion, psychoanalysis is particularly vulnerable to the development of relationships in which power can take the shape of what Dorpat calls the gaslighting situation. This is so because of the

mysterious unconscious. It can be so illogical, so bizarre, and so obscure that novices dare not trust their own intuition about it. It is not hard to imagine that the small circle of Freud's disciples, who had access to this mysterious entity, might have been giddy from their austere responsibility as custodians of a treasure, and consequently decided to create Freud's "Secret Ring."

Beginners, as I remember myself and have seen in others, must rely on the viewpoints of authorities: teachers, supervisors, and writers. Often, one hears "Freud said . . . ," "Winnicott said," or "Kohut said," but seldom "I think." This can continue for years in professional life. Any sense of achievement in doing therapeutic work frequently comes from feeling at one with the masters.

This substitution of authority for one's own affective reactions bears a resemblance to gaslighting. For Dorpat, gaslighting is any method of undermining the victim's trust in his or her own mind, in order to induce the victim to adopt the views of the gaslighter. Although the system of teaching and learning psychoanalysis has a benign intent, it often takes a decade or more after the training for analysts to recover from it, so that they can genuinely trust their own intuition, understanding, and creativity. Perhaps there can be a more liberating way to teach psychoanalysis.

The first part of this book defines the field of inquiry, which is the covert influence on and control of other people's mental lives, often carried out unconsciously. The list includes gaslighting, which induces self-doubt through shame, guilt, and fear, and substitutes the views of the gaslighter for those of the victim; brainwashing, which is similar; and methods such as questioning, intimidation, confrontation, indoctrination, and behavior modification. Most of these techniques have the intended effect of gaining control over the patient's mind, Dorpat writes, and are abusive, antitherapeutic, and contrary to the spirit of psychoanalysis. His evidence makes it apparent just how commonplace and serious they are. One has to recognize one's own gaffes here and there, which actually may have seemed all right at the time they were committed.

In Chapter Two, Dorpat details the intrusion of gaslighting into psychotherapy and psychoanalysis, and its grave effects in restricting

patients' capacity to think and in bringing about depressed moods and even suicidal depression. Dorpat introduces the reader to gaslighting in its sinister, deliberate forms, in cults and totalitarian regimes. Side by side, he places the habitual, unknowing abuses of everyday life. He brings to my mind the feminist literature of the 1970s, which explicated domination by men; some of us can recall a jolt of penitence when reminded of such subtleties as having remained silent and nonresponsive when a woman expressed her ideas. Dorpat shows the parallel between the cult's brainwashing techniques on the one hand, and pressures too often imposed in psychotherapy and psychoanalysis, on the other. He describes actual cults that have sprung up among therapists and analysts, groups known to have violated personal and sexual boundaries of patients and colleagues. Chapter Three goes on to examine the most commonly used influencing technique in psychotherapy, that of questioning.

The second section of the book contains its main thrust: the many ways that psychotherapy has succumbed. Dorpat's thorough review of relevant literature and of his own original studies sets the stage for the presentation of his evidence about brainwashing in the consulting room. His material is convincing, and it has the effect of making readers more conscious of the pitfalls of control in their own practices and teaching of analysis.

There are many surprises in reading *Gaslighting*. One discovers that there are a lot of opportunities to commit a breach of the patient's freedom of thought, even with the most constructive intentions. The most elementary prototype of such a breach described by Dorpat is the analyst who offers an interpretation, often on scanty evidence, and, if the patient does not then accept it, regards the patient's objection as "resistance," after which the analyst spends the rest of the hour attempting to overcome this resistance. The methods of overcoming it are very often some form of gaslighting, i.e., getting such patients to doubt their own ability to understand what is, after all, unconscious, so that they had best submit to the analyst's "insight," although that insight is often based on conjecture.

Dorpat lovingly describes the heart of psychoanalytic work, as he conceptualizes it, as fostering the analysand's freedom to know his or

her own thoughts and have free association, with an emphasis on freedom. The author is able to demonstrate the immediate and long-range effects of breaches of the patient's freedom of thought and of trust in the patient's own mental activity. The effect, which he demonstrates through vignettes, is that those breaches shut down the patient's creative thinking and bring about mechanical and depressed responses, which fail to advance the analysis. This is an equal-opportunity danger; it does not much matter what psychoanalytic theory guides the analyst's work. Errors of control can occur in all schools, although Dorpat's personal belief is that the intersubjective approach holds less risk of it than others.

I find Dorpat's arguments convincing, and I congratulate him on a valuable contribution to the theory of technique. I have some quibbles about his review of famous errors, however: I feel protective of Freud and his mistakes, which he himself often pointed out. Dorpat's criticism is accurate and illustrative, but I would like to see Freud recognized as a man exploring a frontier and able to grow from his mistakes. In the cases that Dorpat cites, Freud regretted his errors and learned from them. Criticisms are justified, and Freud would probably have agreed with them. I do not disagree that descriptions of Freud's early cases, which Dorpat cites, clearly reveal the role of indoctrination and the exertion of pressure.

My other quibble is that, in the effort to erase the disparity of power or the illusion of power between patient and analyst, an important source of growth can be sacrificed. This has to do with the importance of analyzing the passion with which so many people eschew desire. The resistance against dependence and denial of needing anything from anyone deprive individuals of many possible fulfillments in their lives, including taking in new knowledge of themselves from psychoanalysis. Psychoanalysis in its own ideals is egalitarian, in the sense that the analyst acts in the knowledge that there is no real difference in value, rank, or significance between analyst and analysand, only somewhat different tasks. It is to be hoped that the analysand might share this view. But when defense against needing to be fed has been deployed, the most egalitarian relation seldom succeeds in disarming this defense and slipping by the guard. The

patient does not actually forget which one is the analyst, nor why the patient is there. No matter how disarming the analyst's approach may be, the defense is active; it challenges any discovery, even when it seems to be the patient's own. But there is a fine opportunity to analyze this defense in the transference. It soon becomes evident that this denial of need deprives the individual of loving, learning, and enjoying what life can give. Getting around any acknowledgment of need by trying to erase all differences between analysand and analyst may bypass an opportunity to enrich the patient's life.

Those are the only quibbles I have with an otherwise important work, which should be on the shelf of every analytic therapist. The very last chapter is especially noteworthy. Dorpat reminds the reader of the kind of give and take that makes up the psychoanalytic process. It is one in which openness and safety engender the appearance of primary process derivatives or thoughts arising from the dreaming part of the mind as responses to interpretations. These expressions, when understood, inform the analytic couple of the deeper effects of an interpretation, regardless of what verbal statement the patient might have made upon hearing it. Dorpat suggests that this is a criterion for freedom rather than control; responses that are primary process derivatives provide evidence that psychoanalysis is taking place, rather than the creation of a cul-de-sac caused by gaslighting.

This process of give and take is quite clear in child analysis. Child patients, in my experience, seldom verbally affirm or contradict the analyst's interpretation of their play. But the play usually changes, subtly or markedly, as an interpretation is taken in. And the next words from the analyst usually build on the newest play response, and these words stimulate yet another shift in the play, calling forth yet another interpretation. Adult analysis, when analysis is taking place, moves in the same step-wise fashion. The presence of such movement would parallel Dorpat's test of freedom, the absence of brainwashing.

The author painstakingly and vividly portrays the damage to the psychoanalytic method caused by covert control and indoctrination, especially gaslighting, which discredits the patient's mental capacities and constricts his or her ability to think freely. Yet such modalities are tempting because of the analyst's desire for security and effective-

ness; and they are so easy to rationalize or overlook. Dorpat's work stands as a reminder of the vital importance to analytic work of a free and open channel of exploration into the deepest recesses of the psyche.

**STEPHEN RUSH  (LOS ANGELES)**

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

With delicacy and exquisite care, Nancy Chodorow conveys the psy-
che as mutually expressive of the reciprocal situation of the human
being within the family and surroundings. In her hands, this modern
task (actually enormously difficult to communicate in writing be-
cause of its multidimensionality) seems deceptively straightforward
and lucid. One wonders how we could have split and disintegrated
the mutual influences so markedly in past versions of psychoanalytic
theory. Chodorow is ambitious and scholarly in her project, appreci-
ating and arguing closely—tackling theoretically the very essence of
the experience of being fully alive, meshing the power of feelings
with the vitality and uniqueness of unconscious fantasy, and blending
clinical and theoretical knowledge of psychoanalysis with her earlier
commitments: feminist thought, sociology, and anthropology. She is
continually campaigning for each discipline to open itself to be cri-
tiqued by and to learn from the others.

    Her book is also an attempt to address the limitations of the
postmodern celebration of theories of fragmentation and the nihi-
lism of disintegrations of self as a way to combat pressures to unify,
which now seem taken for granted by many in the academy. While
cherishing the individual, Chodorow seeks ways to conceptualize a
*depth* of human experience, a direction that she believes can better
take the place of psychological generalizations and essentialisms.

    Since the 1978 explosion of her *Reproduction of Mothering* on the
sociological and feminist scene,[1] Chodorow has built a body of work

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[1] Chodorow, N. (1978). *The Reproduction of Mothering: Psychoanalysis and
the Sociology of Gender.* Berkeley/Los Angeles: Univ. of Calif. Press.

with emotional logic, now enriched by her psychoanalytic training and dedication. She constantly interweaves the individual with the group and the group with the individual. One might view an aspect of her early work as a foray into the cross-gender vicissitudes of maternal internalization. Her fascination with the *individuality* of this psychological phenomenon was apparent back then, even as she was also challenging insistent, universal *group* assumptions of the mothering potential being singular to women. The interest of psychoanalysis in "relational individualism" and the self, focused upon in papers of 1989,[2] could perhaps be seen as heralding a clinical deepening toward intense readings of the form of the single case study.[3] Her preoccupations with the self, the internal world, and its external component have been cumulative. (I barely touch on them here.)

In 1994, Chodorow published her luminous psychoanalytic clarification of the wide spectra of individual "sexualities," juxtaposing them with the limitations of a generalizing and diminishing concept of "sexuality" as applied to people in a group.[4] The themes in *The Power of Feelings: Personal Meaning in Psychoanalysis, Gender, and Culture* again expand to encompass human individuality and individuality within groups, its mutual relations, and the composition and maintenance of life force. Can unity be found within all the flux and how does the flux support unity? How is the part related to the entirety? Where can we rediscover wholeness, when we may also fruitfully analyze each moment, piece by piece?

Chodorow embraces her expertise in culture while speaking these days with a sureness of the subjectivity and meaning of the individual encounter that emerges from solid experience in working with patients' transferences to her as an analyst—that most stunningly powerful and private of all experiences within the analytic inter-

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[2] Chodorow, N. (1989). *Feminism and Psychoanalytic Theory.* New Haven/London: Yale Univ. Press.

[3] Chodorow, N. (1993). Perspectives on the use of case studies: all it takes is one. In *Family, Self and Society: Toward a New Agenda for Family Research,* ed. P. Cowan et al. Hillsdale, NJ: Erlbaum.

[4] Chodorow, N. (1994). *Femininities, Masculinities, Sexualities: Freud and Beyond.* Lexington, KY: Univ. of Kentucky Press.

change. She returns to the topic of gender. Using Fast's "observed" and "subjective" categories of gender,[5] for example, she reaches into other disciplines with these concepts to help explore subjective experience—her locus of being alive. She updates the application of a more individuated culture than many of her social-theorist contemporaries describe. The shortfall of anthropology she sees as a lack of interest in a psychology that includes psychodynamics. Psychoanalysis, in turn, should be more interested in anthropology, as described in *The Power of Feelings: Personal Meaning in Psychoanalysis, Gender, and Culture:* "There is no psychoanalysis or anthropology apart from this interpersonal encounter, an encounter that draws unavoidably on the investigator's powers of empathy as well as observation" (p. 134).

In both these disciplines, Chodorow calls attention to the detail of the constructed individual moment. Thus, gender is a meaning co-constructed among a person, his or her internal life, and the demand of the moment as dailiness unfolds. Chodorow should be distinguished here from sociological constructionists, with whom I have sometimes heard her confused in analytic circles. Unlike Chodorow, they attend exclusively to the external and have no place for "a complex, fluctuating world of object meanings, intrapsychic conflict, and anxiety" (*The Power of Feelings,* p. 277), a major realm of her contemplation. In anthropology, which she demonstrates is similar in aim to psychoanalysis, the modern academic style has been to draw broad patterns within the cultures studied, but when turning to case study, it pronounces by caveat that internal life, the unconscious and psychodynamics, are unimportant. Chodorow finds this understanding inadequate.

There are many fascinating aspects to this book, and I will single out but a few. Take, for example, her profound grasp of Loewald's work. His point of view is a wonderful theoretical fit for Chodorow's explication of the mutuality of the person and the environment—be it personal aspects of the analyst, the consciously and unconsciously

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[5] Fast, I. (1984). *Gender Identity: A Differentiation Model.* Hillsdale, NJ: Erlbaum.

communicated affects of the mother, the interaction with a lover, the mental representations of self and other in daily work, or the relation between unconscious fantasy, feeling, and the varying interpretations of reality. Chodorow's appreciation of Erikson and his interest in culture, marginalized between the 1950s and '70s by American ego psychology, seems timely and felicitous for a vital psychoanalysis in our era. Other authors of special interest to her are Winnicott, Klein, Bollas, Ogden, Mitchell, and Schafer. Her psychoanalytic scholarship is wide-ranging.

In *The Power of Feelings,* Chodorow refers now and then to the development of her thinking. Here is a lovely example: In discussing "self and feeling" anthropology (p. 134), she describes an ongoing dialogue, dating back to her undergraduate days, which she had with a friend, Michelle (Shelly) Rosaldo, who died tragically. Chodorow criticizes Rosaldo's 1980 ethnography on headhunters as too ambivalent about psychology, and contests the idea of other workers who perceive the self and emotion as a "social achievement" bounded by a consciousness too stripped of uniqueness (p. 153). She recoils from the notion of emotion as "discursive practice" (p. 153). She speaks of the bereaved widower, Renato Rosaldo, who, in his grief, and in writing his 1989 essay on the personal rage of headhunters, seems to have found a new level of conviction about the importance of feelings in life as it applies to the work he shared with his wife. Chodorow thus generously shares aspects of herself and her own emotional experience in her intellectual journey in a disciplined and useful way to further her argument and engage the reader.

Here are two samples of Chodorow's extremely intelligent and easy way of raising questions in dialogue with the reader: "It is worth speculating whether the structural theory is further removed from clinical particularity than Freud's earlier formulations" (*The Power of Feelings,* p. 276). "Not . . . that any story is acceptable, but we can say that several psychoanalytic stories—several plausible reconstructions and ways of making a life coherent—can be told about any one person" (p. 249). Wouldn't *that* make an interesting paper?

The few disappointments I had in reading the book were the paucity of Chodorow's own case material, the short shrift she gives to

the physical body, and her occasionally too heavy sentences, seem-
ingly loaded with every permutation and combination of varied pos-
sibilities. But this is a terrifically interesting book that I hope will be
assigned in many a psychoanalytic seminar, will influence our ana-
lytic ambiance, and provide endless good conversation about what it
means to be human.

**ROSEMARY H. BALSAM (NEW HAVEN, CT)**

# ABSTRACTS

### REVUE FRANÇAISE DE PSYCHANALYSE.

*Abstracted by Emmett Wilson, Jr.*

### LXI, 1, 1997

With this issue, which is devoted to a consideration of jealousy in its many forms and manifestations, *Revue Française de Psychanalyse* inaugurates its fiftieth year of publication, as well as a new editorial team. The new editor in chief, Paul Denis, prefaces this issue with a brief statement commemorating the founding of *Revue,* and discusses its history and development since 1927. He reaffirms its role in sustaining and reflecting the development of psychoanalytic thought in all its specificity, in the face of new techniques and "mechanical" alternatives which oppose psychoanalysis so regularly. He emphasizes the irreducibility of psychoanalysis to technique or to neuroscience, whatever the advances in those fields might be. Psychoanalysis, though scientific, is first and foremost a humanistic endeavor, and finds its place in the development of the human sciences.

**Monique Gibeault** and **Jacqueline Schaeffer** introduce the topic of this issue. Use of the plural of the word *jealousy* is warranted, they argue, because of the multiplicity of its forms and manifestations and because of its relative neglect in psychoanalysis. Psychiatrists of the nineteenth century, on the other hand, were very much interested in it. Freud, in his discussion of jealousy in "Some Neurotic Mechanisms in Jealousy, Paranoia, and Homosexuality" (1922), described three forms of jealousy: normal, projected (involving narcissism), and delusional. Klein took up the concept and emphasized jealousy's two archaic poles, envy and greed. However, since Freud and Klein, few authors—at least in France, apart from Daniel Lagache—have dealt with the problem of jealousy, other than in discussions of jealousy as a pathological delusion. In contrast, jealousy in all its forms and in all times has been a frequent focus of myth, literature, opera, theater, and cinema.

The first article, **"Freud Jealous"** (pp. 11–28), is a biographical discussion of various aspects of jealousy in Freud's life, authored by **Christian Jouvenot,** who sees jealousy as a powerful theme active throughout Freud's life.

**Pierre Chavel,** in **"The Infernal Machine: Love and Death Intertwined"** (pp. 29–37), focuses on Freud's study of Leonardo da Vinci to illustrate some aspects of jealousy and envy. Freud found Leonardo of interest because of the conjunction of many themes; maternal and filial love, along with hate, envy, and narcissism, were all required to understand his psychic situation. Freud worked his findings into a classical study of narcissism and homosexuality, in which he posed questions of jealousy, hate, and envy. In keeping with the previous article by Jouvenot, Chavel, too, believes that Freud was autobiographical in his elaboration of Leonardo's conflicts, since all writing is a potentially autoanalytic process, if not an autobiographical one. All these themes—avoidance of the recognition of jealousy, envy of femininity, envy of the vagina, homosexuality, and the narcissism that it supposes—were elaborated by Freud, about himself, through the Leonardo screen.

Leonardo was without an available father, at least during the formative early years of his life, at a time when Leonardo was, for two years or so, the unique object of his mother's affections. Freud's well-known *lapsus* of mistranslation, transforming the mother into a vulture, is interesting in that it neglects the vulture–child, whose rage toward the hated parental coupling is shown in Leonardo's famous drawing of a couple *fragrante delicto*, amounting to a cruel attempt at dissection or vivisection, suggesting the desire of violent penetration, with the destruction of the mother and of Leonardo's rival in the course of their grotesque coitus.

Reaction formation had then taken place in Leonardo, who, with his ataractic personal manner and love of peaceful beauty displayed in the face or attitude of either sex, could also envision cruel machines of death, as well as this dissected coitus. Such drawings and inventions confirm the violence of repressed feelings of jealousy. For Leonardo, the return of the repressed came in the form of a superego that was limitless in its cruelty.

In his study, Freud focused on the defensive aspect of jealousy, which in classical theory was viewed as a defense against homosexuality. However, as Lagache remarked in his study, the jealousy of homosexuals is proverbial, and we are well aware that homosexuality does not protect an individual either from jealousy or from paranoid delusions, nor from the regression and splitting involved in severe narcissistic conflicts.

Leonardo's main struggle seems to have been more against depression and the turning upon the self of violence toward the parental couple. Yet the essence of his conflict was not based on rage toward the couple or the coupling, but rather his rage toward the mother herself, who was the central figure in this torment—she who loved too much, was too seductive, who sexualized too much.

The author hypothesizes a *primary jealousy* arising from the primal scene, as guilt-laden as it is inexpressible, and unjustifiable in a grown child. His suggestion remains tentative, however, because of the many questions we can raise about *primary jealousy*. What is it: fantasy, affect, passion, or the origin of passion?

Freud suggested that Leonardo had obsessional traits. With respect to the violence of the cruel machines he fantasized about, the idea of an "obsessional machine" begins to make sense. But "obsessional" is not really appropriate, Chavel argues; the notion of constraint is better, something like an impulse to control. The machine is a perfect emblem of this control, similar to Kafka's machine in *The Penal Colony*. This "machine" is a step away from the influencing machine. Freud, however, hesitated to move to this dyadic register; for him, it was necessary to affirm that the relationship is fundamentally a triadic structure, even in Leonardo's case, which at times seems to involve primarily a dyadic relationship. Leonardo ultimately did not cross the border, and his conflicts remained on a neurotic register. However, the presence of this intense, primary jealousy leads to the edges of paranoia and homosexuality, and involves a narcissistic conflict.

Leonardo's machines remind the author of Iago's machinations in *Othello*, and he relates these to legions of clinical examples from the treatment of borderline patients, with their trying machinations. These patients and their machinations all express a deadly rage, in the sense of an elaborate attempt to turn out toward the exterior the despair and devitalization of psychic life. All this machinery, this reduction of psychic conflict to something inanimate, is a manifestation of the attempt to control.

**Betty Denzler,** in **"The Deceptive Mirror:  Jealousy and Narcissism"** (pp. 39–44), considers some cases of jealousy that are normal in the sense of constituting responses to real situations. These cases do not involve either projection or delusion, but are extreme in their intensity and quality, surpassing anything that might otherwise be considered normal. Her thesis is that a narcissistic wound is the determining factor in such jealous responses, that there is a partially deficient cathexis of self-representation. The individual's self-representation has been maintained through a narcissistic object choice, permitting the repression of unresolved phallic/genital conflicts.

The characteristics of this jealousy in women are shame and sensations of physical and psychic collapse, whereas men with a similar narcissistic constellation may fear becoming impotent. As one of the author's patients put it, "My legs trembled, I could not stand, I collapsed." A more healthy response, indicative of a more stable narcissism, might run toward something like a dismissal of the betraying object as unworthy, with a "Well, if he/she doesn't want me, too bad for him/her." This type of jealousy is seen as an intermediary one, falling between the normal and pathological jealousies that Freud linked to homosexuality. It involves a less profound regression than in pathological jealousy, but nonetheless may include at times the formation of transient hysterical symptoms. Freud's case of Elizabeth von R., who experienced paresis of her legs, may have been an example of this type of jealousy, even if the symptoms were more chronic and not so instantaneous, for it involved the expression of forbidden oedipal desires accompanied by feelings of jealousy toward her sister. Elizabeth von R.'s narcissistic fragility,

linked to phallic/genital conflicts, played a predominant role, in Denzler's view.

The author makes the important technical point that this narcissistic register must be taken into account in interpretative work, since without it, one runs the risk of phenomena of repetition, which may be as discouraging to the patient as to the analyst. At the moment that a supportive object of phallic narcissism is found to be lacking, or that there is a threatened loss, a sudden recognition of the absence of the penis may occur, experienced as a narcissistic wound repressed up until that point—a failure of repression leading to regression, echoing deeper anxieties concerning castration and feelings of annihilation.

Two papers deal with jealousy toward a sibling. **Gérard Bonnet**, in **"The Trained Eye: The Violence of Seeing in Jealousy"** (pp. 45–55), utilizes concepts and themes developed in his earlier work on scopophilia, voyeurism, and exhibitionism (*The Violence of Seeing*, 1996), and applies these to jealousy. The French term for a Venetian or slatted blind is *jalousie*, the same as the word for jealousy, and Bonnet remarks that the dictionary definition of *jalousie*, a "grill or lattice through which one can see without being seen," is apt. He compares jealousy to the eye of a cyclone, for jealousy sometimes functions as a veritable cyclone, devastating everything in its path. For Bonnet, cyclones and jealousy are similar in organization, structuralization, and evolution. In the same way that a cyclone is organized around an eye that is calm—a point zero from which the storm may be observed—so may we speak of jealousy as organizing itself around an essential nodal point, evolving in a similar cataclysmic fashion.

Bonnet discusses the case of Didier, who, at the age of seventeen, suddenly seized a knife and went next door to murder his neighbor, an old lady, stabbing her many times in the abdomen. Bonnet analyzed Didier in the psychiatric institution in which the boy had been placed after the crime. During the long course of this analysis, Didier never mentioned having a younger brother, but, just on the point of being released to return home, Didier was discovered to have a revolver in his possession, purchased as a gift for this hitherto unmentioned brother. Needless to say, the pistol provoked considerable agitation and consternation among the staff of the institution, who had been about to discharge him.

Further analytic work led to a flood of discourse about this brother, whom Didier had made virtually nonexistent during his analytic work, but for whom he now proclaimed intense love and concern. Gradually, Didier was able to recover his intense jealousy toward his brother, and thus able to understand the meaning of his own murderous act against the neighbor, whom he identified with maternal figures in his past—a neighbor who had frequently spied on him and reported his behavior to his parents. After killing the neighbor, Didier had wanted to make her disappear, to no longer be seen, but had taken only clumsy and contradictory steps to effect this.

Bonnet relates this second goal, to make the object disappear and reappear, to visual desires. (This aspect of the "perfect murder," Bonnet remarks, is frequently involved in many detective stories, novels, and movies, especially in those of Hitchcock, the master of this theme.)

For Bonnet, the sadistic aspects of Didier's behavior were secondary to the primary visual and voyeuristic desires that formed the main motivation for his crime, aimed at the annihilation of the hated object. The author links these to a primitive belief in the evil eye, a belief that simultaneously symbolizes both violence and the envy that others might feel.

**Chantal Lechartier–Atlan**, in **"Such a Banal Trauma: Reflections on Fraternal Jealousy"** (pp. 58–66), examines the apparent absence of normal jealousy in certain individuals, and proposes the hypothesis that this absence is the result of a deep repression of an earlier, precocious, fraternal jealousy. This fraternal jealousy is triadic, of course, but the triangle is special, different from intergenerational oedipal jealousy and different from the sexual conflicts of oedipal jealousy. Two of the protagonists of the triad are similar, and one is also a child, just like the child who has become jealous. Sexual issues are not important, for all three protagonists may be of the same sex.

The arrival of a new infant in the family is an important trauma for a young child, who must then deal with an intolerable amount of feeling as the mother attends to the younger child and leaves the elder in a state of premature solitude, deprived of the stimulus barrier that the mother had represented. The elder child is confronted with intense feelings, without the psychic links and support that are of vital importance for the ultimate well-being of his or her psychic life. Responses to the birth of a sibling make use of all the emergency measures available to an immature ego, especially a deep repression. Because this is a "banal" trauma, it is one that runs the risk of being passed over, unnoticed. However, a precocious sensitization to this psychic pain may lead to important distortions in the libidinal economy, and, in particular, may involve a splitting of the ego or of the object; character formations may lead to difficulties in dealing with oedipal rivalry, and to the systematic avoidance of situations of competition or confrontation.

The author examines three cases in order to trace the relationship to the rival whom one resembles, the destiny of aggressive feelings, and the difficulties inherent in the intertwining of love and hate that develops, as well as the relationship with the mother, marked by a special difficulty in mourning the loss of the primary object.

The next three papers further develop the theme of the absence of jealousy. **Anne Deburge–Donnars**, in **"Jealous at Last"** (pp. 67–82), comments on contrasting views of jealousy. In religious thought, jealousy (as well as other feelings, such as humor, anger, hate, love—whether of men or gods), far from causing fear, are viewed as sources of energy, emotion, and imagination, permitting one to confront life's troubles. Such emotions are also

seen as the cornerstone of future projects—for example, the building of a temple, the founding of a city, or the creation of a work of art. This stands in absolute contrast to the views of classical authors, from Aristotle to Descartes, who show us jealousy as something monstrous, ferocious, cruel, and a factor in causing disorder.

The author takes issue with the current tendency to continue to regard jealousy as menacing, as something to be devalued and disavowed, as ethically and esthetically inappropriate (though perhaps this viewpoint is now more subtly expressed). Although a notion that many, especially feminists, are trying to make obsolete, jealousy is still quite frequently cited as the reason that patients consult analysts. In agreement with the other contributors to this issue, Deburge-Donnars, too, argues that we should speak of several types of jealousy, but her focus is on jealousy as a structuralizing experience, an evolutionary stage in the maturation of the self and in the discovery of the other.

**Danielle Labrouse–Hilaire,** in **"Jealousy in its Absence: A Particular Object Choice in Women"** (pp. 83–99), also deals with the absence of jealousy where one would expect it to be present. She has analyzed a number of women in whom, despite a wide-ranging emotional and fantasy life, feelings of jealousy are conspicuously absent, and who make repetitive object choices in choosing men characterized by Don Juanesque behavior. All these patients present extremely fragile narcissistic organizations, characteristic of borderline pathology, with more or less perverse tendencies and deeply depressive reactions. Although Freud linked jealousy to secondary homosexuality, in these patients, in whom jealousy is absent, it seems to derive from primary homosexuality. Freud spoke of a powerful repression of feelings of jealousy, but in these cases, there seem to be other defense mechanisms involved beyond or alongside repression. Behind the absence of jealousy is an attempt to plug a gaping narcissistic wound, a defect of self-representation submerged behind an apparent richness of emotional life. Such patients are always in search of an object upon whom to depend, but the choice of any object who would remain faithful to them leaves them cold and indifferent.

Rather than repression, Labrouse-Hilaire sees this more as a suppression (a notion many reject because of its voluntary and conscious implications), a suppression of trauma that occurred at an extremely early age, reinforced by parents who were very repressive of any instinctual expression on the part of the child, and who did not take on a role of providing a stimulus barrier for the child, whether they were too rejecting or too arousing in their treatment of him or her. Under these conditions, the ego cannot be structured in a well-differentiated fashion, and narcissistic and sexual identities are not firmly established. From this parent–child relationship, an intellectual and cognitive hypermaturity develops, as well as an affective maturity that is well masked by intellectuality and pseudosublimations.

Mourning for the loss of the primary object (primary mourning) has been impossible to carry out, and separation and differentiation are not effectively established. Such primary mourning is the foundation of otherness, of difference, and of identity, and since this mourning was incomplete, the consequences are evident throughout the lives of these patients, who present serious depressive symptoms. There is often a renunciation of an aspect of femininity in these women—most frequently maternity, "from a sense of duty or career," and/or a conjugal blindness from idealization of the object, a form of naivete that makes such a woman into a sort of female Charles Bovary, oblivious to the infidelities of the object.

The author explores her hypotheses by discussing two patients in analysis, Carla and Juliette, chosen from among the several cases in whom she has discerned this structure. In each, Labrouse-Hilaire explores the relationship of the patient to her femininity and to homosexuality, conscious and unconscious, as well as the patient's search for a "re–narcissisizing" double to complete her sense of herself.

Two articles deal with the differences between envy and jealousy. In **"Envy, a Social Feeling"** (pp. 111–122), **Vincent de Gaulejac**, professor of sociology at Paris VII, looks at the social consequences and effects of envy, and attempts to distinguish between the two by examining the phenomenological differences between envy and jealousy. He focuses on envy, which is often, if not universally, stigmatized, condemned, and made unmentionable, an object of shame. However, for this author, envy is a feeling necessary to the existence and development of society and social relations, and its channeling into acceptable modes serves as a motivating element in social relations.

**Florence Guignard**, in **"Envy, Ground of Devastation"** (pp. 123-138), examines Klein's contributions to theorizing about jealousy and envy.

In a section of the journal entitled "Famous Jealousies," Proust and Shakespeare come up for examination. **Cléopatra Athanassiou-Popesco**, in **"Intolerance to Jealousy in Shakespeare's *Othello*"** (pp. 140–151), examines the play for its contributions to psychoanalysis about the causes of jealousy. Shakespeare has helped us to reflect on the pathological mutation that is involved in jealousy, as well as its causes and the paths it takes. Metapsychology, rather than encompassing and enclosing a work of art, is put to the proof by it. Shakespeare invited us to think of the Iago that resides in each of us, and who trips us up as Iago did Othello. Athanassiou-Popesco examines the ways in which jealousy has been described in psychoanalysis, but feels we may discover more from *Othello* about the transformation from normal jealousy into pathological jealousy. Somewhat inconclusively, however, she leaves us wondering what it is that, from a metapsychological perspective,

makes normal jealousy susceptible and permeable to the influence of path-ological jealousy.

**Eloisa Castellano-Maury,** in **"Jealousy in the Work of Marcel Proust"** (pp. 153–161), deals with the multilayered importance of the theme of jealousy in Proust, culminating in *The Captive* and *The Fugitive*. In Proust, the jealous per-son is always male, and rarely are the women in *In Search of Lost Time* depicted as jealous; the women are either wounded and hurt or disil-lusioned. The violence and torments of love are all experienced by the nar-rator, Swann, or by the Baron Charlus, as though Proust viewed jealousy as a masculine mode of existence. Yet the facts of Proust's biography suggest another viewpoint. Behind the characters of Swann and Charlus, the author sees the ever-present figure of Madame Proust, the author's mother, as the primordial figure of the jealous person, with her suspiciousness, exasperating questioning, and her continuous surveillance of her son.

Jealousy was a maternal way of existing for Proust. His father was a prom-inent physician who was said to have had adventures with singers and actres-ses. The levels and the play of identifications are multiple; the narrator and Proust himself are not the same person, as the author is subtle in disguising his sexual identities and his secret fantasies. In Proust's work, we find the jealous, suspicious, and intrusive mother; the beloved but wily child who is expert in the art of deception; the rake of a father; and the fickle cocottes whom the father pursued. Additionally, we find infantile jealousy, in the sense of a polymorphous perverse child, the child who stomps and thrashes about in oral, devastating rage; it is "his majesty the baby."

Behind the various masks of jealousy, there is only one Proust, the adult writer who consciously turns to the past and remembers, dissecting like an entomologist the jealousy of others, no longer feeling his own jealousy, and who is without tenderness or compassion (feelings that are strikingly absent in *Search*). Proustian evocations of jealousy touch us as a voyage into another dimension, evoking the old torments and turmoil of the nursery that we thought we had forgotten and which we no longer understand. In the vio-lent aggression of Proustian jealousy, we also see the struggle against depres-sion. Nonetheless, Castellano-Maury provides a caveat: it is always hazard-ous to attempt to psychoanalyze genius, and it is equally hazardous and somewhat foolhardy to attempt to enclose the psychic complexity of a gen-ius within clinical definitions.

A theoretical and historical review of writings on jealousy is offered by **Louise de Urtubey** in **"Jealousy, the Entry-Point of Passion in Treatment"** (pp. 165–174). She discusses the development of Freud's views, then moves on to Klein and Lagache (*La Jalousie Amoureuse,* 1947). The extensive Anglo-American literature is listed in Coen in the *International Journal of Psycho-analysis* (1987). In her own article on jealousy (1984), de Urtubey emphasizes jealousy as the entry point for unconscious homosexuality in the treatment

of heterosexual patients (at least when men are in treatment with women). One pole of jealousy is oedipal, both positive and negative, and develops in the analysand concerning the confreres of the couch, the brothers and sisters who share the couch with him or her. Similarly, another source of jealousy is vacations. The other pole is largely narcissistic, and runs the risk of escalating into a psychotic resolution. The author reviews three cases to illustrate these themes.

The issue concludes its discussion of jealousy with the presentation of two clinical perspectives. In **"Edenic Nudity and Pathological Jealousy"** (pp. 175–181), **Gabrielle Rubin** discusses the behavioral disturbances and psychological repercussions on children whose parents are devotees of nudity in the home. Such parental practices suggest a lack of limits for the parents, a denial of sexuality, an effacement of sexuality, a denial of the sexual organs as specific organs, and of sexuality as a particular fact. The boundary between public and private is thus eroded, with devastating effects on the sexuality, or lack of it, of the patient she presents—who viewed her own sexuality as pure, while she projected onto her partner a boundless sexuality that provoked her to jealousy.

**Alexandre Garabedian,** in **"Jealousy and the End of Analysis"** (pp 183–192), discusses an intense and regressive jealousy provoked in a patient by the analyst's countertransference-dictated remark made during a pre-vacation session.