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OBITUARY

We note with great sadness the untimely death of Dr. Stephen Mitchell. Only fifty-four years old, Steve was at the height of his powers and continually adding to his already major contribution to our field. He was one of the originators of the relational perspective in psychoanalysis, which has become an important trend in contemporary theory. Apart from offering his own ideas, however, Steve was devoted to the discipline of comparative psychoanalysis: studying the virtues and limitations of a plurality of psychoanalytic theories, juxtaposing them in a spirit of open inquiry for purposes of dialectical advancement. He founded *Psychoanalytic Dialogues* as a forum in which this discourse could take place. Steve was the most generative of psychoanalysts. He helped establish and nurture study groups and institutes all over the world; and he was never too busy to look over an early draft or to consult with a colleague about a clinical problem. We will miss him badly and we will feel his influence for a long time to come.

OWEN RENIK, M.D.

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READING WINNICOTT

BY THOMAS H. OGDEN, M.D.

In its first century, psychoanalysis has had several great thinkers, but from the author's viewpoint, only one great English-speaking writer: Donald Winnicott. Because style and content are so interdependent in Winnicott's writing, his papers are not well served by a thematic reading aimed exclusively at gleaning "what the paper is about." Such efforts often result in trivial aphorisms. Winnicott, for the most part, does not use language to arrive at conclusions; rather, he uses language to create experiences in reading that are inseparable from the ideas he is presenting, or more accurately, the ideas he is playing with.

The author offers a reading of Winnicott's (1945) "Primitive Emotional Development," a work containing the seeds of virtually all the major contributions to psychoanalysis that Winnicott would make over the course of the succeeding twenty-six years of his life. The present author demonstrates the interdependence of the life of the ideas being developed and the life of the writing in this seminal paper of Winnicott's. What "Primitive Emotional Development" has to offer to a psychoanalytic reader cannot be said in any other way (which is to say that the writing is extraordinarily resistant to paraphrase). It has been this author's experience—which he hopes to convey to the reader—that an awareness of the way the language is working in Winnicott's writings significantly enhances what can be learned from reading them.

Style and content are inseparable in writing. The better the writing, the more this interdependence is utilized in the service of creating meaning. In recent years, I have found that the only way I can do justice to studying and teaching Winnicott is to read his papers aloud, line by line, as I would a poem, exploring what the language is doing in addition to what it is saying. It is not an overstatement to say that a great many passages from Winnicott's papers well deserve to be called prose poems. In these passages, Winnicott's writing meets Tom Stoppard's (1999) definition of poetry as "the simultaneous compression of language and expansion of meaning" (p. 10).

In this paper, I will focus on Winnicott's 1945 paper, "Primitive Emotional Development," which I view as his earliest major contribution to psychoanalysis. I will not be limiting myself to an explication of Winnicott's paper, though a good many of the ideas developed there will be discussed. My principal interest is in looking at this paper as a piece of nonfiction literature in which the meeting of reader and writing generates an imaginative experience in the medium of language. To speak of Winnicott's writing as literature is not to minimize its value as a way of conveying ideas that have proved to be of enormous importance to the development of psychoanalytic theory and practice; on the contrary, my effort will be to demonstrate the ways in which the life of the writing is critical to, and inseparable from, the life of the ideas.[1]

Before looking closely at "Primitive Emotional Development," I will offer a few observations about matters of writing that run through virtually the entirety of Winnicott's opus. The first quality of his writing to strike the reader is its form. Unlike the papers of any other psychoanalyst I can think of, Winnicott's papers are brief (usually six to ten pages in length), often containing a moment in the middle when he takes the reader aside and says, in a single sen-

[1] In previous contributions (Ogden 1997a, 1997b, 1997c, 1997d, 1998, 1999, 2000), I have discussed the challenge to psychoanalysts of developing an ear for the way we and our patients use words. In the course of these discussions, I have frequently turned to poets and writers of fiction in an effort to attend to and learn from the ways they succeed—when their writing is good—in bringing language to life and life to language.

tence, "the essential feature of my communication is this . . ." (Winnicott 1971a, p. 50). But the most distinctive signature of Winnicott's writing is the voice. It is casual and conversational, yet always profoundly respectful of both the reader and the subject matter under discussion. The speaking voice gives itself permission to wander, and yet has the compactness of poetry; there is an extraordinary intelligence to the voice that is at the same time genuinely humble and well aware of its limitations; there is a disarming intimacy that at times takes cover in wit and charm; the voice is playful and imaginative, but never folksy or sentimental.

Any effort to convey a sense of the voice in Winnicott's writing must locate at its core the quality of playfulness. The types of playfulness encountered in Winnicott's writing have an enormous range. To name only a few: There are the un-self-conscious feats of imaginative, compassionate understanding in his accounts of "squiggle games" (1971b) with his child patients. There is serious playfulness (or playful seriousness) when Winnicott is involved in an effort to generate a form of thinking/theorizing that is adequate to the paradoxical nature of human experience as he understands it. He takes delight in subtle word play, such as in the repetition of a familiar phrase in slightly different forms to refer to the patient's need to begin and to end analysis: "I do analysis because that is what the patient needs to have done and to have done with" (1962, p. 166).

While his writing is personal, there is also a certain English reserve to Winnicott that befits the paradoxical combination of formality and intimacy that is a hallmark of psychoanalysis (Ogden 1989). In terms of all these matters of form and voice, Winnicott's work holds strong resemblances to the compact, intelligent, playful, at times charming, at times ironic, always irreducible writing of Borges's *Fictions* (1944) and of Robert Frost's prose and poetry.

Winnicott's inimitable voice can be heard almost immediately in "Primitive Emotional Development" as he explains his "methodology":

> I shall not first give an historical survey and show the development of my ideas from the theories of others, because

> my mind does not work that way. What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then, last of all, interest myself in looking to see where I stole what. Perhaps this is as good a method as any. [p. 145]

There is playful wit to the words "Perhaps this is as good a method as any." This seemingly tacked-on afterthought expresses what is perhaps the central theme of the paper as a whole: To create a "method," a way of being alive that suits the individual and becomes his unique "watermarking" (Heaney 1980, p. 47), is perhaps the single most important outcome of primitive emotional development. In the process of coming into being as an individual, the infant (and mother) "gathers this and that, here and there." Early experience of self is fragmented, and at the same time, it is (with the help of the mother) "gather[ed]" in a way that allows the infant's experience of self, now and again, to come together in one place. Moreover, for the infant, the bits of others (introjects)—or for the writer, the ideas of other writers—must not be allowed to take over the process of creating meaning. "My mind does not work that way," nor does that of the healthy infant in the care of a healthy mother. The individual's own lived experience must be the basis for creating coherence for one's self and the integrity of oneself. Only after a sense of self has begun to come into being (for the infant and for the writer) can one acknowledge the contributions of others to the creation of oneself (and one's ideas): ". . . last of all I interest myself in where I stole what."

Winnicott then briefly discusses several aspects of the analytic relationship, with particular emphasis on the transference-countertransference. It is this body of experience that he believes is a major source of his conception of primitive emotional development. I will examine only one brief passage (two sentences, to be precise) of Winnicott's discussion of the transference-countertransference in "Primitive Emotional Development." I have selected these sentences because I find them to be of enormous importance, both from the standpoint of understanding his conception of the workings of the analytic relationship, and from the standpoint of the

powerful interdependence of language and ideas in Winnicott's work:

> The depressed patient requires of his analyst the understanding that the analyst's work is to some extent his effort to cope with his own (the analyst's) depression, or shall I say guilt and grief resultant from the destructive elements in his own (the analyst's) love. To progress further along these lines, the patient who is asking for help in regard to his primitive, pre-depressive relationship to objects needs his analyst to be able to see the analyst's undisplaced and coincident love and hate of him. [pp. 146-147]

In the opening clause of the first of these two sentences, Winnicott not only offers a theory of depression radically different from those of Freud and Klein, but he also proposes a new conception of the role of countertransference in the analytic process. He suggests here that depression is not, most fundamentally, a pathological identification with the hated aspect of an ambivalently loved (and lost) object in an unconscious effort to avoid experiencing anger toward the lost object (Freud 1914). Nor does Winnicott understand depression as centered around the unconscious fantasy that one's anger has injured, driven away, or killed the loved object (Klein 1952).

In the space of a single sentence, Winnicott suggests (by means of his *use of the idea,* rather than through his explication of it) that depression is a manifestation of the patient's taking on as his own (in fantasy, taking into himself) the mother's depression (or that of other loved objects), with the unconscious aim of relieving her of her depression. What is astounding is that this conception of the patient's depression is presented not through a direct statement, but by means of a sentence that is virtually incomprehensible unless the reader takes the initiative of doing the work of creating/discovering the conception of the intergenerational origins and dynamic structure of depression. Only after the reader has accomplished this task does it begin to make sense why "The depressed patient requires of his analyst the understanding that the analyst's

work is to some extent his effort to cope with his own (the analyst's) depression."[2] In other words, if the analyst is unable to cope with his own feelings of depression (both normative and pathological), arising from past and current life experience, the analyst will not be able to recognize (to feel in the moment) the ways in which the patient is unconsciously attempting to, and to some degree succeeding in, taking on the depression of the analyst-as-transference-mother.

Those aspects of the analyst's depression that arise from sources independent of the analyst's unconscious identification with the patient's depressed internal object mother are far less available to the patient's ministerings. This is because the patient cannot find in the analyst the depression of his mother, which for nearly the entirety of his life, the patient has intimately known and attended to. The patient is single-mindedly concerned with the depression that is unique to the internal object mother. (Each person's depression is his or her own unique creation, rooted in the particular circumstances of life experience and personality organization.)

Winnicott is thus suggesting that the analyst must cope with his own depression in order that he might experience the patient's (internal object) mother's depression (which is being projected into the analyst). Only if the analyst is able to contain/live with the experience of the (internal object) mother's depression (as distinct from his own depression) will the analyst be able to experience the patient's pathological effort to relieve the mother's psychological pain (now felt to be located in the analyst) by introjecting it into the patient's self as a noxious foreign body.

The second clause of the sentence under discussion, while introduced by Winnicott as if it were simply another way of saying what he has already said in the first clause ("or shall I say") is in fact

[2] The term *depression,* as it is used in this sentence, seems to refer to a wide spectrum of psychological states, ranging from clinical depression to the universal depression associated with the achievement of the depressive position (Klein 1952). The latter is a normative stage of development and mode of generating experience (Ogden 1986), involving whole object relatedness, ambivalence, and a deep sense of loss in recognizing one's separateness from one's mother.

something altogether new: "[The analyst of a depressed patient must cope with his own] . . . guilt and grief resultant from the destructive elements in his own (the analyst's) love." Thus, the analyst of the depressed patient must also be able to live with the inevitable destructiveness of love, in the sense that love involves a demand on the loved object, which may (in fantasy, and at times, in reality) be too much of a strain for the person one loves. In other words, the analyst, in the course of personal analysis and by means of ongoing self-analysis, must sufficiently come to terms with his own fears of the draining effects of love to be able to love the patient without fear that such feelings will harm the patient, thereby causing the analyst "guilt and grief."[3]

Winnicott does not stop here. In the sentence that follows the quoted passage, he revolutionizes (and I use the word advisedly) the psychoanalytic conception of "the analytic frame" by viewing it as a medium for the expression of the analyst's hatred of the patient: ". . . the end of the hour, the end of the analysis, the rules and regulations, these all come in as expressions of [the analyst's] hate" (p. 147). These words derive a good deal of their power from the fact that the truth of the idea that the analyst expresses his hate in these actions (which are so ordinary as to frequently go unnoticed) is immediately recognizable by the analytic reader as part of his experience with virtually every patient. Winnicott is recognizing/interpreting the unspoken expressions of hate that the analyst/reader unconsciously and preconsciously experiences (often accompanied by a feeling of relief) in "throwing the patient out" (by punctually

[3] I am aware of the awkwardness of my language in discussing this passage. These ideas are difficult to convey, in part because of the extreme compactness of Winnicott's language, and in part because Winnicott had not yet fully worked out the ideas he was presenting at this point. Moreover, the ideas under development here involve irresolvable emotional contradictions and paradoxes: the analyst must be sufficiently familiar and conversant with his own depression to experience the depression that the depressed patient projects into him. The analyst must also be able to love without fear of the toll that this love takes—for if the analyst is frightened of the destructive effects of his or her love, there is little chance of analyzing the patient's fears of the taxing effects of the patient's love on the analyst.

ending each meeting), and by establishing the limits of what he will provide for the patient (in maintaining the other aspects of the analytic frame). Implicit here is the notion that the analyst's fear of the destructiveness of his hatred of the patient can lead to treatment-destructive breaches of the analytic frame, such as the analyst's extending the session for more than a few minutes in order "not to cut the patient off," or the analyst's setting the fee at a level below what the patient is able to afford "because the patient was consistently exploited by his parents in childhood," or reflexively telephoning the patient when the patient has missed a session "to be sure he is all right," and so on.

Only by looking closely at these sentences can one discern and appreciate what is going on in the very living relationship between the writing and the reader, which constitutes so much of the life of the ideas being developed. As we have seen, the writing demands that the reader become an active partner in the creation of meaning. The writing (like the communications of an analysand) suggests, and only suggests, possibilities of meaning. The reader/analyst must be willing and able not to know in order to make room inside himself for a number of possible meanings to be experienced/created, and to allow one meaning or another, or several meanings concurrently, to achieve ascendance (for a time).

Moreover, it is important to note that the writing "works" (to borrow a word from Winnicott's statement of his "method") in large measure by means of its power to understand (to correctly interpret the unconscious of) the reader. Perhaps all good writing (whether it be in poems, plays, novels, or essays), to a significant degree, "works" in this way.

Winnicott's writing in the paper under discussion (and in almost all the works included in his three major volumes of collected papers [1958, 1965, 1971c]) is surprisingly short on clinical material. This, I believe, is a consequence of the fact that the clinical experience is to such a large degree located in the reader's experience of "being read" (that is, of being interpreted, understood) by the writing. When Winnicott does offer clinical material, he often refers not to a specific intervention with a particular patient, but to a "very

common experience" (1945, p. 150) in analysis. In this way, he implicitly asks the reader to draw on his own lived experience with patients for the purpose not of "taking in" Winnicott's ideas, but of inviting from the reader an "original response" (Frost 1942, p. 307).

Still other forms of the generative interplay of style and content, of writing and reader, take on central importance in a passage a bit later in "Primitive Emotional Development," one that addresses experiences of unintegration and integration in early development:

> An example of unintegration phenomena is provided by the very common experience of the patient who proceeds to give every detail of the week-end and feels contented at the end if everything has been said, though the analyst feels that no analytic work has been done. Sometimes we must interpret this as the patient's need to be known in all his bits and pieces by one person, the analyst. To be known means to feel integrated at least in the person of the analyst. This is the ordinary stuff of infant life, and an infant who has had no one person to gather his bits together starts with a handicap in his own self-integrating task, and perhaps he cannot succeed, or at any rate cannot maintain integration with confidence . . . .
>
> There are long stretches of time in a normal infant's life in which a baby does not mind whether he is many bits or one whole being, or whether he lives in his mother's face or in his own body, provided that from time to time he comes together and feels something. [p. 150]

Implicit in this passage is the recognition of the analyst's anger at patients who "give every detail of the week-end," leaving the analyst with the feeling "that no analytic work has been done." Winnicott leaves it entirely to the reader to imagine the analyst's impulse to dump anger and feelings of failure back into the patient in the form of a resistance interpretation ("You seem to be filling the hour with details that serve to defeat any possibility of analytic work getting done" [my example]).

Winnicott then provides the reader with a major revision of analytic technique. He accomplishes this so subtly that the reader is apt

not to notice it if he is not attending carefully to what is going on in the writing. Nothing short of a new way of being with and talking to patients is being offered to the reader, without preaching or fanfare: "Sometimes we must interpret[4] this [the patient's giving every detail of his week-end] as the patient's need to be known in all his bits and pieces by one person, the analyst." The phrase "sometimes we must" addresses the reader as a colleague who is familiar with the clinical situation being described, and who has very likely felt it necessary to intervene in the way Winnicott describes. Perhaps the reader/analyst has not fully named for himself what he has been experiencing and doing with his patient. The language does not debunk the angry resistance interpretation that the reader/analyst has either made or has been inclined to make in response to feelings of frustration and sense of failure. Winnicott, by means of the language with which he addresses the reader, provides *an experience in reading,* one that helps the reader undefensively gather together his own unarticulated experiences from his own analysis and from his analytic work with patients.

Moreover, the simple phrase "very common experience" conveys an important theoretical concept (again without calling attention to itself): primitive states of unintegration are not restricted to the analysis of severely disturbed patients; such states regularly occur in the analysis of all our patients, including the healthiest ones. This writing "technique" does not have the feel of manipulation of the reader; rather, it feels like a good interpretation—a statement that puts into words what the reader/analyst has known all along from personal experience, but has not known that he has known it, and has not known it in the verbally symbolized, integrated way that he is coming to know it.

The second paragraph of the passage being discussed is remarkable:

> There are long stretches of time in a normal infant's life in which a baby does not mind whether he is in many bits or

[4] It seems that Winnicott is referring here to silent interpretations that the analyst formulates for himself in words in the moment, and may at a later time present to the patient.

> one whole being, or whether he lives in his mother's face or in his own body, provided that from time to time he comes together and feels something.

This sentence is distinctive, not only for the originality of the ideas it develops, but also for the way in which its syntax contributes in a sensory way to the creation of those ideas. The sentence is constructed of many groups of words (I count ten) that are read with very brief pauses between them (for instance, after the words *time, life, mind,* and so on). The sentence not only refers to, but brings to life in its own audible structure, the experience of living in bits ("from time to time"), in a meandering sort of way, before coming together —for a moment—in its final two bits: "he comes together," "and feels something." The voice, syntax, rhythm, and carefully chosen words and expressions that constitute this sentence—working together as they do with the ideas being developed—create an experience in reading that is as distinctively Winnicott as the opening paragraph of *The Sound and the Fury* is distinctively William Faulkner, or as the opening sentence of *Portrait of a Lady* is uniquely Henry James.

The reader of the sentence being discussed is not moved to question how Winnicott can possibly know what an infant feels, or to point out that regressions in the analyses of children and adults (whether psychotic, depressed, or quite healthy) bear a very uncertain correlation with infantile experience. Rather, the reader is inclined to suspend disbelief for a time, and to enter into the experience of reading (with Winnicott), allowing himself to be carried by the music of the language and ideas. The reader lives an experience in the act of reading that is something like that of the imagined infant who does not mind whether he is in many bits (experiencing a floating feeling that accompanies nonlinear thinking) or one whole being (experiencing a "momentary stay against confusion" [Frost 1939, p. 777]). Winnicott's writing, like a guide "who only has at heart your getting lost" (Frost 1947, p. 341), ensures that we will never get it right in any final way, and we do not mind.

Subliminally, the pun on *mind* allows the clause "a baby does not mind whether he is in many bits or one whole being" to concentrate into itself different overlapping meanings. The baby "does not

mind" because the mother is there "minding" him (taking care of him). And he "does not mind" in that he feels no pressure to be "minded," that is, to create premature, defensive mindedness that is disconnected from bodily experience. The writing itself, in punning, deftly and un-self-consciously, creates just such an experience of the pleasure of not minding, of not having to know, of not having to pin down meaning, and instead simply enjoying the liveliness of a fine experience in the medium of language and ideas.

The language that Winnicott uses in describing the infant's coming together in one place is surprising, in that the "place" where coming together occurs is not a place at all, but an action (the act of feeling something). Moreover, the infant, in "coming together," does not simply feel, he "feels something." The word *something* has a delightful ambiguity to it: "something" is a concrete thing, the object that is felt; and, at the same time, "something" is the most indefinite of words, suggesting only that some feeling is being experienced. This delicate ambiguity creates in the experience of reading the flickering of the feeling-world of the infant, a world loosely bound to objects, loosely localized, experienced now in the body as objectless sensation, now in the more defined and localized sensation of feeling an object, now in the mother's face.[5]

The unexpected turns, the quiet revolutions occurring in this early Winnicott paper, are too numerous to address. I cannot resist, however, taking a moment simply to marvel at the way in which Winnicott, the pediatrician, the child analyst, nonchalantly jettisons the accrued technical language of fifty years of psychoanalytic writing in favor of language that is alive with the experiences being described:

> . . . There are the quiet and the excited states. I think an infant cannot be said to be aware at the start that while feel-

[5] The role played by the word *something* in this sentence is reminiscent of Frost's use of nouns to simultaneously invoke the mysterious and the utterly concrete and mundane––for example, in lines such as "Something there is that doesn't love a wall" (1914, p. 39), or "One had to be versed in country things/ Not to believe the phoebes wept" (1923a, p. 223), or "What was that whiteness?/Truth? A pebble of quartz? For once, then, something" (1923b, p. 208).

> ing this and that in his cot or enjoying the skin stimulations of bathing, he is the same as himself screaming for immediate satisfaction, possessed by an urge to get at and destroy something unless satisfied by milk. This means that he does not know at first that the mother he is building up through his quiet experiences is the same as the power behind the breasts that he has in his mind to destroy. [p. 151]

The infant has both quiet and excited states—everyone who has spent time with a baby knows this, but why had no one thought to put it this way? The baby feels "this and that" [there is ease in the language, just as there is ease in the baby's state of mind-body], and enjoys the "skin stimulations of bathing" and "cannot be said to be aware . . . that [in the quiet states] . . . he is the same as himself screaming for immediate satisfaction . . ." How better to describe the feeling of continuity of identity over different feeling/meaning states than with unobtrusive alliteration of S sounds—sixteen times in one sentence—in words carrying a very wide range of meaning, including: *states, start, skin, stimulation, same, screaming, satisfaction, something,* and *satisfied?*[6]

Winnicott continues:

> Also I think there is not necessarily an integration between a child asleep and a child awake . . . . Once dreams are remembered and even conveyed somehow to a third person, the dissociation is broken down a little; but some people never clearly remember their dreams, and children depend very much on adults for getting to know their dreams. It is normal for small children to have anxiety dreams and terrors. At these times children need someone to help them

[6] Of course, I am not suggesting that Winnicott planned, or was even aware of, the way in which he was using alliteration, syntax, rhythm, punning, and so on to create specific effects in his use of language—any more than a talented poet plans ahead of time which metaphors, images, rhymes, rhythms, meters, syntactical structures, diction, allusions, line lengths, and so on that he will use. The act of writing seems to have a life of its own. It is one of the "rights and privileges," as well as one of the pleasures, of critical reading to attempt to discern what is going on in a piece of writing, regardless of whether the writer intended it or was even aware of it.

> to remember what they dreamed. It is a valuable experience whenever a dream is both dreamed *and* remembered, precisely because of the breakdown of dissociation that this represents. [p. 151, italics in original]

In this part of the paper, Winnicott speaks of the importance of the experience of the child's dream being conveyed "somehow to a third person." Every time I read this sentence, I find it jarring and confusing. I attempt to account for a third person in the apparently two-person experience of a dream (not yet the child's creation or possession) being "conveyed somehow" to a third person. Is the third person the experience of the father's symbolic presence even in his absence? Perhaps, but such an idea seems too much an experience of the mind disconnected from the bodily feel, the sense of aliveness that one experiences, when engaging with a child in spoken or unspoken conversation. A dream can be unobtrusively inserted into a conversation or into playing, sometimes wordlessly, because the child *is* the dream before the dream is the child's.

Thus, from this perspective, the three people are the dreaming child, the waking child, and the adult. This interpretation is suggested by Winnicott's language, but the reader, once again, must do the work of imaginatively entering into the experience of reading. The language quietly creates (as opposed to discusses) the confusion that the reader/child experiences about how many people are present in the act of conveying a dream to an adult. The reader experiences what it feels like for a child to be two people and not to notice that experience until an adult gives him help in "getting to know . . . [what are becoming *his*] dreams." "Getting to know" his dreams—the expression is uniquely Winnicott; no one else could have written these words. The phrase is implicitly a metaphor in which an adult "makes the introductions" in the first meeting of a waking child and the child's dreams. In this imaginary social event, not only is the child learning that he has a dream life, but also the child's unconscious is learning that "it" (who, in health, is forever in the process of becoming "I") has a waking life.

The metaphorical language of this passage, without the slightest evidence of strain, is carrying a heavy theoretical load. First of all,

there is the matter that as Freud (1915) put it, the unconscious "is alive" (p. 190), and consequently, "getting to know" one's dreams constitutes no less than the beginnings of healthy communication at the "frontier" (p. 193) of the unconscious and preconscious mind. As the waking child and the dreaming child become acquainted with one another (i.e., as the child comes to experience himself as the same person who has both a waking life and a dream life), the experience of dreaming feels less strange (other to oneself) and hence less frightening.[7]

It might be said that when a dream is both dreamed and remembered, the conversation between the conscious-preconscious and the unconscious aspects of mind across the repression barrier is enhanced. But having put it in these terms, the reasons for the enjoyment to be taken in Winnicott's writing become all the more apparent. In contrast to the noun-laden language of the preconscious, conscious, unconscious, repression, and so on, Winnicott's language seems to be all *verb:* "feeling something," "getting to know their dreams," "screaming," "possessed," and so on.

Having discussed the infant's early experience of coming together (in health) from his experience of living in bits and pieces (unintegration) and from a variety of forms of dissociation (e.g., the dissociation of dreaming and waking states), Winnicott turns his attention in "Primitive Emotional Development" to the infant's experience of his earliest relations with external reality:

> In terms of baby and mother's breast (I am not claiming that the breast is essential as a vehicle of mother-love), the baby has instinctual urges and predatory ideas. The mother has a breast and the power to produce milk, and the idea that she would like to be attacked by a hungry baby. These two phenomena do not come into relation with each other till the mother and child *live an experience together.* The moth-

[7] Even as adults, we never completely experience dream life and waking life as two different forms of the experience of ourselves as one person. This is reflected in the language we use in talking about dreams. For example, we say, "I had a dream last night" (that is, it happened to me), and not "I made a dream last night."

> er being mature and physically able has to be the one with tolerance and understanding, so that it is she who produces a situation that may with luck result in the first tie the infant makes with an external object, an object that is external to the self from the infant's point of view. [p. 152, italics in original]

In this passage, the language is doing far more than is apparent. ". . . The baby [at this juncture] has instinctual urges and predatory ideas. The mother [with an internal life quite separate from that of the infant] has a breast and the power to produce milk, and the idea that she would like to be attacked by a hungry baby." The deadly seriousness (and violence) of these words—instinctual urges, predatory feelings, power, attack—plays off against the whimsy and humor of the intentionally overdrawn images. The notion of a baby with "predatory ideas" conjures up images of a scheming, mastermind criminal in diapers. And in a similar way, the notion of a mother who would like to be "attacked by a hungry baby" stirs up images of a woman (with large breasts engorged with milk) walking through dimly lit alleys at night, hoping to be violently assaulted by a hoodlum baby with a terrible craving for milk. The language, at once serious and playful (at times even ridiculous), creates a sense of the complementarity of the internal states of mother and infant, a complementarity that is going on only in parallel, and not yet in relation to one another.

In the sentence that immediately follows, we find one of Winnicott's most important theoretical contributions to psychoanalysis, an idea that has significantly shaped the second fifty years of the history of psychoanalytic thought. As the idea is rendered here, it is to my mind even more richly suggestive than it is in later, more familiar forms: "These two phenomena [the infant with predatory urges and ideas, and the mother with instinctual urges and the wish to be attacked by a hungry baby] do not come into relation with each other till the mother and child *live an experience together.*"

"Live an experience together"—what makes this phrase remarkable is the unexpected word *live.* The mother and child do not "take part in," "share," "participate in," or "enter into" an experience together;

they *live* an experience together. In this single phrase, Winnicott is suggesting (though I think he was not fully aware of this as he wrote it) that he is in the process of transforming psychoanalysis, both as a theory and as a therapeutic relationship, in a way that involves altering the notion of what is most fundamental to human psychology. No longer will desiring and regulating desire (Freud), loving, hating, and making reparations (Klein), or object-seeking and object-relating (Fairbairn) constitute what is of greatest importance in the development of the psyche-soma from its beginnings and continuing throughout life. Instead, what Winnicott starts to lay out here for the first time is the idea that the central organizing thread of psychological development, from its inception, is the experience of being alive and the consequences of disruptions to that continuity of being.

The specific way in which Winnicott uses language in this passage is critical to the nature of the meanings being generated. In the phrase "live an experience together," *live* is a transitive verb, taking *experience* as its object. Living an experience is an act of doing something to someone or something (as much as the act of hitting a ball is an act of doing something to the ball); it is an act of infusing experience with life. Human experience does not have life until we live it (as opposed to simply having it in an operational way). Mother and child do not come into relation to one another until they each *do something* to experience—that is, they live it *together,* not simply at the same time, but while experiencing and responding to one another's separate acts of being alive in living the experience.

The paragraph concludes: "The mother being mature and physically able has to be the one with tolerance and understanding, so that it is she who produces a situation that may with luck result in the first tie the infant makes with an external object, an object that is external to the self from the infant's point of view" (p. 152). The unstated paradox that emerges here involves the idea that living an experience *together* serves to *separate* the mother and infant (to bring them "into relation with each other" as separate entities, from the infant's perspective). This paradox lies at the heart of the experience of illusion: "I think of the process as if two lines came from oppo-

site directions, liable to come near each other. If they overlap, there is a moment of *illusion*—a bit of experience which the infant can take as *either* his hallucination *or* a thing belonging to external reality" (p. 152, italics in original).

Of course, what is being introduced is the concept that Winnicott (1951) later termed "transitional phenomena" (p. 2). The "moment of illusion" is a moment of psychological "overlap" of the mother and infant: a moment in which the mother lives an experience with the infant in which she actively/unconsciously/naturally provides herself as an object that can be experienced by the infant as the infant's creation (an unnoticed experience because there is nothing that is not what is expected) or as the infant's discovery (an event with a quality of otherness in a world external to the infant's sense of self).

> In other language, the infant comes to the breast when excited, and ready to hallucinate something fit to be attacked. At that moment the actual nipple appears and he is able to feel it was that nipple that he hallucinated. So his ideas are enriched by actual details of sight, feel, smell, and next time this material is used in the hallucination. In this way he starts to build a capacity to conjure up what is actually available. The mother has to go on giving the infant this type of experience. [pp. 152-153]

What Winnicott is attempting to describe (and succeeds in capturing through his use of language) is not simply an experience, but a way of experiencing that is lighter, more full of darting energy than other ways of experiencing. The initial metaphor with which he introduces this way of experiencing involves the image of mother and infant as two lines (or is it lives?) coming from opposite directions (from the world of magic and from the world of grounded consensual reality), which are "liable to come near each other." The word *liable* is unexpected, with its connotation of chance events (of an unwelcome nature?). Is there a hint of irony about accidents serving as a port of entry into the "real world"?

For Winnicott, the maternal provision is even more complex than that of creating a psychological-interpersonal field in which

the infant gains entry at the same moment into external reality, internal reality, and the experience of illusion. In "Primitive Emotional Development," he states that the mother's task at this stage involves protecting "her infant from complications that cannot yet be understood by the infant" (p. 153). *Complications* is a word newly made in this sentence. In Winnicott's hands, *complications* takes on a rather specific set of meanings having to do with a convergence of internal and external stimuli that have a relationship to one another, one that is beyond the capacity of the infant to understand. A few years later, in speaking of the mother's efforts "not to introduce complications beyond what the infant can understand and allow for," Winnicott (1949) added that "in particular she tries to insulate her baby from coincidences" (p. 245). *Coincidences* is a word even more richly enigmatic than *complications*. It is a word with a long and troubling history in Western myth and literature. (Sophocles' version of the Oedipus myth represents only one instance of the ruin that "coincidence" can leave in its wake.)

Winnicott does not explain what he means by *coincidences* or *complications*, much less how one goes about insulating babies from them. His indefinite, enigmatic language does not fill a space with knowledge; it opens up a space for thinking, imagining, and freshly experiencing. One possible reading of the words *complications* and *coincidences* (as Winnicott is using/creating them) that I sometimes find useful goes as follows: Coincidences or complications from which a baby needs to be insulated involve chance simultaneities of events taking place in the infant's internal and external realities at a time when the two are only beginning to be differentiated from one another. For instance, an infant who is hungry may become both fearful and rageful while waiting longer for the mother than the infant can tolerate. The mother may be feeling preoccupied and distraught for reasons that have nothing to do with the infant, perhaps as a consequence of a recent argument with her husband, or a physical pain that she fears is a symptom of a serious illness. The simultaneity of the internal event (the infant's hunger, fear, rage) and the external event (the mother's emotional absence) is a coincidence that the infant cannot understand. He makes sense of it by imagining

that it is his anger and predatory urges that have killed the mother. The mother who earlier wished to be attacked by a hungry baby is gone, and in her place is a lifeless mother, passively allowing herself to be attacked by the hungry baby, like carrion available to be consumed by vultures.

Coincidence leads the infant to defensively bring a degree of order and control to his experience by drawing what was becoming the external world back into the internal world by means of omnipotent fantasy: "I killed her." In contrast, when a mother and child are able to "live an experience together," the vitality of the child's internal world is recognized and met by the external world (the mother's act of living the experience together with the child). Winnicott does not present these ideas explicitly, but they are there to be found/created by the reader.

A note of caution is needed here with regard to the license a reader may take in creating a text, and that caveat is provided by Winnicott himself. It is implicit in all Winnicott's writing that creativity must not be valorized above all else. Creativity is not only worthless—it is lethal in a literal sense in the case of an infant when disconnected from objectivity, that is, when disconnected from acceptance of external reality. An infant forever hallucinating what he needs will starve to death; a reader who loses touch with the writing will not be able to learn from it.

Winnicott's conception of the infant's earliest experience of accepting external reality is as beautifully rendered as it is subtle in content:

> One thing that follows the acceptance of external reality is the advantage to be gained from it. We often hear of the very real frustrations imposed by external reality, but less often hear of the relief and satisfaction it affords. Real milk is satisfying as compared with imaginary milk, but this is not the point. The point is that in fantasy things work by magic: there are no brakes on fantasy, and love and hate cause alarming effects. External reality has brakes on it, and can be studied and known, and, in fact, fantasy is only tolerable at full blast when objective reality is appreciated

> well. The subjective has tremendous value but is so alarming and magical that it cannot be enjoyed except as a parallel to the objective. [p. 153]

This passage has muscularity to it. After acknowledging what is already self-evident ("Real milk is satisfying as compared with imaginary milk"), the passage seems to break open mid-sentence: ". . . but this is not the point. The point is that in fantasy things work by magic: there are no brakes on fantasy, and love and hate cause alarming effects." External reality is not simply an abstraction in these sentences; it is alive in the language. External reality is a felt presence in the sounds of the words—for instance, in the dense, cold, metallic sound of *brakes* (which evokes for me the image of a locomotive with wheels locked, screeching to a halt over smooth iron tracks). The metaphor of a vehicle without the means to be stopped (a metaphor implicit in the expression *without brakes*) is elaborated as the sentence proceeds: ". . . love and hate cause alarming effects." Love and hate are without a subject, thus rendering the metaphorical vehicle not only without brakes, but also without a driver (or engineer).

The modulating effects of external reality can be felt in the restraint and frequent pauses in the first half of the sentence that immediately follows: "External reality has brakes on it—, and can be studied and known—, and—, in fact . . ." Having been slowed, the sentence—and the experience of internal and external reality—unfolds in a more flowing (which is not to say bland or lifeless) way: ". . . Fantasy is only tolerable at full blast when objective reality is appreciated well."

Winnicott returns to the subject of illusion again and again in "Primitive Emotional Development," each time viewing it from a somewhat different perspective. He is without peer in his ability to capture in words what illusion might feel like to a baby. For instance, on returning to this subject late in the paper, he says that, in order for illusion to be generated, ". . . a simple *contact* with external or shared reality has to be made, by the infant's hallucinating and the world's presenting, with moments of illusion for the infant in which the two are taken by him to be identical, which they never in fact

are" (p. 154). For this to happen, someone ". . . has to be taking the trouble [a wonderfully simple way to allude to the fact that being a mother to an infant is a lot of work and a lot of trouble] all the time [even when she longs for even an hour of sleep] to bring the world to the baby in understandable form [without too many complications and coincidences], and in a limited way, suitable to the baby's needs" (p. 154). The rhythm of the series of clauses making up this sentence heaps requirement upon requirement that the mother must meet in creating illusion for the baby. These efforts on the part of the mother constitute the intense backstage labor that is necessary for the infant's enjoyment of his orchestra seat in the performance of illusion. The performance reveals not a hint of the dirty grunt work that creates and safeguards the life of the illusion.

The humor of the contrast between illusion as seen from backstage and from an orchestra seat is, I think, not at all lost to Winnicott. The juxtaposition of the passage just quoted (something of a job description for the mother of a baby) and the paragraph that follows (which captures all of the sense of wonder and amazement a child feels on seeing a magic show) can hardly be a coincidence: "The subject of illusion . . . will be found to provide the clue to a child's interest in bubbles and clouds and rainbows and all mysterious phenomena, and also to his interest in fluff . . . . Somewhere here, too, is the interest in breath, which never decides whether it comes primarily from within or without . . ." (p. 154). I am not aware of a comparable expression anywhere in the psychoanalytic literature of the almost translucent, mystifying quality of imaginative experience that becomes possible when the full blast of fantasy is made safe by the child's sturdy grasp of external reality.

CONCLUDING COMMENTS

Winnicott, in this, the first of his major papers, quietly, unassumingly defies the conventional wisdom, which holds that writing is primarily a means to an end, a means by which analytic data and ideas are conveyed to readers, much as telephones and telephone lines

transport the voice in the form of electrical impulses and sound waves. The notion that our experiences as analysts and the ideas with which we make sense of them are inseparable from the language we use to create/convey them, for some analysts, is an idea that is strenuously resisted. For them, it is disappointing to acknowledge that the discourse among analysts, whether written or spoken, will forever remain limited by our imprecise, impressionistic—and consequently confusing and misleading—accounts of what we observe and how we think about what we do as analysts. For others, an appreciation of the inseparability of our observations and ideas, on the one hand, and the language we use to express them, on the other, is exciting, in that it embraces the indissoluble interpenetration of life and art, neither preceding the other, neither holding dominion over the other. To be alive (in more than an operational sense) is to be forever in the process of making things of one's own, whether they be thoughts, feelings, bodily movements, perceptions, conversations, poems, or psychoanalytic papers. The writing of no psychoanalyst better bears witness than that of Winnicott to the mutually dependent, mutually enlivening relationship of life and art.

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SEXUALITY AND ATTACHMENT: A PASSIONATE RELATIONSHIP OR A MARRIAGE OF CONVENIENCE?

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The ubiquitous and persistent bodily urges of sexuality and their vicissitudes are explored in this paper, focusing on the complex relationship between libidinal desire and the attachment system, especially the latter's affect-regulating function. This complicated interrelationship is highlighted with clinical vignettes. Implications for transference and countertransference are explored in the discussion of affect regulation and its possible sexual entwining. Clinical data is presented to highlight the plasticity of sexuality. Sexuality's protean nature allows for a reassessment of the case of Little Hans, with emphasis on the unique interconnections between sexuality and the vital need for an attachment relationship. Stressing such interconnections raises important questions about the traditional concept of psychosexual stages.

INTRODUCTION

Freud's legacy is our important heritage: there is a great deal in Freudian theory that informs our contemporary outlook. However, I believe that Freudian theory can be enriched and enhanced by current information from developmental research. I have in mind specifically the affect-regulating function of the attachment system. I wish to illustrate the complex relationship between sexuality and attachment, highlighting the resultant fecundity that emerges from such syntheses. I will use clinical and nonclinical vignettes to dem-

onstrate the plasticity of sexuality and its interlacing with the modulating function of the attachment system, resulting in variable outcomes. Acknowledging such linkages in these two systems raises questions about the traditional conception of psychosexual stages. The interconnections between the affect-regulating feature of the attachment system and sexuality are explored for an understanding of some features of transference and countertransference. Sexuality's protean nature allows for a reassessment of the case of Little Hans, with the emphasis on the unique interrelationship between sexuality and attachment.

THE ATTACHMENT SYSTEM

Bowlby (1988) focused on the infant's and young child's experience of separation, loss, grief, and mourning. He studied and observed the infant's early connection to his or her caregiver and recognized the disruption wrought when this tie is ruptured, even temporarily. He noted the need of the infant to maintain proximity to the caregiver in times of stress—for example, when the child is "frightened, fatigued, or sick" (pp. 26-27). The child is then helped by the secure and safe presence of the caregiver.

Ainsworth et al. (1978), developmental researchers, set out to systematically investigate the attachment system that Bowlby described as occurring naturally over the course of the first year of life. When distress or fear is stirred in the young child, the attachment system is activated to provide felt security. Ainsworth and her coworkers developed "The Strange Situation," which consists of episodes of departures and reunions between mothers and their infants under tolerable conditions of stress for the infants. The majority of infants are securely attached, and can use their mothers as a base of exploration when stress is minimal, actively working to reconnect when briefly separated. They seek out contact and comfort when needed and can then easily return to play. Such infants and children are categorized as *secure*.

Ainsworth et al. discerned two categories of insecure attachment: one they labeled as *ambivalent-resistant* and the other as *avoidant*.

Ambivalent attachments ensure the mother's tolerance for connection and proximity at the same time that the child experiences some degree of stress and a low level of anxiety. Children with these attachment styles tend to be criers, according to Bell and Ainsworth (1972); they cried a great deal when separated and when reunited with their mothers. Children with avoidant attachment styles, on the other hand, tend to be hostile and to display unprovoked aggression (Kobak and Shaver 1987), "biting or hitting their mothers without any overt expression of anger" (Ainsworth et al. 1978, p. 159). Thus, such a child permits a bearable connection for mother with some possible loss of feeling in the child.[1]

These three categories—secure, ambivalent, and avoidant—are not considered pathological.[2] They are styles of relating, and only at their extremes do they flag potentially maladaptive relational styles. Attachment system researchers continue to explore these categorical designations. There is constant refinement to the system, and other subcategories within these three have been described. (For an extensive discussion of the attachment system, see Silverman 1986, 1991, 1992, 1994, 1995, 1998a, 1998b.)

In addition, there is an attachment style labeled *disorganized-disoriented*, which does reflect a maladaptive style of relating. These children display "contradictory behavior patterns" (Main and Solomon 1990, p. 135), seeking out and immediately avoiding attachment figures. They are often frightened and confused, and sometimes they are apathetic children who exhibit dazed, frozen, or trancelike behavior.

Although what I am describing is an interactive behavioral system, it is one that becomes internalized. Such patterns of relating

[1] Whereas feelings are barely evident in overt behavior, heart monitor readings (Sroufe and Waters 1977) and cortisol levels (Spangler and Grossman 1993) suggest stress experiences for these infants.

[2] Clinicians (Pistole 1995; Shane, Shane, and Gales 1997) often conflate the ambivalent and avoidant styles of attachment with pathology (see Silverman 1995), and some attachment researchers have begun to pathologize these categories as well. Such thinking eliminates the variation among attachment styles within the normal range.

over time are established as mental models, or what psychoanalysis refers to as *psychic representations*. These internal models demonstrate adaptive and defensive features (Silverman 1998a). Such an interactive attachment system is affect regulating, and is established through positively or negatively toned, emotionally expressive responses of mother and infant.

Although affect regulation is tacit in Bowlby's understanding of the attachment system, he did not explicate it with an emphasis on affect regulation, as I do. He was more focused on the need of the infant for proximity to the caregiver, and his view was similar to that of Main (1993), a contemporary attachment researcher. She described the "biological functions of the attachment behavior system" as "primarily protection from predation . . . . In addition . . . proximity provides the protection from unfavorable temperature changes, from natural disasters, from the attacks of conspecifics, and from the risk of separation from the group" (p. 213).

Thus, in Bowlby's view and that of subsequent researchers, the emphasis is on the importance of proximity to ensure safety. However, for Bowlby and others, the psychological experience of felt safety is also important, and I am building on this idea. The attachment system may have evolved as a protective adaptation in primates; however, I believe that the same system now serves an important, perhaps related role in affect regulation.

AFFECT REGULATION

The initial interactional system between mother and child is dominated by the infant's homeostatic needs. Researchers currently maintain that this system is coordinated between mother and child, so that infant physiological needs, such as temperature regulation, level of activation, heart rate, sleep-wake cycles, and so on, are regulated interactively. These homeostatic features have a psychological component, that of affect regulation. Early on, a variety of signals and negotiations develop between the mother and her infant. The infant is preprogrammed to discriminate a range of expressive behaviors

in the caretaker and to respond with utterances, gestures, lip and tongue movements, and full-body reactivity (Trevarthen 1980).

In the course of dyadic interactions, a great deal of infant learning occurs. Such learning and communication have been referred to as *implicit relational knowing* (Stark 1977; Stern 1977; Tronick 1997) or procedural memory—the nonconscious, nonverbal, communicative signals that reciprocally flow between mother and infant, leading to increasingly complex dyadic regulation. Both members of the dyad undergo simultaneously evolving internal experiences. Such a feedback system, including adequate mutual cueing and reasonably adaptive maternal responsiveness, offers the infant opportunities for both interactive regulation and self-regulation (Emde 1999; Gianino and Tronick 1985; Jaffe et al., unpublished; Sander 1977; Silverman 1998a, 1998b), and the infant intuits ways to further maintain an optimal experience of security.

Researchers (Condon and Sander 1974; Gianino and Tronick 1985; Schaffer 1977; Stern 1974; Trevarthen 1980, 1993), in carefully analyzing such interactions, have reported that cycles of reactivity and complementarity develop. From this joint self and interactive system, there emerges a unique regulatory pattern characteristic of a particular dyad (the developed interactive pattern) and a particular form of self-regulation characteristic of the infant. Thus, the infant learns and develops forms of interactive regulation and self-regulation that are tolerable for both mother and child. The developing attachment system has this affect-regulating feature as an important cementing ingredient, leading to a mental model of dyadic interaction that is internalized.

Whereas felt safety is a distinctive and necessary psychological feature of infancy, it can induce, interact with, and reciprocally function with sensual-sexual experiences. I acknowledge and stress the importance of drives, by which I mean libidinal wishes in the context of this paper. The adaptive or pathological features of the attachment system entwine with conflicts generated by libidinal wishes. The result is an emergent, complex system unique to each individual, one that has at least dual motivational components. I leave open (as did Freud) the possible presence of other relevant

motivational issues.[3] The nature of the attachment relationship, I believe, is of such power and significance that it can transform the way we understand psychosexual stages, an idea I will elaborate later in this paper.

Of course, it is the rich and varied symbolic meanings of which we are capable that allow for the plasticity of sexual responsiveness. What is interesting about sexuality is the varied means by which sexual responsiveness can be stirred. There exists a complicated relationship between meanings associated with sexuality, and their variable expressions via multiple behavioral channels with their accompanying range of affective reactions. Whereas I concur with Klein's (1976) suggestion that sexuality is "intrinsically motivational" (p. 92) because of the pleasure it provides, I wish to note that this pleasure is always accompanied by the achievement of specific aims, even though these are not necessarily acknowledged.

Because sexuality is such a protean experience, its function can mask a host of other sources of need. This may be especially true with compulsive sexuality, and in particular with compulsive sadomasochistic sexuality. Sensual-sexual experiences can achieve full gratifying expression, or they can become inhibited, overlaid, or generally constrained by nonlibidinal needs. Following are some themes and variations on the interaction of desire and attachment relationships. I will present both short and more extended vignettes to illustrate the variable interrelationships between sensual and attachment needs.

SENSUAL SEXUALITY

Think of the following interaction: A baby boy is born with a particularly keen sensitivity to sensual experiences. There is intense pleasure in his being stroked, fondled, hugged, and kissed. Some

[3] Other potential motivational factors, such as novelty, curiosity about the environment, and feelings of self-effectiveness, among others, should be considered.

of the specific factors contributing to his pleasure are skin-to-skin holding and touching, the sensual warmth of being held firmly in a bath of warm water that caresses him, the massaging of his bare skin, the mutual titillation of looking and being looked at, and the enjoyment of the odors and kinesthetic sensations that pervade his senses when in contact with his mother. Imagine the blandishments heaped on such a responsive and receptive reactor-baby.

Applying Stern's (1985) idea of cross-modal experiences to the above scenario, we can anticipate that the baby's sensual pleasures in one zone stimulate nonconscious, analogous bodily experiences in another sensory modality. Freud (1905) had his own idea about the spurring of bodily sexuality. He described a variety of intense emotional reactions that trip a spread of sexual excitation throughout the body. The child's experience of sensual sensations, seductions, and erotic feelings—within reasonable affective bounds —allows him or her to be seduced by the mother's bodily ministrations and their mystery, gratifying intensity, and pleasure. The opportunity for the eventual development and full flowering of hearty, lustful, fleshy, erotic sexuality can be observed in its incipient stages.

For the mother, these keen and exquisite excitements and pleasures occur if she can enjoy her own sublimated eroticism, and if she unconsciously sanctions their communication to her infant. Thus, her own experience of sensuality in her care of the baby is kept within a modulated emotional responsiveness. Using traditional conceptualizations, we might say that she is sufficiently aim-inhibited, or that she is able to sublimate her own erotic needs while appreciating the gratification they offer to both in the caregiving setting. The mother can enjoy the seduction of her child into the realm of sensuality (Freud 1905). In this context, one might recall Laplanche's (1997) idea of the enigmatic sexuality of the mother's unconscious being communicated to her infant. The sexual history of a baby is initiated by the baby's awakening to this secret, curious conundrum of the mother's sensuality. (For a rich description of Laplanche's ideas on the enigmatic sexuality of the mother's unconscious implanted in her baby, see Stein 1998.)

One might ask how the mother's sexuality is communicated to her infant. Here the procedural knowledge or implicit relational knowing discussed earlier is relevant. I wish to highlight not only the nonsymbolic system that characterizes initial infant–parent interactions, but also a coding system that continues unabated throughout our lives. A great deal of emotional signaling and cueing take place outside of our conscious awareness. Many of our social interactions—including the use of space with others; the leaning toward or away from the other in discourse; expressive body, face, and hand movements; head shaking; gazing; and so on—are governed by our implicit knowledge. It is through such media that the mother is able to communicate the rich tapestry of her imagistic fantasy life and her emotional and physiological sensations, all of which are constitutive of her sexuality. In this way, complex, quizzical, unconscious sexual messages are conveyed to the baby.

For a contrasting position, consider a baby of similar temperament—one who is especially responsive to sensual experiences—but who has a mother who cannot tolerate physical closeness. She manages care of the baby with little capacity for sensual enjoyment because the physical proximity is distressing to her. When the baby approaches, her avoidant behavior in evident. (Such an interaction was demonstrated in Tronick's [1997] videotaped parent–infant observation.) The infant detects such information about the mother through the mutually regulating process of sensing the mother's lessened anxiety with the abridgement of their physical proximity. By six months of age, the baby has already developed a defensive style of nonphysical contact with the mother (Gianino and Tronick 1985).

Here the possibility for passionate, erotic sensuality is being completely overridden by the establishment of an avoidant attachment system. If nothing alters in the initial caregiving relationship, this system can become fixed and enduring; indeed, it is necessary for the survival and development of the infant and the reduced anxiety of the mother. In such a situation, sensual, pleasurable experiences are defensively hidden by the avoidance of intimacy in order to maintain contact that is requisite for a sense of security and safety.

PSYCHOSEXUALITY AND ATTACHMENT

Adoption of my integrative view of libido and attachment requires an emendation to the way Freud (1923 [1922]) thought about psychosexual stages. He maintained that the oral, anal, and genital drives are under the preponderating dominance of erotogenic zones (pp. 244-245). Freud understood the erotogenic zones as part of our biological heritage. These zones unfold in a linear fashion, and awareness of each is heightened at the time of its ascendancy. Freud conceptualized these stages as biologically rooted and phylogenetically unfolding, unlinked to objects.

From my perspective, however, such a view fails to consider the emergent properties of experience for each individual. In contrast to the unfolding of psychosexual stages, development proceeds in a nonlinear, erratic, and inconsistent pattern—although on a macroscopic level, this may not appear to be the case (Emde 1999; Sameroff 1975; Silverman 1986, 1991, 1992; Thelen and Smith 1995).

Traditionally, we think of the infant's first stage of life as dominated by oral needs. But more paramount for baby watchers is the newborn's primitive state system, which includes homeostatic stability and psychological safety, and especially the early entrainment of the mother and infant to achieve these objectives (Emde 1999; Sander 1977). Whereas feeding is an essential element in the system, it must always be paired with the unique physiological, emotional, and social-psychological needs of the infant.

Acknowledging the broad framework of the intertwining of libidinal wishes and attachment, we need to look at the specific ways that these two features emerge for an individual. A particular zonal emphasis can be elevated to importance depending on the combination of a number of factors: the unique conjunction of a particular caregiver–infant dyad, and their consistent or inconsistent temperamental features, personalities, bodily health, special needs, and unique sensitivities, as well as the emotional-cognitive meanings each brings to comprehension of the interaction. Here I am emphasizing the embeddedness of the dyad in a unique field, taking

into account, of course, input from the social surround as well. (It should be noted that this is in contrast to an emphasis on biological givens in development.)

Thus, our attention should be focused on the contextualization of multiple factors that shape maladaptive infant–parent attachments, rather than on the unfolding of psychosexual stages. Such troubling relationships have been ongoing and sometimes find particular expression in some phase of caregiving activity or psychosexual stage. There can then be a heightening and distortion of a particular zone which becomes prominent in the individual.

Clinical Examples

Mr. G. A compulsive overeater, Mr. G could remember tugging at his mother's skirts as a child, pulling on her sleeve, and pestering her with a whining insistence that sometimes reached tantrum proportions when he needed her attention. He had an early memory of her giving him bread when he was upset. A later variant of his mother's behavior, occurring when he was somewhat older and she did not want to be bothered by his demands, was her "throwing money at him," which he would spend on sweets and treats.

One could posit that when Mr. G became anxious as an adult, he experienced a retreat to an earlier form of oral gratification, one seemingly unconnected to objects. However, I see this as an insufficient explanation that does not take into account the meanings of recurrent, patterned interactions in his daily life.[4] An example of such patterned behavior could be seen in Mr. G's behavior with his well-intentioned nutritionist-trainer, who had designed a meticulous program and given him detailed advice to control his dietary excesses. She would lecture, e-mail, and call him frequently. He told me,

[4] I agree with Inderbitzin and Levy's (2000) questioning of the concept of regression. A major drawback of this concept is the "outmoded linear model" (p. 211) it supports (see also Silverman 1986). From my point of view, the label *regression* obscures the relevance of the patient's problematic regulation of his or her affective state, which is the feature that needs further exploration.

however, that he "tuned her out, turned her off," and discarded her. In his relationship to me as well, Mr. G would frequently say that, although he knew we had been talking about something important in a prior session, he could not remember what I had said. Thus, both with his trainer and transferentially, he became the indifferent, deaf mother who disregarded the persistent, insistent analyst-trainer-child.

The internal eating conflict that Mr. G described had some of the earmarks of his earlier relationship with his mother as well. He argued, complained, and battled with himself about eating compulsively, until the internal feeling escalated to the point that he had to eat. He maintained that he wanted his mother's attention, acknowledgment, and awareness of him, which he could not obtain. He substituted an almost dissociated state of eating to the point of bursting. Then there was disgust with the amount consumed and with his appearance, which was similar to that of his corpulent mother. Through his eating habits, he upheld his battling, insistent, unhappy connection to her, solidified by their mutual obesity.

Such behavior, when viewed exclusively from a drive perspective, can be understood as the regressive retreat to an earlier zone of oral gratification. Simultaneously, Mr. G achieved an unconscious gratification of his sadomasochism (see A. Freud's analysis in Silverman 1998a). Whereas these two formulations may indeed be relevant for this patient, a more comprehensive understanding of the meanings of his fantasies and interactions includes an attachment perspective. We can posit the reactivation of an old, repetitive, interactive experience that provided an important, though frustrating, attachment relationship. Speculating, one could say that an inconsistent interactive regulatory experience was internalized with a greater tilt toward self-regulation. Early interactions allowed for the continued hope of engagement, together with an early recognition of the need to become self-reliant. The analyst's focus on Mr. G's pathological attachment relationship with his mother, and on the nature of his affect-regulating needs, permits a more finely tuned understanding of the patient's current psychic and social experiences as they relate to earlier patterns of interactions that had become internalized.

Mr. L. This patient is another example of one who relied on self-regulation and the substitution of oral sexuality as an attachment replacement. Mr. L talked about food preparation as a sensuous activity, one he liked to engage in completely alone and without interruption. He associated this to masturbatory activity, a behavior he hoped would not be interrupted or discovered. In the analysis, we came to understand the latter as a retreat to an isolated, lonely experience, devoid of the need to rely on a disappointing love object. Here sensuality and pleasure were divorced from intimacy and replaced by an isolated oral-masturbatory fantasy. A disabling attachment connection was replaced by his valorization of isolation and self-gratification.

Anality

Anality, too, has potentially diverse motivational features, and I do not wish to minimize it as an organizing discourse. The preoccupation with all aspects of elimination can be powerful. For example, there can be an investment in anal smells, their sizes, forms, and consistencies; ideas about being clean, orderly, and neat, or dirty, smelly, messy, and chaotic; the experience of pleasure in holding onto or letting go, or the shame, disgust, and moral rectitude about such interests; the experience of accommodation, acquiescence, and compliance, or the stubbornly aggressive, combative, destructive aspects of excretion. Of course, these themes exist to varying degrees in all of us, but for some, anality becomes absorbingly conflicted.

However, even traditional conceptualizations of anality that have been clinically useful may not tell the whole story. For example, obsessional behavior related to anal control struggles around toilet training can in many instances be traced to earlier parent–child interactions. Thus, isolation of affect—especially around strong, angry feelings that are displaced away from key relationships onto things and objects in the world—also reflects important early relational configurations. A number of researchers (Lyons-Ruth 1999; Main,

Tomasini, and Tolan 1979; Malatesta et al. 1989; van Ijzendoorn 1995) have described the distancing from emotional involvement with parents and the displacement onto objects and things that is demonstrated by children at about twelve months of age. This behavior is related to the parent–child interaction during the first year of life, including suppressed parental anger and discomfort with close physical contact. It is evident also in the independent assessment of parents in their own attachment interviews (van Ijzendoorn 1995).

The theoretical investment by the analyst in anal-aggressive issues may obscure the sometimes potent need to emphasize the problematic features of attachment. When such attachment features are made the pertinent issue, then aggression should be considered reactive to the pathological ambivalent or avoidant attachments established between mother and infant.

In these examples, I am also highlighting an attribute of sexuality that Freud (1905) discussed in "Three Essays on the Theory of Sexuality": "the pathways of mutual influence" (p. 205). Freud (1909) also described the traversable pathways of sexuality, and noted that a nonsexual activity, such as food preparation (fulfilling nutritional needs) can take on sexual meaning through particular symbolic connections along a seemingly similar pathway—sometimes adaptively and at other times pathologically.[5] On the other hand, apparent sexual behavior, such as is demonstrated by the unrelenting pursuit of sexual activity, may at times become inculcated with meanings devoid of tenderness, attachment, connection, or intimacy—important needs that are indirectly served and mostly submerged in sexual experiences of power and possession. Thus, it is evident that erotic inclinations and nonsexual needs may easily become entangled.

[5] Freud (1910) demonstrated the concept of traversability in his depiction of Leonardo's early fantasy of a bird's tail's striking the inside of his mouth many times. He also discussed the shift from the child's suckling at the breast to the child's sucking on the penis, the latter being described as a "passive homosexual fantasy" (p. 87).

SELF-REGULATION AS A FUNCTION OF ATTACHMENT STYLE

In what follows, I will discuss different kinds of self- and interactive regulation that have emerged from the attachment relationship. Such regulatory patterns flag concern when they tilt too much in one direction or another. As I have suggested in the foregoing clinical examples, an infant can come to rely too heavily on a self-regulating pattern or on internal cues because of problematic experiences in early interactions. I am particularly interested in how such different regulatory patterns interact with sexuality. I will address this idea with clinical examples of the overstimulating mother and the resultant effects. The other extreme is the understimulating mother—a style characteristic of depressed and withdrawn mothers, for example. I also speculate on the effects of different kinds of regulatory patterns as they may exist within the analysand and/or the analyst. I will discuss those who moderate their affective states through interactive regulation as well, and the clinical implications of this.

THE CONTRIBUTION OF MALADAPTIVE ATTACHMENT STYLES TO ERRANT SELF-REGULATION

The Overstimulating Mother

In contrast to mothers who can modulate their own sexuality so that it is not traumatic or pathological for the child, some mothers overstimulate with inappropriate sexual and sometimes physical abuse. In such a caregiving relationship, the need for appropriate quieting and arousal by the mother is undermined. Negotiating such problematic interactions, the child leans prematurely toward self-regulation. Here we can see the potential beginnings of a "narcissistic" solution in the child (Sander 1983, pp. 30-31).

Abuse induces traumatic anxiety and potential rage reactions. How do these reactions affect possible experiences of sensuality

and pleasure? Such experiences can readily become distorted. The traumatic nature of overstimulation from physical or sexual abuse needs a considerable amount of defensive handling to deaden painful experiences (Shengold 1999). On the other hand, such deadening experiences leave people feeling numb and nonexistent, with the resultant need to enliven themselves. The pursuit of risk taking and the simultaneous denial of a need for the other as a source of safety and dependency may lead to perverted sexuality. The need for contact and comfort may find expression only in experiences of sexuality, which can then become heightened.

Aggressivized sexuality may come into play because of the need to deal with rageful internal responses; escalating panic and repetitive traumatic feelings are often expressed through aggressivized sexuality. Sadomasochistic sexuality can suffuse the adult's sexual functioning as he or she attempts to deal with unmodulated (especially rageful) feelings via sexual expression.[6]

Clinical Example. Mr. K, a very troubled man, had endured a seriously neglectful, physically abusive, and traumatic infancy and childhood. Early in life, he developed a seemingly independent existence, one in which he was contemptuous and suspicious of others who were "out to scam him or to rip him off." He was proud of "never letting himself get fucked"—a man sophisticated in the ways of a harsh, cruel, dog-eat-dog world, always anticipating the actions of "ball-breakers" and "exploiters," those searching for what he called "the edge" over him. He never experienced much in the way of emotions. Other people's illnesses and even deaths of family members left him untouched. He thought of himself as a misogynist who, in addition, felt disdain and condescension toward people in general.

[6] In contrast, Freud (1905) insisted that "an erotogenic effect attaches even to intensely painful feelings, especially where the pain is toned down or kept at a distance by some accompanying condition," and this is one of the important sources of the "masochistic-sadistic instinct" (p. 204). In other words, Freud maintained that all painful feelings contain the possibility of pleasure, and the adult reenacts them to achieve unconscious pleasure. A replication of this position can be found in the contemporary position papers of Glen and Bernstein (1995) and Wiederman (1995).

Mr. K's personality included a mixture of arrogant pride and command, but he was also gregarious, humorous, smart, and facile, and, with excellent showmanship, he convinced others of his power and success.[7] However, this facade masked a frightened and stress-ridden self. For this patient, any experience of anxiety rapidly escalated into a panic state.

Consistent with his contempt for the opposite sex, Mr. K acknowledged "using and exploiting women, treating them like objects." Employing fabulously fabled tales of his social position and affiliation with power brokers, he would seduce women. His fantasies were about sex with a degraded, inferior, powerless victim, and he often became sexually engaged with such women.

The patient's early life had been spent in a chaotic household filled with many older siblings who fought, hit, cursed, and otherwise intruded upon one another, leading to a considerable amount of neglect of Mr. K. There was no consistent place for him to sleep, nor were there reliable mealtimes or clothes of his own to wear. His mother's frustration often led to severe beatings. Filth, disorder, poverty, neglect, and brutalization by older brothers contributed to his traumatic childhood. Undoubtedly, his mother must have felt overwhelmed by the demands of this huge brood and unable to cope with her youngest child.

It would not be difficult to surmise that such a mother–infant relationship as Mr. K experienced contained insufficient interactive regulation, which might have contributed to a decrease in his ability to modulate stressed states. Indeed, he had trouble modulating his emotions as an adult. His early experiences must have led to a heavy, unsatisfactory reliance on self-regulation. This is consistent

[7] In recent studies of adult attachment styles, a more carefully defined category has emerged: that of the *dismissive-avoidant* style (Bartholomew 1990; Bartholomew and Horowitz 1991). Individuals with this attachment style are "characterized by a defensive denial of the need and/or desire for relatedness" (Levy and Blatt 1999, p. 552). In addition, they are "high in self-esteem, socially self-confident, unemotional, defensive, independent, cynical, critical of others, distant from others, and more interested in achievement than in relationships" (Levy and Blatt 1999, p. 552). Mr. K fits this category.

with the way his emotional states would rapidly escalate in intensity, frightening and panicking him. He sought a variety of maladaptive channels as self-regulators (alcohol, sex, gambling), which were temporarily alleviating. Over time, he was able to utilize the analytic relationship to help moderate his feelings and to forego most of his pathological ways of dealing with stress.

Analytic work around Mr. K's contempt for others and his defensive privileging of his independence led to his ability to occasionally feel very close to a woman. These women were often young, helpless, and dependent on him, so the experience of intimacy with another felt safe. He was gradually able to feel stronger emotions toward women, and in fact, he eventually married. He could feel close to his new wife and hug her fiercely because of his wish to be joined with her. Increasingly tolerant of his own neediness, dependency, and wishes for physical closeness and care from his wife, Mr. K also recognized his inability to share her with children. However, he acquiesced to his wife's acquiring a dog.

The patient began to explore his relationships more closely when he realized that he felt more love toward this dog than he did toward people. With surprise, he realized that he could hardly tolerate being away from the dog. He thought about it all the time. It was so cute and cuddly. When the dog had romped, played, and was tired, it would fall asleep on Mr. K's chest, and the patient loved the feeling of the dog asleep on his body, its face close to his own. The dog was so trusting and felt so safe with him that it could drop off in this way. Mr. K enjoyed feeding, washing, and grooming the dog —all the pleasures associated with caring for a newborn baby.

He reported that when he was caught up in such concentrated warm and nurturing feelings with the dog, he became sexually aroused. Mr. K described this as similar to reactions he used to have when pursuing young, vulnerable women. For example, his occasional tender feelings of friendship and care for a much younger, troubled, female adolescent had suddenly turned sexual. He commented as well that when he had hugged these women, and now when he hugged his wife, he wished to be so close that he feared he would squeeze them too hard. With the dog, he was aware of his fear of

losing this precious animal, and he was disturbed by intrusive thoughts of seriously hurting the dog—by tossing it off a balcony ledge, for example.

Discussion. There is much that could be addressed in this vignette. Mr. K was preoccupied with merger needs, as indicated by his intense desire for physical proximity. In this fantasy of restored unity, there was a temporary obliteration of male and female, mother and father, self and other, and reality and fantasy. Mr. K's unconscious identification with his helpless dog-baby was also evident. Note, too, his unconscious contempt and hatred toward such helplessness, as well as his wishes for power, domination, control, and potential destruction, expressed in his manner of caregiving. He showed a growing capacity for warmth, tenderness, and even love—a new experience for him—which was less available in regard to humans.

These themes notwithstanding, I wish to focus on Mr. K's description of the shift from compelling affect to sexual excitation. He described being filled with tension as a result of experiencing strong feelings for his dog, similar to his past experiences with young, exploitable females. Such powerful emotions led to sexual desire. If he were then able to consummate a sexual experience, as he had been with women, the excitement and tension were alleviated and he felt great relief.

I believe that this example illustrates Freud's (1905) and later Klein's (1976) notion of vital needs that can be expressed through sexual modes. Mr. K's wish for vehemently felt physical attachment rapidly escalated to peak intensity, and he could not tolerate such heightened anxiety states. Sexuality, according to his perception, felt liberating and ended his tension. He described an unmodulated affect state, which could be acknowledged as suffused with needs for tenderness, caring, holding, and stroking. He gradually understood that such experiences could only be accepted as sexual. In this latter form, he felt powerful, masculine, autonomous, and in control. I suggest that the zone of phallic sexuality functioned as a channel of relief for Mr. K, masking a host of unmet needs associated with impoverished affect regulation.

The Understimulating Mother

Both overstimulating and understimulating experiences may underlie the extreme ends of ambivalent-resistant and avoidant attachment styles, and especially disorganized-disoriented attachment styles. As can be seen in the following brief vignette, in cases of early neglect and understimulation, we can anticipate another distortion of sexuality.

Clinical Example. Ms. H, the child of a significantly depressed mother, described the importance of intense experiences that she hoped would not be altered by treatment. She found herself searching for extreme stimulation in life, almost to a manic degree. Sexuality, when at its best for her, was rough, bruising, and almost brutal, as though she and her lover were two animals engaged in clashing, thrilling, deeply penetrating, intense, and almost harsh sexuality. Such primal, searingly real sexual interactions filled her with a sense of ecstatic vitality, transforming an understimulated state. We might therefore surmise that an important contributor to Ms. H's sexuality was her nonsecure attachment with an understimulating mother.

A Historical Example of Understimulation. Deeply religious persons and mystics often report ecstatic experiences that I believe may compensate for experiences of understimulation. An unusual report of the life of a sixteenth-century nun, Benedetta Carlini (Brown 1986), reflects the pursuit of intense stimulation, taking the form of passionate, dissociated, religious apparitions. As a child, Benedetta had a troubled relationship with a reluctant mother who was unsure of her maternal capacities. She directed her child instead "to take the Madonna (Virgin Mother) as her mother and custodian" (p. 26). Her father, somewhat more involved, was interested in the development of her spiritual and cognitive life.

At nine years of age, the child was already placed in an austere, cloistered monastery, underscoring her removal from the stimulation of parents and social life. This was a strict convent, inspired by the challenge of the corrupt practices found in many nunneries of that time. Daily life was harsh, consisting of fasts, mortification of

the flesh, obedience, poverty, much prayer, sleep interrupted for prayer, modest and simple dress, and hard labor. Monasteries were typically poor, and thus the diet was meager (Sobel 1999).

During the course of her convent life, Benedetta went into trancelike states, wherein she was visited by Jesus and heavenly angels. In one such occurrence, Jesus "tore her heart from her body" (Brown 1986, p. 61) and later substituted his own heart within her (p. 61). Self-aggrandizing features, in which she was elevated, publicly acknowledged, and feted, invaded her heavenly visions. Her virtues were praised and celebrated. Such elevating, personal accolades were often commented upon by church clerics and outsiders because it was thought that they hardly demonstrated the rectitude and humility expected of fervent nuns (Brown 1986; Sobel 1999).

Trancelike or dissociated states are not surprising against a backdrop of repeated fasting, feverish prayers, and isolated cloisterhood. Nonetheless, Benedetta's elaborate, ecstatic visions involving self-adulation, self-adoration, and oneness with God provisionally suggest a representation of reparative aspects of her earlier experiences of deprivation. Her frequent recourse to bodily mortification, flagellation, and extended caresses—both real (coercively performed by a younger nun) and fantasied—suggest a longing for intense bodily contact and the stimulation such contact affords. This presumptive notion is supported by Brown's (1986) comment that Benedetta insisted that a younger nun lie underneath her for hours at a time (p. 118).[8]

A Nonclinical Example of Understimulation. I also wish to speculate about attachment features that may contribute to pornographic enticement and cross-dressing experiences in those deprived of appropriate interactive regulatory experiences. Whereas currently, there is much more tolerance and acceptance of pornography and

[8] This narrative provides an interesting historical perspective on lesbianism. So unusual was the idea of homosexuality among women at the time that investigative clerics did not even understand such descriptions. Whereas male homosexuality flourished, such a practice in women did not even have a label.

obscenity, patients who indulge in them in the extreme appear to have features in common with Ms. H, the stimulation-seeking patient discussed earlier, and her need to experience powerful, brutal sexuality. Interest in pornography can provide excitement for an understimulated self.

The shock value of obscenity travels a dialectic path. On the one hand, it may be employed because it is novel and forbidden, and therefore enticingly stimulating. On the other hand, the unexpected and unpredictable can be distressing, frightening, and even revolting. Stoller (1985) suggested that typically, secrecy surrounds an indulgence in obscenity, which involves risk and thus excitement. I believe that this feature of risk taking has much in common with cross-dressing, where part of the thrill and intensity of the experience stems from the possibility of being found out. Such a discovery in both cross-dressing ventures and pornographic indulgence provides for the dual possibility of being humiliated and humiliating the other. In cross-dressing, it is the successful parade as the opposite sex that humiliates the fooled one. With regard to obscenity, according to Stoller, the "meek hope to humble the mighty . . . . Victim is to become victor by dumping the dark, moist, smelly, hidden, mysterious, swollen, interior's contents onto society's sin-sniffers" (p. 90). The important features of risk taking, potential threats of humiliation, and aggression are thus seen to arouse excitement in an understimulated self.

THE CONTRIBUTION OF MALADAPTIVE ATTACHMENT STYLES TO ERRANT MUTUAL REGULATION

"Vigilant" Vocal Coordination

Researchers (Jaffe et al. 1999) have investigated vocal rhythm coordination as a way of understanding interactive and self-regulatory patterns and their relationship to attachment styles. They studied vocal rhythm patterns (vocalizing and turn taking) during face-to-

face interactions between infants and mothers and between infants and strangers. Different patterns of vocal coordination predicted different patterns of attachment. Totally contrary to the idea that the highest degree of rhythm coordination would indicate the most well-matched or well-related dyads, the highest degree of vocal rhythm coordination predicted the most insecure infant attachments (disorganized and anxious-resistant), whereas the lowest degree of coordination predicted the avoidant (Beebe et al. 2000, p. 11). Overly close monitoring of the other and highly coordinated vocal patterns in the dyad correlated with anxious and disorganized attachments.[9] Thus, it is legitimate to hypothesize (as did Beebe et al.) that too tight, inflexible, highly coordinated patterns of vocal interactions, or "high tracking"—an exaggerated response to the vocal cues of the other—correlate with an inordinate amount of reliance on mutual regulation, approaching interactive "vigilance." Too much mutual regulation does not allow the child to rely on inner cues or to develop an adaptable self-regulatory pattern. (See also Gianino and Tronick 1985; Sander 1975.)[10]

In this context, it must be acknowledged that the relationship between vocal interaction and attachment is but one feature of an interactional system. The nature of vocal interactions or attachment are only aspects of a complex, emergent personality system. Features such as temperament, cognition, and dynamic variables also contribute to the shape of an individual's personality organization.

Nevertheless, one can anticipate that children demonstrating high vocal tracking develop more complex systems of interaction, reflective of a tight responsiveness to others. If this early form of

[9] Inadequacy of the interactive relationship, as seen in low vocal patterns of coordination between mothers and infants, as well as in the avoidant attachment group, promotes a reliance on solitary (self-) regulation (e.g., self-touching, self-soothing), and infrequent use of the other. See Freedman and Lavender's (1997) discussion of motoric rhythmicity and arrhythmicity in the analyst and their correlation with countertransference.

[10] Such a pattern is consistent with the work of West and Sheldon (1988), who explored the anxiously attached caregiving style of relating that is observed in some adults. In such cases, the individual learns early in life to reverse the pattern of caregiving to becoming the maternal figure to a mother who needs a symbiotic relationship (Levy and Blatt 1999).

close coordination persists, it is not such a speculative leap to consider that such an individual will tend to become an exquisite vessel of the other's needs. We are no doubt acquainted with many such persons who recognize their dependence on the vicissitudes of others. Using multiple-sense modalities, they scrutinize their interactive encounters for support, information on living, decision making, acknowledgment, and appreciation. Such individuals are highly responsive to external cues in an effort to shape themselves to accommodate to the other.[11]

Further conjecture about a continuing highly coordinated responsiveness can lead us to imagine, for example, the characteristics of such a person's sexual life. A woman with heightened reliance on mutual regulation tends not to consider her own wishes with regard to sex, at least not in her overt behavior. It is the need of the other that powerfully dominates the consciousness of the couple. In addition to her developed unconscious fantasies about the meaning of such other-directed reliance, we must consider the relevance of her cultural context. The dominance of our patriarchal culture has fostered a mutual orientation toward the man's sexual needs as acceptable to both. Feminists, such as Duane and Hodges (1992), Elliot (1991), and Williams (1989), have written extensively about such skewing of sexuality, as have feminist psychoanalysts, such as Irigaray (1985), Kristeva (1997), and Mitchell (1974), as well as literary feminist theorists, such as Butler (1990), Moi (1985), and Sedgwick (1990).

In particular, Benjamin (1988) stressed the importance of alterity, which traditional psychoanalytic theorizing has lacked. When discussing mothers and children, the classical analytic focus has been on the mother's effect on her child, to the neglect of the reciprocal effect of the child's impact on the mother. Recognition of the subjectivity of the female, in her roles both as woman and mother, has important implications for the theorization of sexuality (Benjamin 1988, 1995; Silverman 2000).

[11] Such responsiveness to others has much in common with Winnicott's (1965) notion of a false self.

OVERSTIMULATION, UNDERSTIMULATION, SEXUALITY, AND THEIR EFFECTS ON TRANSFERENCE AND COUNTERTRANSFERENCE

Can the concepts of over- and understimulation be usefully employed when considering the therapeutic interaction? I believe that, if the analyst has a tendency to react to understimulation, this aspect of his or her functioning may subtly invade the analytic work. There are, of course, many strands of meaning that may underlie an analyst's wish to excite and dazzle his or her patient with insights. One thematic trope consistent with the prior examples is the need to stimulate and enliven the self and/or the patient, thereby vivifying a depressed or deadened analyst–self or patient experience. Correspondingly, the patient's sexuality, especially in its vitality and sensuality, can provide sufficient ebullience to enhance and animate an understimulated analyst–self as well.

Retrospectively, it is difficult to be clear about the degree to which current behavior reflects an over- or understimulating early experience, due to the interplay of need and defense in subsequent behavior. Thus, a wish to tease and to excite in the analytic situation may reflect either a recycled pattern of overstimulation or a defensive masking of the needs of an understimulated self. The analyst who struggles with a less-than-stable experience of self-regulation needs to be alert to the specific regulating function potentially served when dealing with a patient's sexual issues, as well as adjusting to the qualities inherent in the analytic situation.

For example, Kernberg (1991) commented on the openness of the analytic situation as fostering an undoing of repression, noting that its very nature can be experienced as a "tease," and that it has the quality of "implicit seductiveness" (p. 359). Furthermore, the analyst needs to steer a careful course between his or her inhibition in exploring sexual transferences and the potential for being "seductively invasive" in pursuit of resistances to the awareness of sexual transference (Kernberg 1994, p. 1147). I am proposing a different approach, in which analysts may think about their analytic

interactions as modified by their under- or overstimulating self-regulatory patterns.

Similar issues may be identified in regard to patients and/or analysts who lean toward close tracking and the effects of this on transference and countertransference. A potentially high-tracking patient may closely monitor the analyst's interventions, shaping him- or herself in accordance with the analyst's subtly perceived wishes. Thus, the so-called ideally cooperative patient, responsive to the analyst's interventions, may be someone whose significant interactive-regulatory needs are masked by agreeableness and understanding. We are all familiar with such patients, and I offer an alternative perspective that might contribute to our understanding of such behavior.

It is easy to anticipate a mismatch between an analyst who tilts toward self-regulation and a patient who relies on interactive regulation. While an analyst's self-regulatory response need not interfere with his or her capacity for listening and attentiveness, a tendency toward strong self-regulation can impede appropriate interactive responsiveness, especially with a patient who relies on interactive regulation. In such a mismatch, a patient may feel misunderstood, misattuned, or may experience the analyst as unavailable and unresponsive, a disembodied voice behind the couch. Heightened self-containment in the analyst may lead to a tendency toward projection of wishes and fears of intimacy into the patient. When shame experiences around sexuality are presented by the patient, minimal engagement may increase the patient's shame-prone experience. On the other hand, compensatory interaction may unconsciously be experienced as an enactment of sexual intimacy.

The analyst who relies on interactive regulatory experiences may be too inclined to closely monitor the patient's experience. This may evolve into a countertransferential orientation if, for example, such monitoring is felt as an impingement, a lack of breathing space, a missed opportunity for the patient to search and uncover features of his or her psychic life, or—in an extreme form—as a retraumatization of the patient. Such tendencies on the analyst's part can unconsciously be experienced as sexual seductions or as

possibly indicative of the analyst's need for power and possession. Such high-tracking analysts may also fail to allow for the development of different perspectives—perspectives carrying the attendant possibility that the analyst may feel distinct emotions, may recover images from his or her reverie state, or may experience newly emerging ideas that he or she needs to challenge or confront. Thus, the analyst may have to steer a careful course between empathic immersion (Kohut 1977, pp. 168-169) and the internal tolerance of another perspective.

THE PROBLEMATIC AFFECT REGULATION OF LITTLE HANS

Earlier, I discussed Freud's (1905, pp. 205-206) and Klein's (1976, p. 82) concept of "two-way traversibility," as well as the plasticity of sexuality. Both of these are relevant to the case of Little Hans (Freud 1909).

Freud often used his case material to illustrate the aspect of theory he was developing at the time. Accordingly, for Freud, Little Hans became a vivid illustration of a positive paragon of all vices, and of a polymorphous perversity found in all young children. In his lucid and engrossing style, Freud led the reader through Little Hans's budding sexuality and its inhibition and subsequent repression, producing a phobia. The case material was multilayered and complex. But here I want to highlight what Freud did not stress: Little Hans's early and conflicted relationship with his mother. (Bowlby [1973] understood Little Hans as demonstrating an anxious attachment relationship to his mother because the boy was preoccupied with worries about her abandoning him. I will argue for other considerations as well, however.)

There are a number of possible reasons for Freud's lack of commentary about the nature of Little Hans's parenting. First, the culture of parenting was quite different at the turn of the nineteenth century. Sound thrashings were often administered as part of effective discipline. Severe and even harsh treatment of young chil-

dren was accepted as constituting rigorous and competent child rearing (Wolff 1988). The Victorian attitude toward masturbation was ferocious and extreme, and all sorts of almost torturous devices were used to prevent it, such as "binding hands" and "locking genitals into contraptions that served as underwear" (Wolff 1988, p. 64).

Second, Little Hans's parents were followers of Freud, which probably biased his judgment about their parenting style. Third, Freud emphasized the normality of Little Hans's environment so that he could demonstrate the pervasive aspect of polymorphous perversity and the oedipal complex. Fourth, while explicitly acknowledging the ubiquity of ambivalence in mental life, Freud (1910) nonetheless maintained that there was nothing so powerful as the love of a mother for her son.

Thus, Freud acknowledged and minimized what he called the mother's overaffectionate behavior toward Little Hans, as well as her severe, puritanical responses to his sexual interests, because, insisted Freud, she would eventually become embroiled in the "predestined" (1909, p. 28) oedipal drama. However, when Freud (1910) speculated about the early relationship of Leonardo da Vinci with his mother, he drew parallels between Little Hans's and little Leonardo's questions and surmises about genitals and sexuality. Freud speculated that Leonardo's mother had an "erotic fixation" (1910, p. 99), which led her to encourage "too much tenderness" (p. 99) toward the boy. The almost identical language used with regard to both mothers suggests that Freud was refraining from alluding directly to Hans's mother's inappropriate erotic desires toward her child.

In the case of Leonardo, Freud explicitly acknowledged the power of the early mother–child relationship in shaping the child's future sexual life, instead of emphasizing his theorized position of a natural, biological unfolding of the sex drive as preordained. (With even greater specificity, Freud described Leonardo's father's early detachment from his illegitimate son, and the son's subsequent treatment of his art productions—his symbolic children—with the same indifference that he had experienced from his own father.

This is an example of a father's model of an attachment relationship with his son, later symbolically expressed intergenerationally.)

Freud's attitude of insistence on honesty and integrity and his wish to offer collegial loyalty, as well as to demonstrate his new ideas in the Little Hans case, appear similar to his stance when reporting his own associations to the Irma dream (1900). Freud did not acknowledge his sexual wishes when he talked about the "comparison between the three women" (p. 111), his associations to a dream image. Instead, he commented, such an acknowledgment "would have taken me far afield—There is at least one spot in every dream at which it is unplumbable—a navel, as it were, that is its point of contact with the unknown" (p. 111).

While asserting that this conundrum could not be further understood, in the following chapter, Freud discussed wishes as instigators of dreams. His Leonardo paper, a similar case study, like the subsequent chapter in "The Interpretation of Dreams" (1900), revealed the contents he was loath to communicate in his description of Little Hans.

Freud told us that Little Hans's mother frequently threatened that she would leave if he did not behave. Little Hans reported that his mother beat him with a carpet-beater, and his father confirmed that the mother frequently threatened Hans with such an action. She was thus often harsh, critical, and judgmental, while at the same time offering intense intimacy (frequently allowing Little Hans to share her bed, especially when his father was away). When Little Hans wished to spend time with "another woman"—i.e., to visit his friend, Mariedl, overnight—his mother angrily threatened him with eviction.

The suggestive picture that emerges is of an overstimulating mother who, at the same time, was harsh and punitive. Such a parenting style can leave a child in a conflicted state. Little Hans needed the anxiety-reducing physical presence of his mother, yet when he was with her, she appeared to flame his emotions, thereby producing a state of extreme overexcitement. She in turn became upset and critical when he was manifestly overheated with sexuality (i.e., she called his sexual interests piggish, and relent-

lessly checked on and forbade his engagement in masturbation). Freud's early comment on the case was that the "intensity of emotion was greater than the child could control" (1909, p. 25). In summarizing, Freud noted that "one ought perhaps to insist upon the violence of the child's anxiety" (p. 100). Such conflicting maternal messages may well have provided the seeds for Little Hans to develop what would today be labeled an ambivalently organized attachment.

The child's overexcitability can be attributed to a number of sources. There was his unacknowledged hostility toward his mother because of the threats of serious disconnection and abandonment. Freud made mention only of Little Hans's unconscious hostility toward his father, stemming from oedipal wishes. Freud granted the presence of sadism in Little Hans's maternal fantasies, but he understood this as a construction of erotic desire (i.e., to sadistically penetrate his mother in intercourse).

A further source of the child's anxiety may have been his sexual overstimulation, resulting from his mother's seeming inability to be a consciously soothing, calming, nonsexual, maternal presence. These features could have produced an incapacity for Little Hans to effectively modulate his emotional state, that is, to self-regulate.

Freud certainly recognized the extent of Little Hans's anxiety, but maintained that it was stimulated almost exclusively from internal wishes and fantasies. Here we see an example of the two-way traversibility that Klein (1976) described. Viewed from this perspective, the nonsensual aspect of the child's emotional regulation was significantly impaired. Instead, Freud understood Little Hans's anxiety only as a product of unconscious sexual and hostile wishes. From my vantage point, however, Little Hans needed more calming, soothing, and affectionate reactions, allowing for the development of age-appropriate, active, curious sexuality. I posit that, when these were lacking, a developmentally available "zone"—his curiosity and pleasure with his "widdler"—developed special power, probably as part of his attempt to self-regulate his chronically anxious state. At the same time, the overheated home atmosphere

may have contributed to his intense erotic preoccupations. In examining the case of Little Hans today, we can benefit from the employment of such an attachment model to help us see the significance of attachment needs.

CONCLUSION

In summary, traditional psychoanalytic theory needs to expand and integrate relevant motivational issues that have emerged from developmental research. The compelling aggregate of empirical data on the attachment system can no longer be overlooked as irrelevant or as dealing only with surface behavior. The internal working model of attachment, with its array of needs and defenses, can be identified during the first year of life, and some studies have shown it to have predictive power through adolescence. The internal working model of a mother's attachment to her own mother shows significant correlation with the attachment status of her infant. Furthermore, I maintain that it is the affect-regulating feature of the attachment system that is the salient issue in the intergenerational transmission of attachment styles.

Considering both libidinal wishes and attachment allows the clinician to focus on the significant feature that emerges in the clinical setting. When either desire or attachment is eliminated from a case formulation, the result may be an insufficient analysis of the complex intermingling, overlaying, or salience of one or the other.

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PSYCHOANALYSTS' MULTIPLE RELATIONAL PERSPECTIVES

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The specific contribution of the person of the analyst—his or her attitudes, fantasies, and entire range of emotional responses to the patient—have become the subject of much investigation in psychoanalytic literature. This paper describes the phenomenon of distinct and sometimes contradictory self-experiences in analysts that develop as part of the moment-to-moment process of a predominantly adaptive coping mechanism. It is suggested that at any given point, the analyst's perspectives (reflecting various self-states), like those of the patient, are multiple, and that the analyst "chooses" to place one such perspective at the center of experience. By choosing a certain self-state, the analyst can adopt, for example, a warm and loving stance with a regressed and demanding patient, or become harsh (e.g., setting boundaries, ending a session) with one who seeks affection and protection.

This paper also suggests that the capacity to move between versions of self-states, to see them as complementary even when they are paradoxical, promotes a deeper understanding of paradoxes in the personality of the patient. Only when the analyst maintains a dialogue between various dissociated aspects of his or her analytic experience can a dialogue of this kind begin in the patient.

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INTRODUCTION

The psychoanalytic process is increasingly viewed as interactional, rather than as one person's projection of impulse derivatives onto a blank screen (Aron 1996), and consequently, the specific contributions of the person of the analyst, his or her attitudes, fantasies, and entire emotional responses to the patient—all that determines the moment-to-moment experience—have become subject to investigation. Analysts' responses, whether originating in biases related to their subjectivity and character structure, or in reaction to conscious and unconscious communications from the patient, have gained the attention of psychoanalytic thinkers. Investigators of the psychoanalytic process have allowed more room for analysts' unique experiences within the complex interactions that evolve with patients, and are inquiring into the nature of these experiences and their origins. The importance of such efforts lies in the understanding that the analyst's "world making" and analytic stance are determined by these experiences, as well as by his or her deliberate, conscious choice of technique or professed value system.

The experiences of analysts within the relational matrix of the analytic relationship have been studied from various theoretical viewpoints, each emphasizing distinct features or meanings according to its own particular bias. Nevertheless, when evaluated from a contemporary relational standpoint, these viewpoints and concepts have much in common, and their meanings and connotations tend to overlap. The concepts of countertransference (Arlow 1985; Brenner 1982; Freud 1910), projective identification (Kernberg 1975; Klein 1975; Moore and Fine 1990), and the recently developed concept of enactment (Jacobs 1986) have grown out of distinct viewpoints, and through the use of distinct theoretical convictions, each describes separate phenomena. Yet in contemporary two-person psychological literature, these concepts have converged and come to overlap in many aspects. The concepts have come to connote responsiveness on the part of the analyst to the patient's issues, whether or not they are pathological, and at the same time to represent the special organization of the analyst's subjectivity. Contemporary ap-

proaches assert that it is not the responsibility of the analyst to avoid the personal impact of such experiences on the analytic process. Rather, analysts are obligated to differentiate among the origins of their experiences and reactions to them, and then to use these insights to help patients (and themselves) grow personally.

The importance to analysts of exploring their own complex experiences in the psychoanalytic process and the inherent difficulty of utilizing theoretical concepts that are ambiguous and overlapping highlight the need for further investigation of these phenomena. The refinement and elaboration of concepts describing the various forces and factors that help mold analysts' moment-to-moment experiences seem warranted.

One theoretical contribution that helps us think about what factors shape analysts' personal experiences in the analytic process is that of Kraemer (1996). Kraemer described an important determinant of the basic maternal experience, and her utilization of the mother–analyst metaphor can also be used to broaden and deepen our knowledge of what influences analysts' experiences. Kraemer suggested that the mother's changing relationship to her baby involves an expansion of her sometimes contradictory experiences of herself or different versions of her maternal experience. Kraemer described an adaptive process of the mother's reclamation of her subjectivity, while she simultaneously responds sensitively to her baby's emotional demands. In this process, the mother needs to embrace and move among very different ways of experiencing and knowing herself, ways that are sometimes painfully incompatible, without "feeling that she has to eject any of these various possible mother–selves" (p. 785).

What prompts such a vacillation is, to a large extent, the risk that in accepting her aggression and power as part of her aliveness, the mother unconsciously jeopardizes her experience of herself as essentially feminine. She finds herself at times reluctant to claim herself as a subject because she needs to protect herself from feelings that do not conform to her idea of what is "truly" feminine or maternal. In this regard, Kraemer described an internal process within the mind of the mother (analyst) in which the actual experience of the

mother is determined by both an unconscious communication from her baby and by her internal structure and tendencies. What determines the nature of her experience of herself in relation to her baby is the conflict between ideals and other needs. If we consider this metaphor of the mother–baby relationship to be relevant to the analytic relationship, we may come to appreciate a new type of influence on the analyst's experience, one that does not emanate from countertransference, projective identification, or enactments.

I will describe the phenomenon of distinct and sometimes contradictory self-experiences in analysts that arise predominantly as adaptive coping mechanisms in the moment-to-moment analytic process. These feelings sometimes arise as a product of the resolution of conflict between the analyst's ideals and self-concept, and sometimes as a consequence of other inner processes. By using dissociations (in an extended meaning of this term), this mechanism precedes the analyst's awareness and knowledge of certain experiences of his or her self in relation to the other in the analytic dyad. Such experiences, eventually pushed to the foreground of the analyst's awareness and sense of self, are based on the analyst's individual perspectives on the organization of the relational analytic reality. This phenomenon is determined to a large extent by analysts' subjectivities, as well as by the unconscious dialogue between patient and analyst.

THE MULTIPLICITY OF ORGANIZATION OF THE RELATIONAL EXPERIENCE

Hoffman's (1983, 1991, 1992) approach to the issue of multiple perspectives on reality is framed by his socially constructivist claim that both the patient's experience and understanding of the analyst, and the analyst's experience and understanding of the patient, are constructions. These constructions are based on the personal histories of each participant, the organizational patterns typical to them, and their perceptions of the other's involvement in interactions. Constructions of this kind are never "right," "wrong," or "distorted"; each

of them simply represents one among many ways of organizing experience. It is Hoffman's assumption, moreover, that the analyst's understanding is a function of his or her perspective at any given moment. Similarly, the analyst's understanding of his or her experience, as well as the analyst's understanding of experiences attributed to the patient, is influenced by the analyst's resistances and unconscious aspects, which may change without warning at any moment.

What I wish to propose is that, *at any given moment, the analyst's perspectives, like those of the patient, are multiple, and that the analyst "chooses" to place one such perspective at the center of consciousness.* Usually, we choose only one such perspective, one way of organizing experience and interpreting intersubjective and internal factors. Yet I believe that it is out of emotional need that we maintain the illusion that our definition of reality is singular. We need this illusion, just as we need to experience our sense of self as unified and our sense of personal identity as constant and cohesive. In both cases, the human struggle for a sense of personal continuity is evident.

In the analytic encounter, the multiplicity of perspectives on reality is a product of the fact that analytic interactions transpire by way of numerous simultaneous communications. Because each of the participants operates on several concurrent levels of consciousness, the two are also communicating at various levels. Human interactions are multiple at any given time, and certainly so during analysis, which involves a complex form of intersubjective interaction along various levels of consciousness. The existence of multiple truths and perspectives on reality is also evidenced by the growing awareness that within every person, many selves coexist, and that these maintain positive or negative dialogues among themselves. Each distinct expression of self has its own characteristics, its own organization of personal experience, and its own constructions of relationships with others.

The concept of the multiple self was aptly expressed by Bromberg (1996), who wrote of a move away from the distinction between conscious, preconscious, and unconscious mental processes, and instead toward a view of the self as decentered and of the psyche as a structure of variable and nonlinear states of consciousness. The rela-

tionships among these states of consciousness is dialectical within a nonetheless healthy illusion of the self as unified. Slavin and Kriegman (1992) wrote that the concepts of individual identity and the cohesive self exist primarily as metaphorical expressions of the crucial human need to experience the self as relatively whole, continuous, and cohesive. They claimed, nevertheless, that even in a so-called well-put-together person, multiple identities and versions of self also contribute perceptibly to the self's sense of I-ness or me-ness.

These different versions of the self are necessary for participation in the various dialogues that take place in different social contexts, reflective of interactional configurations of the individual in his or her social environment. If we accept the premise that the self is decentered, we can propose that when two people interact, different aspects of their respective selves are evoked in response to aspects encountered in the other, even though only one aspect of the self may be conscious at any given moment. Thus, at any particular time, although only one level of interaction is conscious, there are multiple perspectives present in each participant, perspectives that embody a variety of emotional and factual truths about aspects of that person's experiences. Given that the self always emerges in relation to the other—or, in other words, to the selfobject (Ulman and Brothers 1988)—the existence of a multiplicity of selves means in effect a multiplicity of relations to the other, i.e., to the object sustaining one's sense of merit and worth. What follows naturally from this view is that manifold intersubjective realities are always simultaneously present in analysis, and that each of the participants in the dyad has his or her own idiosyncratic perspectives and definitions of those realities. Yet only one of these perspectives can be recognized or conscious at any given moment, to one or both of the participants in the interaction.

The notion that there are multiple perspectives or definitions of reality is difficult to digest because it counters the profound, universal human tendency to focus on one reality and to seek out one truth. The quest for one profound truth is a fundamental matter. This pursuit of truth does not simply reflect the basic human need

for personal continuity or for a continuous and integrated identity; rather, the truth is what gives meaning to our pursuits in and conflicts with the world, and what confers on us an essential sense of personal direction. Beyond the questions of whether objective facts exist and whether a positivistic stance is valid in psychoanalysis, we have a need, as human beings and certainly as analysts, to track down that one and only explanation of facts and of how things came to be. The pursuit of truth is what makes it possible for humans to integrate themselves, to develop a sense of existence in a meaningful world.

The pursuit of truth, moreover, is commensurate with the values and ideal self-image of the analyst. We harbor a long historical tradition in which our ideal professional self-image as analysts is likened to that of scientists committed to the study of truth through the exercise of neutral investigation and unerring judgment. According to this view, the factors that help us see where change can be effected in the lives of others are collective clinical experience and a theoretical framework grounded in scientific thought; these factors also confer upon us the moral right to bring about such changes.

This theoretical line has been pursued by many authors who sought and substantiated the concept of *clinical fact*. For example, Abrams (1994), Ahumada (1994), O'Shaughnessy (1994), and Richfield (1954) studied the definition of clinical facts (which have always been held as synonymous with "truth" or "reality"), as well as the ways in which they can be identified and how to establish and use them intelligently in psychoanalysis. Such a theoretical pursuit affirms the human quest for truth and absolute knowledge, even as we understand how fallible the theory is and how open to negation by contrary evidence. Firm knowledge of the facts in our interaction with the world provides us with a sense of order and structure.

Another important theoretical development, one that helps to explain the existence of multiple perspectives on reality within the analytic encounter at any given point, is the evolving understanding of dissociation as a universal and even adaptive phenomenon.

DISSOCIATION AS ADAPTATION IN THE WORK OF THE ANALYST

In recent years, there has been increasing interest in and redefinition of the concept of dissociation. This term, in use among psychiatrists since the nineteenth century (Davies 1996), refers to the mental capacity to simultaneously maintain different ideas, feelings, and memories at various levels of consciousness. This ability is brought into play during pathological situations, but may also become evident under normal conditions or during circumstances of adaptive regression (Chase 1991).

Hirsch (1994) made an important contribution to our understanding of the term when he pointed out that the unconscious contains not only repressed memories and conflictual drive states, but also—more important—identifications and self-other configurations. These structures are generally not associated with specific memories or traumas, but rather with relational patterns between an individual and his or her environment during early stages of life and development. These patterns are related much more to feelings of loss, pain, dependence, and vulnerability than to sexual and aggressive urges.

Hirsch explained that there are two mechanisms for distancing material from memory or consciousness: repression and dissociation. Repression is a mechanism for removing affective states from consciousness, i.e., for dealing with those states of mind. Repressed states can presumably be rediscovered through the scientific "archeological" work of the psychoanalyst. Dissociation, in contrast, is a mechanism for banishing from consciousness consistent patterns of interpersonal experience, as well as the emotions that accompany these patterns. Such patterns are nonetheless constantly reenacted and reexperienced in one's ongoing interpersonal relationships and interactions. It is for this reason that the analyst may experience him- or herself as "trapped" in the interactional process, losing his or her place as the impartial observer who can objectively regard the patient's unconscious. As a result, the analyst examines these interactive patterns in a way that is neces-

sarily subjective, as though the analyst is lost in a web of relationships.

Stern (1997) wrote that dissociation is not just a model for understanding the unknown when situations of abuse or child trauma have occurred. He saw the concept of dissociation as no less important than repression, and as a means of elucidating the motivations for not knowing in many different situations; it is a coping mechanism or process that we all use in the construction of our experience. Stern proposed the term *engagements* for describing the ways in which we become involved in the world. He explained that usually, we consciously spell out those engagements, which are compatible with the stories we tell about ourselves and our personal narratives—in other words, our definitions of ourselves.

The other experiences, those we do not spell out, are those we associate with not-me experiences, that interfere with our personal stories, and that force us to ask ourselves tough questions about our identity, our security, and our place in the world. In these cases, the experience is not expelled from consciousness, as in repression, because it does not enter consciousness at all. It is dissociated and unknown, or at least not known in any clear or emotionally distinct sense. Stern added that dissociation is not necessarily or exclusively the complete avoidance of experience—at times, its aim is to dilute the emotional experience and diminish its narrative force.

The concept of dissociation has thus been expanded upon and redefined by many writers. It has come to refer to patterns of relationships and structures of relational experience—ones that challenge the individual's definition of self—that are not spelled out and are therefore disconnected from the central experience of self. These disconnected experiences are nonetheless manifested in interpersonal interactions and can powerfully wrench the other out of his or her subjectivity. If we assume that this process is indeed universal, it is relevant not only to the patient and his or her interpersonal conflicts, but to the analyst as well. It is reasonable to assume, moreover, that various of the analyst's experiences and relational patterns have also been dissociated and are, as such, also being enacted in the analysis. The analysis thus becomes a mutual web of

dissociations, fed simultaneously by both participants in the analytic dialogue. It reflects aspects of relational patterns in each that are either removed from consciousness, or whose emotional force has been so diluted that their personal significance for the participant has been effectively barred from consciousness.

In every intersubjective encounter, each participant embodies unique, dissociated relational aspects of his or her self. I believe that dissociations made in response to certain perspectives or organizations of subjective reality will be influenced by the functional stance that each of the participants holds toward the other. Thus, for instance, the parental stance usually requires dissociations to aspects of the relationship and definitions of reality that evoke painful feelings of exploitation, rage, and hostility. I believe that the mother whom Winnicott (1950) described manages to survive the baby's violent attack on her person not only because she was once a baby and has survived the other's destructiveness, retaining those memories; she manages to survive also by virtue of her *dissociations of those patterns of relationship and interaction that are unbearable.* These dissociations are what enable her to bring herself to the tasks of primary occupation with her infant and the creation of the necessary holding environment.

Structural or role-related aspects of the analytic position also function to dissociate certain relational patterns of experience. This kind of dissociation occurs in any analytic analysis in which the patient is encouraged to regress, and in which his or her destructive fantasies are invoked as part of the transference-countertransference interplay. I believe that all analysts (like all parents of infants) must find it somewhat difficult—at least at some points—to integrate aspects of their intersubjective experiences that elicit feelings of offense, hate, and hostility in them. Such aspects may emerge in response to regressive positions in the patient, such as dependency and clinginess, passive-aggression, greediness, and so forth. Most analysts manage to dissociate such relational aspects, or at least to diminish their emotional intensity. Dissociation is a consequence of the unavoidable feelings of pain and loss that emerge. Perhaps even more important, it is a response to relational experiences that chal-

lenge one's self-definition and identity as an analyst. The sense of self is threatened by a conflict between an ideal perception of oneself as a benevolent analyst and the uncompromising feelings of hatred, hostility, and belligerence that emerge in response to the patient's actions, threatening to erupt in the analytic interaction. Most analysts employ an adaptive response: the dissociation of certain aspects of the experience as an analyst.

How does the mechanism of dissociating organizations of relational experience work? Davies (1997) and Price (1997) suggested that dissociation occurs when there are disjunctive or contradictory experiences of the self or the other. Likewise, dissociation is a response to relational experiences that are so overwhelming, emotionally or cognitively, that they cannot be generalized or coded according to accepted linguistic categories. Dissociation of this kind can be accomplished by self-persuasion, suggestion, or an autohypnotic process (Kaplan, Sadock, and Grebb 1994; McWilliams 1994).

In this way, we choose to disengage from those definitions of reality that cause us pain and suffering. We use self-persuasion or suggestion, and limit ourselves to the experience of one endurable perspective on our intersubjective analytic reality. When the experience of disconnection is not too sharp, we are able to remember the other perspectives, according to which our intersubjective experience can be organized. We know somewhere within ourselves that in other circumstances and with other intersubjective conditions, we could organize our experience of self in relation to the other differently. In healthy circumstances, there is an ongoing dialogue between the conscious, dominant perspective and other perspectives, which relate to or belong to other organizations of relational experience and which are more or less dissociated at any given point in time.

This mental act of dissociating organizations of relational experience of transference-countertransference reality at a certain point in time, while remaining in dialogue with the perspectives they provide, allows us to maintain crucial analytic functions. This mental act leaves us free to provide warmth, affection, and security, without vengeance or destructiveness, and to create a safe environment in which the patient is secure enough to take the many risks that

analysis entails (Greenberg and Cheselka 1995). In the midst of stormy and threatening transference-countertransference interactions, the analyst's ability to see in the patient an abandoned child struggling for recognition (rather than a cruel and heartless creature), to block his or her experience of abandonment, and to discover feelings of love and warmth for the patient allows the analyst to invoke the "analytic presence" who can hold and compensate the patient for old hurts.

At the same time, the analyst realizes that the intersubjective reality of the analysis could be perceived in a completely different way, and that the patient's coping mechanisms might be differently understood. Thus, for example, the analyst may know at the back of his or her mind that from a different functional viewpoint (such as that of a colleague or supervisor), the patient's struggles in analysis could be seen as vengeance or as a desire to right old scores with abusive and abandoning figures in the past, rather than as a struggle for recognition and agency. The relevant question, however, is not which definition of intersubjective reality is correct; rather, what is important to identify is which of the patient's developmental needs at any given point in the analysis is satisfied by each of these definitions.

In a recent paper, Slavin, Rahmani, and Pollock (1998) proposed that "something 'real' has to take place between analyst and patient in order for a real change to occur" (p. 191). They maintained that patients whose basic sense of trust and safety in relationships has been violated can regain this sense of security only by experiencing something that is "really" happening in a "really" different way. The analyst described by Slavin, Rahmani, and Pollock can, I believe, provide a healing environment by correcting past wrongs and betrayals through being warm, trustworthy, and benevolent toward the patient. This is facilitated when the analyst disengages from those aspects of the intersubjective analytic experience that awaken painful and threatening experiences in him- or herself, and thus disconnects from certain definitions of reality. The question is then not whether the analyst's caring, warmth, and dedication to the patient are real or have an "as-if" quality; the analyst's complete availability

to the patient's regressive needs is neither authentic nor fraudulent. It is rather an attitude reflecting a certain mental effort on the part of the analyst to adopt a certain perspective on the organization of relational experience. This perspective relates to the professional stance that the analyst adopts for him- or herself; it manifests when the analyst makes an internal decision or is influenced by acts of self-persuasion or self-suggestion to "recruit" his or her analytic personality. The protection afforded to the analyst by the analytic framework, which limits time and space, is also a factor that makes this stance possible.

I believe that often, the purpose of a case conference is to bring experienced analysts into contact with dissociated elements of their experiences in analytic interaction, and thus to facilitate dialogue between these aspects of experience. Generally, during a case conference, when colleagues of the presenting analyst propose various definitions of the transference-countertransference reality or understandings of the intersubjective space, their suggestions do not have the quality of revolutionary concepts or bold revelations. They are more or less familiar patterns with which the presenting analyst can largely be in contact, and allusion to them during the clinical discussion simply brings them to the center of consciousness. When the discussion group enables fruitful interaction in an atmosphere of containment, this dialogue between various aspects of the intersubjective reality of the analysis will reflect, reverberate with, and enhance the internal dialogue. Analytic candidates also need this kind of intervention, although it seems that the dissociation between various perspectives is more profound at this stage of professional development, whether because of lack of experience in the use of this coping mechanism, or because of the presence of anxiety that serves to strengthen the disconnection between organizations of interpersonal experience.

I suggest that an experience familiar to clinicians who participate in case conferences is an outcome of similar dissociation. With many of the patients discussed in case conferences, the general perception is that the analyst's position includes "objective" hate and hostility (Winnicott 1950) toward the patient, who loves the analyst

in a cruel and demanding fashion. On the other hand, the countertransferential picture depicted by the analyst, of understanding and sympathy for the patient's position and his or her struggle, is perceived as a legitimate and even admirable means of achieving warmth, tenderness, and security. The patient's love for the analyst is described as a yearning and striving for recognition and esteem. This contradiction is not just a consequence of the denial of destructive elements, as argued by Winnicott (1951); instead, it is the product of a dissociation of one or more relational realities. This process allows the analyst (as well as the parent) to recruit and make available his or her analytic (parental) personality, in order to be responsive to the patient (the child). In this way, one version of relational reality enables analysts to invoke in themselves warmth and protection.

Only once the analyst can remember his or her alternative organizations of interpersonal experiences with the patient—even as the analyst experiences him- or herself in a relationship with the patient as an abandoned child, for instance, or conversely, when the relationship begins to feel only sadistic and offensive—can a parallel process begin in the patient with respect to the ties among the patient's own dissociated relational experiences. Only when the analyst is maintaining dialogue between various dissociated aspects of various perspectives can a dialogue of this kind begin in the patient. The analyst's ability to sustain two modes of organizing experience simultaneously, to maintain two definitions of intersubjective reality, and to move easily between two kinds of experience allows the patient to make similar transitions in a far more fluid, continuous, and integrative manner.

For example, a patient may engage in self-destructive behavior or maneuver him- or herself into dangerous situations. This causes the analyst to organize his or her intersubjective experience with the patient as though the analyst were in a relationship with an adolescent—one who is bent on provoking adults and emphasizing separateness from them. The analyst is pulled into organizing his or her intersubjective experience in this way, and into construing the analytic reality accordingly, because it is the stance of parent to ado-

lescent that enables the analyst to bear the patient's endless struggle, while nevertheless experiencing feelings of love and warmth for the patient. Only then can the analyst muster feelings of involvement in and admiration for the patient's struggles for self-definition and self-examination, as well as the patient's need to experience him- or herself as real.

An alternative perspective allows the analyst to see the rage and sadistic destructiveness of the patient, directed primarily toward the patient's self, but also toward significant others—chiefly, the analyst. At times like these, the analyst may experience feelings of hostility and hatred, as well as extreme anxiety about the patient's actions, all of which render it difficult for the analyst to make him- or herself available to the patient's deep developmental needs.

Neither of these analytic stances expresses a more "authentic" relationship to the patient. They differ, rather, in regard to which aspects of the analyst's self-in-relation-to-the-other have been dissociated and separated from the center of the analyst's consciousness. A more detailed clinical example may clarify this.

Clinical Vignette: Ms. R and Dr. S

Ms. R, a 50-year-old female patient, begins analysis because of a marital crisis. She has warm feelings for her husband, and experiences these sentiments as mutual. Nevertheless, she has increasingly felt that her husband is abandoning her emotionally, instead investing more of himself in his work as an artist. He does not seek her out sexually, nor is he interested in spending time with her, as he had been in the past. Still, he continues to be devoted to her and to stand by her side during all manner of ailments.

Ms. R has always tended to express emotional distress—anger, feelings of abandonment that began in childhood, and longing for a loving and protective figure—through physical afflictions, for which her doctors can find no organic bases. In her interactions with her husband, there are two complementary and conflicting patterns of behavior. She increasingly hides her ailments and physical con-

cerns because "he is no longer my partner; he doesn't care for me any more." At the same time, she hints that she is having all kinds of physiological tests about which she will not tell him. In an only partially conscious manner, she alludes to various illnesses from which she might be suffering, but refrains from other contact with him.

The analyst, Dr. S, believes that his task is to construct an analytic environment in which Ms. R can feel safe enough to try out different patterns of coping with people in her environment. Believing that until now, she has been acquiring love by extortion, Dr. S wishes to allow Ms. R to strive for love, admiration, and self-esteem in ways that do not diminish the self or damage her sense of her own value. Yet the analyst senses that his relational struggles in the analysis are making him feel helpless and despairing, and he is anxious about the possibility of his acting out toward the patient and the analysis. What he finds most difficult to cope with are Ms. R's demandingness, her emotional coercion, and her anger, which is disguised as self-pity and loneliness. Because of Dr. S's personal history, he reacts badly to this coercion; he experiences feelings of hostility toward her struggles and repugnance in their meetings.

In consultation with colleagues, Dr. S manages to resolve his countertransference—not by deepening his understanding of Ms. R's relational patterns (which he already knows well), but with the assistance of a colleague's perspective. The latter presents the patient's struggles as existential and mandatory battles with a world that does not otherwise react to her needs, and that drives her to despairing activities, including self-destruction. This version seems at least as authentic to Dr. S as his own initial understanding. Although he himself has parallel internal models of a similar kind, they had not risen to the center of his consciousness in this situation. He adopts his colleague's model by convincing himself that that perspective has an equal likelihood of representing reality, and he engages in dialogue based on this viewpoint during the more difficult moments of the analysis.

In consequence, Dr. S experiences a deep sense of relief. Now the unfolding of analytic events can be viewed in a manner that fos-

ters empathy in him for Ms. R's needs and struggles. Although he remains aware of other perspectives and understandings, he places this one in the foreground of his conscious mental work with this patient.

RECRUITING THE "DIFFICULT" ANALYTIC PERSONALITY

What happens in those cases in which the necessary analytic reaction is not necessarily containment or provision of security and warmth, but rather setting boundaries, painfully ending the analytic relationship, or confrontation with aspects of reality from which the patient wishes to dissociate? In such cases, another form of dissociating certain organizations of the analyst's intersubjective experience must also come into play, in order for the analyst to function effectively in the analytic encounter. Here the analyst's functional role is to dissociate those relational organizations of experience that require protection for the patient. But here, too, the dissociated perspective is retained in memory and can be available for ongoing dialogue. The following example may clarify this point.

Clinical Vignette: Mr. V and Dr. T

An analyst, Dr. T, is treating a young man, Mr. V, for post-traumatic stress disorder, two years after his involvement in painful wartime events. Among the patient's dramatic and traumatic experiences at the time was the sense of having been forsaken, left to his fate, and completely unprotected by his friends and superiors. In analysis, it becomes evident that the emotional intensity of his reaction can be traced to childhood feelings of abandonment and helplessness. Further associations in the analysis reveal repressed rage and frustration toward parents who did not find a way to prevent Mr. V's induction into the army, and were thus responsible for his abandonment. Feeling protected and contained in the analytic environment, the patient is able to express deep anxieties and relive dif-

ficult experiences. Dr. T sees the relational organization of Mr. V's experience as one of boundless grievance, representing longing and a deep need for protection, stability, and holding.

At a certain stage in the analysis, Mr. V begins to feel that constant preoccupation with his traumatic memories is becoming unbearable, and he expresses a wish to stop treatment. Dr. T, however, feels certain that they have reached a critical moment in the analysis, and that it is important to remain in touch with the open and bleeding wound. With increasing frequency, Mr. V begins to accuse the analyst of cruelty and lack of empathy. Dr. T feels that not only are the probing and reorganization of traumatic events coming to a standstill, but he is also in danger of losing the patient. He finds it crucial to withstand Mr. V's accusations of rigidity and cruelty, and to continue gently but persistently investigating these painful issues, their sources, and influence.

The course of action Dr. T chooses (as he is able to see only in retrospect) is to alter his perceptions about the patient's internal and relational struggles both in and out of analysis. His new perspective includes the organization of his intersubjective experience as an encounter with a manipulative patient who cannot tolerate anxiety, and in particular moral anxiety, and who is seeking an immediate means of destructively and harmfully defusing his anxiety through projection and displacement. Consequently, Dr. T suddenly sees Mr. V as someone who avoids difficulties and assumption of responsibility, especially when having to deal with troubling moral issues, such as his own behavior toward friends whom he abandoned, and the implications of such behavior for himself as a person. Although Dr. T continues to retain and recall his initial perspective on the patient's relational patterns, this adaptive shift with respect to Mr. V's struggles in analysis and in life allows him to be more persistent about continuing to investigate painful issues. The analyst's ability to allow the coexistence of both perspectives and to connect these two stances on the intersubjective analytic reality, as well as on the patient's relational models, eventually helps the patient to engage in dialogue between various schemas of himself.

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Remembering organizations of intersubjective experience with the patient that have been cruel and hurtful, as well as maintaining dialogue with these perspectives, allows analysts to be "cruel" at times when "cruelty" becomes extremely important if analysis is to be successful. These are the moments at which patients must be confronted with their desperation and helplessness, or with painful internal experiences, and made to feel transitory depression and desperation. These are the moments at which we muster our hatred and vengefulness in the service of the analysis, because we are able to persuade ourselves to choose a certain perspective in which ideas, affects, and particular memories rise to a higher level of consciousness. At these times, we can choose to entertain a perspective that interprets analytic reality differently than we usually do: as a cruel and bitter conflict between two persons, analyst and patient.

An inability to engage in dialogue with such dissociated perspectives often leaves analysts with feelings of helplessness and despair, as well as a sense of fraudulence and evasion of analytic objectives. When "cruelty" and "hatred" are needed to advance analytic activity, such an inability can block important developments in the analytic process. If dialogue of this kind does not occur, the dissociated organizations of experience may temporarily overwhelm the analyst's consciousness, as in the experience of a dissociative syndrome. Thus, for instance, it is sometimes the case that analysts known for their gentleness and capacity for identifying with other people's suffering confound their colleagues by abandoning patients or hurting them in a manner that is completely unconscious.

Memories and marginal recognition of alternative definitions of reality and organizations of experience often enable us to identify with, or at least to understand, the viewpoints of significant people in the life of the patient, including those with whom he or she is in conflict. These significant others relate to the patient from vantage points that reflect conflicting interests, alternative world views, or defensiveness against real or imagined attacks on themselves. Often, the ability to identify temporarily and partially with these objects in the life of the patient allows the analyst to help the patient under-

stand the "world making" and the reactions of these others, and thus to select appropriate responses.

For example, a male analyst may display understanding, warmth, or acceptance toward a female patient, or a female analyst toward a male patient, after having adopted a perspective of him or her as a small child fighting for recognition. The emotions displayed by the analyst may be in marked contrast to those he or she experiences in relation to the analyst's own spouse, a relationship that may be conflictual or ambivalent. A painful split is created between the analyst who satisfies deep and regressive wishes, but who does this within the rigid confines of the analytic framework; and the spouse who, despite sharing the analyst's life, far from satisfies the analyst's interpersonal and emotional needs.

When a female analyst engages in a dialogue with those perspectives on analytic reality in which a male patient can be seen as cruel, difficult, and even persecutory—perhaps as the patient's wife sees him—a way is opened by which she can be tremendously helpful to the patient. At such times, she can use her new experience of the analytic interaction to further the patient's understanding of the difficult events in his life in relation to his wife, their meanings for him, and his wife's own subjective reality.

Just as in any form of dissociation, the ability to dissociate specific aspects of the reality of relational patterns is related to the analyst's personal capacity for self-persuasion or suggestion. The analyst enhances his or her analytic presence by bringing consciousness to bear on a single meaningful organization of experience and allowing other organizations to become more marginal. Personality differences notwithstanding, however, there are certain developments in analysis that may prevent the desired dialogue among organizations of relational experience. In such cases, the analyst does not recall, even at the margins of awareness, that there are other ways of understanding analytic events. He or she will find it difficult to engage perspectives and definitions of the analytic reality, perspectives that might appear quite clearly to a colleague.

A development of this kind may involve a difficult and sometimes traumatic unfolding of events for the analyst in a particular

analysis. Sometimes, anxiety accumulates about the interplay of perspectives on analytic reality because the dominant perspective is one that safeguards the analyst's ideal self-image. Anxiety of this kind is expressed primarily in situations like the following:

> Cases in which the patient's aggression and sadism cause the analyst to reconstruct past experiences in which the analyst was inclined to act vengefully. Thus, for example, any attempt by the analyst *not* to see the patient as an abandoned and desperate child may result in the reexperiencing of rage, aggression, and vengefulness that the analyst felt in the past toward meaningful figures in his or her own life. Such an attempt will also engender painful pangs of conscience in the analyst, and the overwhelming nature of these emotional responses may upset the analyst's self-image. The risk of narcissistic injury can be unbearable for the analyst, and therefore, he or she may cling to a perspective that prescribes total commitment to an analytic stance of holding and protection.
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> Cases in which the patient attempts to seduce the analyst, and the analyst becomes anxious about responding to such temptations, as well as about the punishment that could be meted out by his or her personal and professional conscience. Thus, it is often the case that the analyst will adhere to one relational perspective on the patient—e.g., the analyst continues to see the patient as a child starved for love, without identifying or responding to the power of the patient's seductiveness, personal charm, or sexuality. In such cases, analysts of both genders will not allow themselves to see their patients as attractive members of the opposite sex.
>
> Cases in which the analyst sees flaws in the patient's personality, perceiving him or her as heartless, without a conscience, or as a manipulative scoundrel. The analyst

> then runs the risk of developing contempt for the patient. Such feelings threaten the analyst's self-image because they conflict with the ideal of being warm, accepting, and loving toward patients. In such a situation, the analyst will therefore maintain—and be incapable of relinquishing—a relational version of reality in which the patient is seen as the victim of life and circumstance.

Such adherence to one organization of interpersonal experience in analysis, as described under three possible circumstances above, involves a mental operation that is far from simple—an operation made at the expense of intense effort on the part of the analyst. It requires an act of ongoing self-persuasion or autosuggestion that the chosen version of reality is singular and irreplaceable. Sometimes, there will be an extreme response from the patient, who feels torn between the attitude of the analyst toward his or her personal and intersubjective struggles, and the attitudes of significant others in his or her life. The patient may be skeptical about the honesty of the analyst's position. The transference-countertransference relationship becomes one-dimensional for the patient, not allowing him or her to make connections between this experience and other intersubjective experiences in life. All of these factors instigate a chain reaction of problematic responses for both patient and analyst.

TRANSITION AMONG ORGANIZATIONS OF EXPERIENCE AS INTERACTIVE NEGOTIATION

Analysts can "play" with various versions of reality that emerge from the matrix of verbal and nonverbal communications and enactments between analyst and patient. A capacity to move between versions, to see them as complementary, and to keep several different renditions in mind—even when they are paradoxical—promotes a deeper understanding of paradoxes in the personality of the patient. Such paradoxes are not conflicts between representations of drives and

the ability to satisfy or discharge them; rather, they are normal manifestations of the personality, which emerge in response to discrepancies or tensions between modes of thought, affects, and memory fragments at different levels of consciousness. They reflect disparity between organizations of the individual's relational experience at different levels, and relate to aspects of personality that are sometimes more and sometimes less dissociated from one another. No one position in such a paradox is more "valid" than another. They coexist side by side as elements of the patient's relational patterns and subjectivity. Perceiving and accepting that the personality is made up of such paradoxes allows for richer and more numerous engagements with the patient across various dimensions. Such a perspective strengthens our capacity to resonate with the world or worlds of the patient.

All of this becomes increasingly important as the emphasis in psychoanalysis continues to shift toward the evolution of the analytic relationship and the promotion of significant change through a matrix of events in the relationship, events that recreate old patterns while enabling the self to find new ways of coping. For although the classical approach proclaims that change is achieved by furthering the patient's understanding of his or her psychic structures, the cluster of interrelationships in the psychoanalytic dyad has come to be seen as more central to the process.

When we can accept that our own personalities include multiple aspects and identities, and that we have numerous paradoxes of our own that emerge in various forms and contexts, we can contain and cope with paradoxes in the personalities of our patients. Then we can negotiate with the many and various aspects of personality in a particular patient, which, though dissociated, nonetheless coexist; and then we can also discover various points of departure for experiences of intimacy or identification with the patient. Just as psychoanalytic theories have become multitudinous, explaining aspects of psychic phenomena from a range of perspectives (and thus capable of coexisting under conditions of equal legitimacy), so, too, can various perspectives for understanding psychic phenomena in one patient coexist side by side.

The analyst's experience of "wandering" among alternative perspectives on the intersubjective analytic space is not only an intrapsychic one. The ability to "drift" among perspectives both shapes and is shaped by the various aspects of self elicited from the patient at any point in time, and by the extent to which there is room for "play" among them. The analyst, for instance, may at a given moment experience the patient as complex, rich, and paradoxical, and will accordingly allow him- or herself more room for playing and drifting among various understandings of the intersubjective reality between the two of them. The analyst will then be able to note various dissociated relational patterns in the patient and speculate about the reasons for their emergence in each case. The analyst may be able to tentatively offer the patient various alternative or even conflicting understandings of transference-countertransference phenomena, thereby launching a shared process of considering and evaluating these options. In so doing, the analyst may present the patient with a new and unfamiliar face, one that is tentative, uncertain, and complex. Even when the analyst chooses not to involve the patient in this "drifting" process, it nonetheless affects the analysis indirectly, insofar as the patient encounters a multifaceted, complex object in the person of the analyst.

I believe that implicit negotiation generally occurs between the two analytic participants about the extent to which such "wandering" among different perspectives will take place—about the legitimacy of this activity, and about the potential for dialogue between various versions of the organization of intersubjective experience in each of the participants. As in any shared event, this movement among perspectives and definitions is a product of the encounter between two subjectivities, and the capacity of each of the participants in the analytic situation to participate in this kind of undertaking is not necessarily equal. Nor are both participants likely to feel equally at ease with such a process at every moment. Here, as in any intersubjective event, there is both implicit and explicit negotiation between patient and analyst about the legitimacy of moving among various definitions, and about the necessity of accepting paradoxes—both in the interpersonal relationship, and in each of their personalities.

CONCLUSION

The development and broadening of the concepts of dissociation and multiple identities allow us to reexamine analytic events and to reconsider the analytic process by focusing primarily on the experience of the analyst. Once we abandon the classical positivistic psychoanalytic position and its claim for absolute objective truth or clinical fact, we can begin to see the enormous value of moving and playing among various versions of the reality of the analytic relationship. We can see, moreover, how this process enables analysts to survive difficult relational realities and to draw upon either feelings of warmth, dedication, and identification, or upon more aggressive, stubborn, and difficult aspects of their personalities.

Such a view of the analytic interaction illuminates the ever-present and ever-changing process of dialogue and negotiation that transpires among various perspectives of the analytic reality. This process can take place within the analyst, among his or her dissociations (or modes of experience and "world making"), or between patient and analyst. Since there is always a close relationship between the intrapsychic phenomenon and the interpersonal one, the analyst's ability to allow various relational perspectives of the analytic relationship to coexist, with shifting foci and changing degrees of consciousness, fosters dialogue and negotiation with the patient about the perspectives of both. Such interaction enhances the potential for change in each of the participants in the analytic encounter, since it reinforces modes of communication and of mutual influence. The analyst who is receptive to being influenced by the patient in a genuine way, and who is open to growth resulting from analytic encounters, will be more inclined to play with various perspectives on analytic reality, and to be engaged in interactive negotiations with the patient about such perspectives.

Although these processes are partially unconscious, analysts can certainly identify the choices they make when they adopt a certain perspective on the analytic reality, and come to understand what the significance of such a choice might be. Understanding the workings of this process can help the analyst to choose from a position of

consciousness and personal responsibility. It may also shed light on the familiar situation of the case conference and the intersubjective processes that occur there. Perhaps the role of the colleague who offers help and advice in such situations is to identify patterns that are already waiting in the wings of the analyst's consciousness, and move them into the center of his or her awareness. Thus, it would seem that helping a colleague who feels helpless and despairing in the face of unbearable countertransference is a dual procedure: it involves holding and accepting the analyst's feelings on the one hand, and on the other, helping him or her to adopt an alternative perspective on the intersubjective reality of the analysis. This moves the analysis forward, allows the analyst to adopt new positions with regard to his or her perspective on the analytic reality, and enables him or her to become emotionally committed and to utilize feelings of devotion and warmth.

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NONPHYSICAL TOUCH: MODES OF CONTAINMENT AND COMMUNICATION WITHIN THE ANALYTIC PROCESS

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Psychoanalysis has struggled with issues of touching and being touched, and of holding and being held, since Freud's early essays toward "taking hold" of elusive thoughts through various means. More recently, observations of early dyadic interchanges between caretaker and child have illuminated how facets of the analytic process, such as the quality of gaze, tone, or empathic resonance, affect feelings of "being held" within the object world. These studies interplay with other analytic depictions and the work of affect theorists to show how meanings become represented and manifested over time through verbal versus nonverbal means. The author uses this literature to explore how our capacity to receive and transmit information cross-modally creates an interpenetration of meanings between self and other in the absence of actual physical contact. Clinical illustrations explore some of the meanings and uses of nonphysical modes of touch within the analytic environment.

I once interpreted to a patient that he had not felt "held" in his object world; his mother had been unable to hold him in such a way that he could feel safe and soothed. Later, as he talked disdainfully about this notion of mine that his mother had not "held him properly," I realized how profoundly he had not heard what I had intended to say. In that moment, I was aware of the enormous gulf that

existed between my patient and me. Although I could resonate with the experience of the child who had been held neither safely nor sufficiently, I was unable to communicate this resonance to him in a way that did not recapitulate the original failure. He could not be held safely nor sufficiently by my words. My reflections upon this interactive failure have led me to think more specifically about analytic notions of holding and being held, and of how we touch one another and are touched within this most intimate of environments in which physical touch is so greatly constrained.

Psychoanalysis has been, from its inception, preoccupied with issues of touching and being touched, holding and being held. Freud seems to have been very aware of the power of contact, first using hypnosis to "take hold" of the mind of the other, and then using his hands to bring thoughts forward through the power of his touch (Breuer and Freud 1893-1895). As he listened to his patients' responses to his technique, Freud came to realize that he was, indeed, touching them in very profound ways, which facilitated their ability to know what they had not known they could know. In this way, the process of "free" associations was born, as the analytic environment itself was seen to "catch hold of" elusive thoughts (Breuer and Freud, p. 110).

Winnicott (1965, 1971) brought into the literature the conceptualization of the good enough "holding environment" as a prerequisite for healthy development. The focus of more recent authors on aspects of the early environment that provide a sense of "being held" within the object world (see Beebe and Lachmann 1988; Stern 1985) helps us better understand how specific facets of the analytic process can come to provide that kind of holding. From the couch or comfortable chair that provides a literal sense of being held within the room, to the quiet and exclusivity of the chamber itself, to aspects of the analyst's presence (such as the quality of gaze, tone, or empathic resonance), the primary prerequisite for the analytic endeavor would seem to be the initial establishment of a sense of being held within the analytic space. The trajectory of this process metaphorically parallels our early moments of life, in

which the rhythms of attunement between caretaker and child provide the foundations for communication and mutual meaning making.

The "holding" metaphor has been the aspect of touch most often explored in the psychoanalytic literature in recent years. However, there are many other modes of nonphysical touch that affect both analyst and analysand. Many of the metaphors that have derived from the literature focusing on infant–caretaker interactions, such as gaze, mirroring, empathic attunement, and amodal perception, have helped analysts to better understand aspects of interactions that are experienced as contact, albeit in somewhat elusive ways, as they postulate and refine their conceptions of the underlying mechanisms. For example, role responsiveness (Sandler 1976) and projective identification (Klein 1946) are each ways of trying to discuss how affective experiences and meanings are transmitted between individuals without use of overtly physical or verbal-symbolic channels.[1]

In what follows, I explore some of the theoretical underpinnings within the analytic literature that appear to shed light on how we touch one another in these profound yet elusive fashions. We use these metaphors of touch without having clearly delineated how this contact occurs. However, observational studies and analytic theory now converge to offer us a better understanding of the nonverbal intercommunicative processes that I group together under the rubric of "nonphysical touch." To illustrate, I look first at the relevance of early interchanges between infant and caretaker as a model for nonverbal understandings, and then focus on analytic views of the symbolization process, which help to structure our understandings of how sensory and affective experiences are communicated from one person to another. A clinical illustration is used to explore some of the meanings and uses of nonverbal modes of touch within the analytic environment.

[1] In this paper, I am using the term *verbal* in the sense of *verbal-symbolic,* as opposed to a reference to more sensory qualities of voice.

THE DEVELOPMENT OF SYMBOLIC CAPACITY: THE IMPORTANCE OF ADEQUATE "HOLDING" OR "CONTAINMENT"

Our earliest experiences and communications are primarily sensory, with little differentiation between somatic and psychic functions or between self and other (Mancia 1981). The early regulatory systems are dyadic (Tronick et al. 1998), and interpersonal rhythms continue to provide important information throughout the life cycle. In intimate dyads, such as those of mother–infant or analyst–patient, "the rhythms of behavior of the two partners are always coordinated, in some ways, usually out of awareness" (Beebe and Lachmann 1998, p. 509). Reciprocal interactions often occur too quickly to be explainable by stimulus response models, and have been described by Fogel (1992) as *coregulation,* in which each partner's actions are continuously modified by the actions of the other. The partners do not match one another exactly, but rather, each anticipates the movements of the other in reciprocal patterns that tend to move affectively in the same direction, in what Stern (1985) describes in terms of matching the gradient: the configural aspects of intensity, timing, and form. In this way, affective resonance becomes a palpable form of intercommunication, directing and modifying both thought and behavior.

As the capacity for symbolic thought develops, there is a greater reliance on language, as more primary sensory aspects of knowing shift to the background and become, to some extent, disowned. However, nonverbal understandings are still "remembered" as patterns of experience that are fundamental to our experiences of self, other, and world, whether or not they are accessible through the verbal mode (Charles, in press, a). These understandings have their foundations in interactions with caregivers, upon whom the infant depends for the regulation of somatic and affective states. Sufficient responsiveness, along with some nonresponsiveness, builds both safety and frustration tolerance, the rudiments of the child's developing capacity for self-regulation. Meaning, too, is created in these

early interactions, in the interactive responsiveness of self and other. Regulatory capacity and meaning become inextricably intertwined as the child's ability to take in new information is constrained by the capacity to regulate affect. When affect cannot be sufficiently regulated, it becomes an obstacle to well-being, rather than being useful for its signal functions. In this way, primary knowings may become disowned.

Early experiences of affective attunement, or resonance with a responsive other, form the basis of amodal experiences (Stern 1985), in which information is translated from one sensory modality into another while preserving the underlying form or pattern, thereby expanding the potentialities for both self-regulation and interpersonal communication. This entails the capacity to discriminate both sameness and difference, as essential elements of meaning are transposed from one experience to another. Infant research affirms what is most likely an inherent ability to categorize across multiple domains via distinct attributes of stimuli, such as orientation, hue, angle, and form (Quinn 1994). As infants develop, they become able to attend to, and to discriminate between, an ever-widening range of perceptual features (Cooper and Aslin 1994), and become differentially responsive to specific patterns, such as pitch contours (Fernald 1993; Papousek et al. 1990). This may be seen as a rudimentary form of symbol manipulation, in which there is a displacement from one sensory modality to another, a precursor for the capacity to transpose between mental modalities as well (Kumin 1996).

In this way, categorical distinctions are made and are then used to make finer discriminations in—and thereby to make sense of—self and environment. However, this differential responsiveness is diminished in the presence of strong affect, which tends to blur distinctions and symmetrize experience (Matte Blanco 1975, 1988). This tendency toward symmetrization has important ramifications for memory, in that intense affective experiences seem to be stored in such a way that any facet that has been linked to the experience can evoke a resurgence of the affect (Bucci 1997a). Thus, the caretaker's ability to moderate affect has vital implications for

the child's ongoing capacity for responsiveness to cues from both self and other, an essential aspect of psychic growth (see Smith 1990).

Many of our experiences are specifically understood through our perception of their pattern or inherent order, beyond any capacity to consciously represent or name these patterns (Charles 1999a). Infant studies suggest that the more implicit dyadic intercommunications form the background for the slower—and more constrained—verbally encoded interactions. These implicit communications are the basis for understandings that have been variously termed *procedural knowledge* (Clyman 1991; Fonagy 1998) or *implicit relational knowing* (Stern et al. 1998), and may be best conceptualized in terms of a field theory, in which events are essentially and inherently interconnected (Kulka 1997).

Affect, for example, is to some extent separate from and preexistent to cognitive memory, thereby exerting an influence on secondary processes, whether or not the affect becomes conscious (Krystal 1988). Affect is experienced in terms of both amplification of experience (intensity) and hedonic tone (pleasure versus unpleasure) (Tomkins 1982), and appears to be linked across multiple facets of experience (Bucci 1997a). It is inherently a patterned phenomenon in terms of both our internal experience and our ability to perceive its traces on the visage of the other (Ekman 1982) or in body position or gesture. Sensitivity to these patterns of interaction appears to be integrated far more rapidly than conscious, verbal awareness. In this way, rhythmicity provides important cues about one's relative safety and the likely trajectory of an interaction. As analysts, our conjectures are based in part upon sensations occasioned by interactions with the patient: with how they hold us in their world. Experiences of attunement and misattunement provide us with important opportunities to better understand previous experiences, particularly those that may have occurred before the individual was old enough to build verbal memories.

Affective resonance goes beyond distinct categorical states, and includes all aspects of experience associated with those states. Stern (1985) coined the term *vitality affects* (p. 53) to describe experiential

qualities of affect that are primarily dynamic and kinetic, and that pertain to the contour of experience—such as "fleeting," "decrescendo," or "explosive." I find his characterization of these qualities as vitality affects to be misleading, in that qualitative aspects become reified. His alternative term, *activation contour* (p. 59), may be more useful, particularly when we look at interpersonal experiences, such as affective attunement and interpersonal touch. My sense is that these contours have both evocative and symbolic functions that come to represent experiences of being touched.

For example, as the mother holds the infant and soothes him or her with calming tones, the tone becomes overlain with the actual physical experience of being held in a soothing fashion. As the infant develops, the tone can serve the same function as did the physical experience of touch. In this way, the tone comes to "hold" the infant within the object world and also within him- or herself, and helps to provide a regulatory function. Over time, this regulatory function becomes integrated into aspects of self-soothing, as when a little girl is observed to comfort herself via her doll, using the mother's soothing tone: "*It's* all right—Mama will be *right* back." Tone and prosody come to carry meaning beyond—and often in disjunction to—the words expressed; there are many times when patients do not hear our words at all, but only the tone or rhythm, which convey important elements of meaning—rather like the child who complains of being "yelled at" when there has been no increase in volume, but rather some note of disapproval.

Visual cues also carry meaning. For example, Stern (1985) noted the propensity of humans to attend to stimuli arrayed in the general configuration of the human face and form. Optimally, this configuration becomes associated with the onset of soothing regulatory functions. The gaze becomes a signal of presence, of soothing, of feeling "held." It can also represent an invitation to be known or a prohibition against the same. The ability to find one's self within the gaze of the other is an important facet of development (Winnicott 1971), complemented by the mother's[2] ability to see the

[2] I am using the word *mother* in the generic sense of primary caretaker.

child as a separate agent (Fairbairn 1952; Fonagy and Target, unpublished).

Knowing that a child becomes distressed in the face of an unresponsive mother (Tronick 1989) alerts the analyst to be aware of the implications of his or her own apparent nonresponsiveness. For individuals who have little expectation of engagement with another, the visual affirmation of one's value as a unique and separate self may be a particularly important part of the analytic interchange (Hymer 1986), becoming the bedrock upon which all later work can be built. Hymer suggested that "patients often require the affective engagement stimulated by eye contact with the analyst who is able to provide the gleam in the eye necessary for the development of trust and self-affirmation" (1986, p. 156). For the patient who has experienced a parent as hostile or disengaged, it may be particularly important to be able to see the analyst's face, in order to assure one's self that one is in the presence of a benign or benevolent object (Charles 1999b; Hymer 1986).

THE SYMBOLIZATION OF EXPERIENCE: INTERTWINING VERBAL AND NONVERBAL DOMAINS

The greater symmetrization between self and other present in our earliest experiences is also found in the domain of meaning and symbol usage. Segal (1957) suggested that symbols are first experienced as objects, which she termed "symbolic equations," in that no distinction is made between the symbol and that which is symbolized. "In the symbolic equation, the symbol-substitute is felt to *be* the original object. The substitute's own properties are not recognized or admitted" (p. 395, italics in original). As the distinction between self and other becomes clearer, this new perspective facilitates the capacity for empathic awareness of the other. One need not *be* the object in order to be *with* the object. One may touch without merger; one may be soothed by the presence of the other without the necessity of physical contact. At this point in development, there are

distinctions made within the seeming sameness of the mother–infant dyad, and the imperfect character of the caregiver's reflective functions ensures that the child's introjection "will be of a *symbolic representation* rather than an *actuality*" (Target and Fonagy 1996, p. 475, italics in original).

The ability to distinguish between symbol and object—to note what Matte Blanco (1975) termed the "asymmetry" among like things—serves important developmental and integrative functions. As this capacity develops, "the symbol proper . . . is felt to *represent* the object; its own characteristics are recognized, respected, and used" (Segal 1957, p. 395, italics in original), an important developmental milestone highlighted by Winnicott (1971) in his explication of the use of the object. As early attempts to deny difference are replaced by attempts to accommodate to this awareness through the use of symbolic functions, greater control begins to reside within the individual; real control diminishes the need for omnipotent fantasies. Symbol formation becomes a continuing dialectic in which internal and external realities can be integrated, whereby we "can be consciously aware and in control of *symbolic expressions* of the underlying primitive phantasies" (Segal 1957, p. 396, italics in original). Control over symbolic functions becomes the basis of intentional touch, of whatever modality.

Just as symbol formation moves from self-experience toward intercommunication, so, too, does the development of thought move from primary sensory experience toward greater elaboration. Ogden (1989) described what he termed "the autistic-contiguous" position (p. 30) as the ground upon which the experience of self becomes elaborated, described by Grotstein (1987) as the sensory "floor" of experience (as quoted by Ogden 1989, p. 45). From this position comes the direct sensory experience of basic forms or patterns that have fundamental "meanings" (in the loosest sense of the word) in terms of basic bodily states or stasis. Although Ogden depicted this as a separate position, it may be more usefully conceptualized as one facet of the paranoid-schizoid position, moving along a continuum toward a greater dimensionality, as experience builds upon experience. According to Klein (1957) and her followers, in

the paranoid-schizoid position, the basic form or sensation becomes more richly elaborated, yet remains essentially unlinked, fragmented. It is then in the depressive position that the elaboration takes on the dimensionality of perspective—what we most often term *meaning* in the sense of understanding or knowing about.

There is an ongoing dialectic between these two modes of experience. At one extreme, we have the experience as such, and at the other, conscious, verbal thought. Many experiences are not accessible to conscious thought, whether because of the age at which they were encoded, the modality in which they were encoded, or the intensity of the associated affect. Although perspective may be an essential precondition for rational understandings, our perspective can also severely constrain these understandings (Matte Blanco 1975). The problem, according to Matte Blanco, lies in the limits inherent in dimensionality; many facets of reality may be incomprehensible given our frame of reference, and yet be eminently comprehensible given a wider frame. For example, no process can be understood without the frame of time; omitting that dimension gives lie to the entire concept, making it literally incomprehensible. Space has a similar framing function, and many other concepts have little meaning isolated from the contexts within which they occur.

Procedural knowledge, for example, may be known only within the relevant context. Matte Blanco (1988) suggested that dimensionality becomes particularly problematic in regard to unconscious processes, which operate *"in a space of a higher number of dimensions than that of our perceptions and conscious thinking"* (p. 91, italics in original). Ironically, we can often understand through less conscious means what becomes incomprehensible or unwieldy when we approach it logically or rationally. In the nonverbal register, we can frequently find the right key that allows us to pass through time and space to arrive at the relevant destination; affect, for example, becomes a transducer, permitting intermodal matching of ostensibly unlike experiences.

Although there is little in the analytic literature specifically addressing the issue of cross-modal matching, Bion's (1963) reflections on the processes by which sensory experience becomes transformed

into verbal thought are instructive in this regard. Bion based his theory on the containing and metabolizing functions of the mother, suggesting that this transformation occurs through the ongoing relationships between container and contained, which depend first upon transformation of raw elements through mentation. The undigested or "beta" element is too concrete and too idiosyncratic to be useful in thinking proper; it must first be transformed into a more generalizable, more abstract element, which will be more tractable. These "alpha elements," which "comprise visual images, auditory patterns, olfactory patterns" (Bion 1962, p. 26), then form the basis of implicit and relational knowings, which may or may not be further elaborated into rational, verbal thought.

Notably, both abstraction and concretization help to elaborate thought, correlating experience with generalized concepts or further sensory data, respectively. The abstract and the concrete form a complex interrelationship that facilitates the elaboration of meaning in their interplay as, alternately, container and contained. The concrete gives foundational meaning, whereas the abstract helps make our knowledge more usable. The capacity to form abstractions enables the individual to move beyond that which is literally "known" in a derivative sense, to that which might be "known" in the sense of understanding, and facilitates the communication of that knowledge at a verbal level. However, at times, it is the capacity to enact what has eluded verbal understanding that facilitates communication and thereby brings us closer to that very understanding (Kumin 1996).

Psychoanalysis has traditionally been framed in terms of verbal understandings. However, many analysts have affirmed the importance of the more fundamental knowings that help organize and give meaning to our experiences (see Bion 1963). Freud himself (1915) struggled with these issues, suggesting that sensory data must be linked to words via "traces" in order to be susceptible to conscious thought. In analysis, this process of transformation appears to occur through the type of amodal processing described by Stern (1985) and others (see Edkins 1997), by which containment enables meaning making to occur. For example, Winnicott (1977) re-

ported that a four-year-old patient told her mother that the patient herself did not need to know what was wrong in order to communicate it to Winnicott, saying: "I don't know, but I can always tell him" (p. 163).

Paradoxically, our efforts to facilitate verbal understanding may obstruct the nonverbal. Although we tend to assume that transformations in analysis occur in verbal form, verbal "knowing" often impedes an individual's ability to actually *be* in a different place with him- or herself (Bion 1965). "Knowing about" can become an "autistic object" of sorts, a second skin or empty shell that protects one from learning through experience, and thereby from any real knowing or understanding (Charles, in press, a). Many primitive experiences are unconscious not due to repression, but by virtue of their structure, which cannot become conscious without being transformed through elaboration in some spatio-temporal form. The act of creating forms within the lived moment that represent, to some extent, our *experience* of the lived moment, thereby containing some essential aspect of it, is one aspect of the transformative process. In this way, we move the experience-as-lived into the spatio-temporal realm through the elaboration of its registration upon the senses. In analysis, this often occurs through interactive experiences of affective resonance, a form of nonphysical touch.

Bion (1965), picking up a theme alluded to by Klein (1963) in her later works,[3] noted the recursive nature of the connections between the paranoid-schizoid and depressive positions, by which the verbal informs the nonverbal and vice versa, as ostensible realities become fragmented and reintegrated in accordance with new information. These two distinct modes of understanding—one more experience-near, the other abstracted from experience—optimally interact to expand understanding. Affective awareness, in particular, becomes elaborated as "repeated observations of an object form functionally equivalent classes and prototypic images" (Bucci 1997b, p. 195), which then become what Bowlby (1973) and others described

[3] I am grateful to James Grotstein for bringing this to my attention.

as "working models" of self and other, based upon the individual's ongoing history of affective interchanges.

Optimally, our sensory and affective awarenesses work in conjunction with our capacities for abstract, categorical thinking. However, the literature on infant observation and the work of theorists who have focused on the development of mentalization processes converge to suggest the importance of attending more pointedly to these more elusive sensory knowings within the analytic process. For some individuals, this may be a necessary precursor for establishing the safety of an analytic space. For others, it may be the primary mode of communication and understanding. In the clinical material to follow, I will explore how our attention to our more sensory and affective interchanges can help us understand diverse aspects of touch within the analytic process.

ATTENDING TO NONVERBAL COMMUNICATIONS

As we begin to pay more attention to nonphysical aspects of touch, we enhance the possibility for what have been variously described as "heightened affective moments" (Beebe and Lachmann 1994, p. 128) or "moments of meeting" (Stern et al. 1998, p. 905). Milner (1952) suggested that in order to discover the familiar in the unfamiliar, we have to be able to stand in some new relation to it. The very presumption of meaning can create openings by which previously unreceived meanings might become received and elaborated. When we tune our unconscious to that of the other, we are affirming the possibility that meaning might be transmitted in ways beyond rational interchange. As we become "lost" in the process, we also maintain an observing ego through which to make sense of our experiences, thereby affirming the essential importance of grounding our understandings in these primary moments of being and being with. In this way, movements toward "being with" may be viewed as a fundamental return to the self as source (Milner 1957), as the individual is afforded the opportunity to find his or her own

rhythms that had receded to the background and become inaudible. Although there is often a regressive feel in moving toward these primary rhythms, there is also a great deal of potential: the "inherent rhythmic capacity of the psycho-physical organism can become a source of order that is more stable than reliance on an order imposed either from outside, or by the planning conscious mind" (Milner 1957, p. 224).

In moving closer to our own sensory experiences, and in affirming the interplay that takes place between self and other at these primary levels, we affirm the roots of our own creativity, derived from early experiences of self and other, self within other, and other within self (Charles, unpublished). This is a crucial vantage point for the analyst's reverie, which facilitates the transformation of sensory experience into elaborated meanings within the analytic hour. There is an important link between Milner's (1957) suggestion that a work of art contains life only to the extent that it bears the imprint of the person creating it, and Ogden's (1995) depiction of the crucial function of the analyst as bringing forth the possibility of greater aliveness—a link that affirms the fundamental nature of the analytic task of bringing to life nuances of experience that had been lost due to a lack of appreciation of their inherent meanings and potentialities. This can be particularly important when working with individuals who feel un-seen or un-known.

I find that the bedrock of this work lies in the ability to be present with another being. This facility to work with the nonverbals, the relative intangibles of human interaction, is an important facet of the analyst's medium, as Milner (1957) used the term. She depicted the relationship between artist and medium as one of union, of knowing the other well enough to both know it as other and also to be completely present within it. When we are able to create these conditions within the analytic space, we are able to touch one another in ways that profoundly alter our capacity to be and to be with. This facilitates our ability to create symbols together, through which the inner life might be better expressed, and through which we might see anew that which we had come to not see, by force of habit or prohibition (Charles 1998; Milner 1957). This is done by

> . . . unmasking old symbols and making new ones, thus incidentally making it possible for us to see that the old symbol was a symbol; whereas before we had thought the symbol was a "reality" because we had nothing to compare it with: in this sense . . . continually destroying "nature" and re-creating nature. [Milner 1957, p. 229]

Within this process, what Bollas (1987) referred to as the "unthought known" (p. 4) can be formally represented and thereby more fully known.

The body is often an articulate depicter and decipherer of metaphor. Our willingness to sit with the language of the body (what Alvarez [1997] referred to as the "grammar" of the body) facilitates relatively free interplay between the levels of conscious and unconscious, and between verbal and nonverbal ways of knowing. The term *metaphor* comes from the Greek, meaning "to transfer," implying a transference of meaning from one thing to another. This is the essence of empathic attunement and intermodal responsiveness, as we communicate an essence without becoming quite so lost in the abstractions that may mask the underlying meanings. Arlow (1979) suggested that "metaphor can be understood in a more general way as a fundamental aspect of how human thought integrates experience and organizes reality" (p. 368). The metaphoric relationship creates a distance between the reality referred to and the mode of expression, which makes it easier to think about each, as well as the relationship between the two. In this way, it introduces the transitional space and facilitates the ability to play with ideas and meanings (Winnicott 1953, 1971).

For individuals for whom the translating function between nonverbal and verbal domains of knowing has been inhibited—whether because the experiences were originally encoded via sensory channels alone, without verbal encoding, or whether trauma has inhibited the ability to know what one had known (or might have known if it had not been unknowable)—much of the communication within the treatment may occur through sensory and affective channels. At these times, the individual's ability to touch us in ways that allow us to know what cannot be spoken interplays vitally with our own abil-

ity to utilize these same functions. In this way, our facility in the intermodal aspects of experience becomes a crucial factor in the treatment, undergirding both the individual's capacity to become known, and to communicate that awareness in verbal form. In contrast, for those for whom the nonverbal track has become relatively mute, the task becomes one of moving beyond the words to the sensory "floor" of experience (Grotstein 1985, as quoted by Ogden 1989, p. 45). The ostensibly unknowable has its own presence (Charles, in press, b). We struggle around these holes in experience, trying to find ways in which the unknowable can be tolerated sufficiently for us to touch some of its edges without fragmentation.

NONVERBAL COMMUNICATION AND THE PSYCHOANALYTIC PROCESS: ATTUNEMENT AND INTEGRATION

Although psychic growth has been postulated as the ultimate aim of psychoanalysis, this goal may be conceptualized quite differently. For many analysts, the aim would be one of becoming more alive or present in one's experience (see Bion 1965; Ogden 1995). This often entails a continuing process of making manifest that which has remained as background, eluding our attention and verbal understanding. The process of "making the unthought thinkable" (Bianchedi 1991, p. 11) involves a continual dialectic between the conscious and unconscious, or verbal and nonverbal, modes of being. To this end, the function of interpretation "should be such that the transition from *knowing about* reality to *becoming real* is furthered" (Bion 1965, p. 153, italics in original). One important facet of this endeavor is learning to attune ourselves with our patients sufficiently that we might touch, yet with enough distance that we might better elucidate meanings between us.

In our work, there is often a sensory experience of pattern, either affective or somatic, that becomes a cue or signal inviting our attention (Charles, in press, a). Rayner (1992) noted that the analytic enterprise is built upon empathic attunement to preverbal events; it

is through the emotional resonance or matching of the patient's rhythms or patterns that primary meanings become elucidated. This emotional resonance is a profound way of touching and being touched by the other. Often, these experiences are cross-modal in nature, and may be very difficult to articulate. The pattern may bear the form of what Stern (1985) described as a vitality affect, an affective contour or "sensory melody" that carries its own meaning, if we can only be receptive enough to discover it. Attempts to articulate or communicate this function are often elusive, very similar to the fate that has befallen the concept of projective identification. We may have a sense of being impacted upon by the other in the subtle processes of mutual and self-regulation, as described by infant researchers (Beebe and Lachmann 1994). At these times, articulating the meaning of our sensations may be less important than being receptive to their impact upon each member of the dyad.

I have previously described how patterned movements become entries into the interactive meanings of self and other (Charles, in press, a). I have wondered how my movements become informed by those of the other, as we communicate meanings through our bodies that our conscious minds cannot yet comprehend. At times, the reciprocal rhythms seem to have a soothing quality, and I have wondered whether my self-soothing has become the other's own, facilitating tolerance or enshrouding essential terrors. In this way, nonphysical touch within the analytic space would seem to stem most directly from the affective field within the session. At times, this may be so tangible that we feel enveloped or assaulted by it, potentiating what may be some of the most difficult and yet productive moments in the work, what Stern et al. (1998) termed "moments of meeting" (p. 906), when the experience of "being with" is heightened, and the possibility of change seems palpable.

CLINICAL VIGNETTE: NINA

For many patients, my desire to touch and be touched by them is in keeping with their own desires to make contact within the in-

terpersonal world. However, for others, the experience of being touched by another person is problematic. For example, I have been working for several years with a young woman in her late twenties whom I have referred to as "Nina" (Charles, in press, a, c). After all this time, we are still in the process of negotiating her ability to enter into the space we are creating in my consulting room. There is always a disjunction for Nina in entering into my world. She comes to each session reluctantly, even when she has carried our relationship within her in a positive manner over the most recent interval. It may be at those times that the disjunction is most severe, as her fantasy of being together becomes assaulted by the reality of my actual presence.

For some individuals, "being with" has meant assault, intrusion, and even annihilation of self. By contrast, for Nina, who has an extremely narcissistic mother who insists on being the only frame of reference within the household, "being with" has meant "not being" or "being other." Nina was never able to find a comfortable place for herself within the interpersonal world of her childhood home, nor in the larger world, in which she felt tortured and tormented. She longed to fit in and finally managed to do so in college, but only at a huge price to her sense of self, which became even more split than previously.

When I first met her, Nina was completing a second undergraduate degree program, but was thwarted by her inability to accommodate well enough to the dictates of the professional world to make a home for herself there. She still mourns this failure, which has been devastating for her. She now works at a job for which she is eminently overqualified, pouring her intelligence and creativity into reading and writing, and her yearnings for closeness into her relationships with animals.

When I first began working with Nina, she was like a startled doe, frozen and ready to run. Her smile was vivid but deceptive; it often masked fears of being assaulted in some way that she had not yet anticipated, but was struggling to ascertain. Over time, it became clear that Nina's main soothing devices have been music and mathematics; she will replay a theme or pattern in her head in an at-

tempt to allay her anxieties. At times, this is relatively successful, whereas at other times, a musical theme will intrude itself into her consciousness, becoming a further source of anxiety, agitation, and fear. In addition, she attempts to handle inner conflicts by writing about them in a novel in which the central character is based on a disowned version of self.

Nina has been perplexed by her intuitive senses, which in some ways help to keep her safe in a dangerous world, but also keep her vigilant and at the mercy of forces seemingly beyond her control. Nina's pattern for this view of reality was her mother, who brought in a seemingly endless succession of "New Age" world views in her attempts to explain the unexplainable, in her search for some meaning that would leave her at its center. It was as though Nina's mother needed to forcibly place these thoughts into her daughter's consciousness, but had no sense of Nina as a living, thinking human being who would be able to actually take it in and make sense of it.

Nina would become caught between her mother's insinuation that Nina could never truly understand whatever dogma was being elucidated, and her mother's assumption that of course Nina would accept whatever was accepted by the mother. In this way, "being with" became the same as "being like," in a symmetrization of self and other in which important distinctions could not be made (see Matte Blanco 1988) without a disruption in the parent–child bond. Nina's mother appeared to have little sense of her daughter as a separate person. No one in the family had ever seemed interested in Nina's perspective, or had asked her how she felt: "If I was upset about something when I was a kid, if I came home upset, I would tell my parents, and they would never even say anything. I would go to my room and I would hear my dad say, 'Nina seems upset.' And my mother would say 'Yes,' but no one would ever come talk to me or show any interest."

My response to Nina came from my own resonance with her description: "It was as though you were a thing—like saying, 'The television is broken' or 'The cable is out.'" In times such as these, my resonance soothes Nina, and the work deepens.

It has been necessary for me to learn the meanings of tone, gaze, and rhythm with Nina, much as she has had to learn my own. At times, when our rhythms have become too discordant, the best that she can do is to leave a curt message on my answering machine to the effect that she is discontinuing treatment. This alerts me to the fact that I have become irretrievably lost to her in any positive sense. At these times, my task is to find a way to touch her with my words or tone, with sufficient "holding" to enable her to once again walk through my door. This occurs largely through my allowing *her* reality to touch my own, without trying to annihilate it, or—by extension—to annihilate her.

During the course of her treatment with me, Nina began to make plans to marry, but was perplexed by her wish not to be with this person with whom she also wished to join herself with some permanency. She spoke of a sense of inherent bondedness, a sense that she and he were "meant for one another," and yet she often preferred to be alone. This disconcerted and frightened her, making her feel guilty and perplexed. Her perceptions of his desires became mandates, in much the same pattern as those of her mother. She tried to be with her fiancé at the appointed times, but got bored and restless, longing to be alone. She had no way of telling him that she would rather do something else, without violating some unconscious conception of what it means to *be in love with* and therefore *want to be with* another person. Exploring Nina's simultaneous desires to be with and not be with me in our sessions helped us to better understand her ambivalence regarding the need/desire to *be with* anyone, the terror of engulfment aroused in her by even the idea of closeness, and the rage evoked as her interpersonal needs become palpable to her.

In our work, the trajectory of individual sessions has tended to be one of startle and disruption, as Nina has encountered my otherness in the moment. I have described previously (Charles, in press, a) the interactive rhythms through which we find one another within the hour, which appear to play out as auto-sensuous forms, rhythmically interplayed cross-modally between us. I tend to be aware of these patterns as sensory forms, elaborated in tactile ways,

in the rubbing of my fingers against one another and the attuned rubbing of Nina's hands against one another, in reciprocal patterns. My metaphors are often visually derived, whereas Nina's primary sensory modality is auditory; she experiences these patterns primarily in terms of musical themes, which run through her awareness and soothe her toward a greater ease in my presence. In this way, analyst and patient struggle to build a dyad from the often-discordant rhythms, assumptions, and interpretations that arise between us. Added to this more recently has been Nina's need for me to speak to my understandings of these rhythms, lest my awareness become interposed over hers and constitute one more assault upon her.

"It is turtle season again," she told me recently. The children in her neighborhood had begun massing, once again, to torture and maim wild turtles. Nina tried to stop them, but felt very ineffective in the face of the children's determination and the parents' lack of responsiveness.

She also spoke with outrage of a young child who had darted across the street in front of her car, without even a glance at approaching vehicles, until he stood safely and defiantly on the other side. Nina had been enraged, but it was not clear at whom. I wondered silently about this aspect of Nina—how she darted in front of me, desperately, defiantly, her armor seeming to suffocate her.

Nina then spoke of walking to a nearby lake and seeing some debris at the edge. She poked at it with a stick, and discovered that it was the central portion of a much larger mass of snapping turtle, largely submerged. She marveled at the hugeness of it, and at its slow, arrogant exit from her proximity. Nina's own arrogance and hostility have been kept safely at bay in the form of the alter ego she has built in her novel. However, her fiancé's hatred of this character has kept Nina safely, but horribly, alone.

With the approach of her wedding date, Nina talked a great deal about feeling caught by other people's needs and intentions, and described feeling more and more awkward at having to confront the existence of another person. As she spoke of her irritation at having to be engaged in interactions with her fiancé and her con-

cerns about marrying someone from whom she frequently would like to escape, I wondered aloud whether she felt that she needed to be a snapping turtle in order to make safe her own surrounds. I wondered if part of her difficulty in negotiating territories with others had to do with her difficulty in being a frame of reference in her home of origin. I told her that I was reminded of her descriptions of having been in distress as a child, and of her parents' failure to inquire into the sources of her discomforts, but rather having heard them defining her in her absence, without any reference to her own feelings or perspective.

Now, as Nina tried to mark out a territory for herself within the infinitely enigmatic domain of interpersonal relationships, she was so vigilant for signs of danger or intrusion that it was difficult for her to approach the other with sufficient presence to feel her own way through the encounter. There was little interplay between self and other in any mutually interactive pattern. This has recently become the fundamental task of our work: to develop implicitly rules of engagement in which neither self nor other would become lost.

What complicates this endeavor is Nina's sense of danger as an other approaches. To the extent that I can become in tune with her, I become soothing, but also dangerous. And so the trajectories of our interactions tend to take the form of the startled and suspicious infant at reunion with the unreliable mother. As the mother slowly, over time, learns the intricacies of her child's rhythms, the child may, in reciprocal measure, allow herself to be soothed sufficiently to suffer another absence; however, to need the other is problematic, and so Nina attempts to not need me, becoming enraged by her need of me, so that by the time she once again enters the interim space, she is caught between the desire for closeness and the armament of defenses she has built to protect herself from that very desire. The other danger inherent in this seduction is whether she will have to disown the hateful part of herself in order to be loved. Will losing herself be the inevitable price of "acceptance"?

At a recent session, Nina arrived late, and I opened the door to my waiting room to see if perhaps she had entered without my

awareness. I could see her approaching the waiting room through the outer glass door, and greeted her when she opened it. This did not allow her the opportunity to sit down in the intervening space between the outer and inner worlds, as is her wont. She seemed to have even more difficulty than usual in encountering me, and to find it difficult to think of anything about which she might want to speak. The idea of speaking to me at all seemed problematic. Later, as she was talking about the difficulties she faces in encounters with others, and about the terrible intrusion she experiences when faced by the demands of an other's need or intent, I wondered aloud whether her discomfort in this particular session had to do with *my* intrusiveness in surprising her at the beginning of the session, thereby disrupting our rhythms.

"Oh," she said, "I hadn't even thought of that. I do wonder sometimes whether you set things up like that on purpose." At such moments, I become dangerous, as Nina is assaulted by the unseen hands of some remote and uncaring mother, who sets the stage according to her own inscrutable designs.

Nina is lost in a world in which touch becomes equated with intrusive assault, and in which "being with" becomes engulfment. She becomes caught between my presence and my absence, both the corporeal disjunction and the affective one. She is exquisitely sensitive to my presences and absences, and demands a quality of engagement, at times, that brings us into the heightened realm that Stern et al. described as "moments of meeting" (1998, p. 906). As difficult as it may be for her to encounter my view of her in the moment, it would seem to be preferable to the uncertainty she experiences at feeling as though she is being seen from the other side of a lens, into which she has not been invited to peer. She prods me, much as she prodded the turtle, to see whether indeed I am merely more debris, or whether I might have some capacity for real engagement. She is not bothered by the turtle who protects himself, but only by the children who attack as though some very real being were merely refuse. I imagine that she has been screaming inwardly at those children for a very long time. Her internal pleas for recognition have largely given way to hostile as-

saults in her conscious imagery, vivified now by the alter ego in her novel, whom she describes as "waiting in the wings": the angry, violent child, who at times takes over her reverie and will not be stilled.

Nina recently brought in a dream that depicted very vividly the terror she experiences in regard to other people:

> She was outside the house of a childhood friend. It was an old mansion filled with interesting things and secret passageways. She was carrying two of her cats. One of the cats jumped down and ran away. She tried to catch it, but it ran beyond the grounds, and she couldn't follow it. She was concerned, but then became distracted by a car pulling up, and reassured herself that the cats would turn up at the picnic later. Nina entered the house through the kitchen door, and moved toward the stairway to the second floor. As she neared the stairs, the cellar door opened. The opening was black and gaping, and she was very frightened. As she started to go upstairs, there was a force, like a vacuum, pulling her back toward the cellar. She was terrified, but managed to get herself up the stairs, into a room, and then to shut the door. She lay down on a bed, and became aware that she was actually sleeping and could rouse herself if she tried. However, she was unable to awaken. She then decided that if she let herself fall deeper into sleep, she would be able to wake herself up, and tried out this plan several times. Each time she tried to awaken herself, she would open one eye and see details of her actual room, but then the rest of the room would be just as it was in the dream, and she would know that she had not managed to get out of it.
>
> Finally, there was a knock at the door. Nina's terror increased as the door opened, and then abated as she saw her fiancé standing there. She told him that she needed to get out of there, and they went downstairs together, coming upon her mother and grandmother, who were standing in the open doorway. Her mother was wearing a flowered dress, "as though it was summer and they had just wandered in." As they stood there, Nina felt an urge to punch her mother. She said that she knew it was a dream, so she did punch

her and it felt good, and her mother didn't respond, so she kept punching, with increasing energy. She was enjoying this a great deal, and then realized she could kick, too. As she was punching and kicking, her fiancé and grandmother rather weakly told her to stop, but she ignored them. Finally, she pushed her mother out the door and onto the ground, and then ran off.

This dream illuminated how frightened Nina becomes, how she closes herself off from the world, and how all her failures have become persecutors that keep her locked inside of herself. Contact in the dream is precarious and unreliable, and the pain of it is denied.

Notable in this dream, however, was the possibility of facing one's fears. This was in striking contrast to another dream, some time earlier, in which she had been trying to find a passage through a cellar and had been confronted by a towering, terrifying woman, who seemed to walk right through her. In the dream, Nina lost consciousness, falling to the ground in a flurry of flower petals.

I said that I wondered if part of what she was doing in the current dream was telling herself that she did not need to be quite so frightened of some of the things that scared her, and that she had internal resources she could bring to bear. She made a comment regarding my putting a positive spin on things (which of course I was), but then let me continue. I said that I was thinking that when we have been humiliated in the past, we may avoid looking at people, because they seem very powerful and even evil, and then we don't have the opportunity to see that they are just lost and not so terribly powerful. I said that it reminded me of a woman at Nina's workplace whom she had viewed as evil, whom she had described as her nemesis, and then one day, the woman had felt left out of a conversation and revealed her own vulnerability.

Nina said, "Yes, but then I saw the pain, and that was just as bad because it was so terrible to see." I realized how caught she was between trying to keep others at bay by making them evil and dangerous, versus being engulfed by the terrible poignancy of their pain, which threatens to suck her down into a void, like the blackness of

the cellar in the dream. That would seem to parallel the dilemma in which she has been caught with her mother (and grandmother) all these years. She has desperately needed her mother to be real: to stop playing in her fantasy world of psychic "powers" and to make contact with the reality of her daughter's pain. However, when Nina has insisted on obtaining her mother's attention, she has been called to task by her father for "hurting" her mother in so cold-hearted a fashion. This has been most notable as she has begun to grapple with her recent awareness of having been sexually abused by her grandmother: a reality her mother insists on keeping at bay. (Her family, characteristically, has been unwilling to know the unknowable and has ostracized the Nina who knows.)

Nina was terribly distressed, and was crying quite heavily as we reached the end of this session. I let her sit for a few minutes, and then, with a great deal of hostility, she asked, "Why aren't you telling me to leave?" She left with a lot of heat; I imagine that her anger helped her to go. It was probably important for her to be able to be the angry child with me, to run past defiantly as I approached her, and to attack me for moving closer even as we approached this imminent end. She continues to attack me, much as she attacks her fiancé, needing to bristle against the discomforting closeness and to know whether she can be all sharp edges and still be held safely.

Nina's tremendous sensitivity is both a blessing and a curse, a legacy of her need to be vigilant in the face of insufficient maternal attunement. It informs the characterizations and landscapes of her novels and dreams, and allows her to appreciate many of the joys of life with a finely tuned ear and eye. However, it has also made her interpersonal world a nightmare, which she longs to decode or escape from. Her avoidance impedes her ability to use her own sensory and affective experiences in the service of meaning making. Nina's hostility is a palpable force in the room, and I encounter it in each session to some degree. At times, I experience her as like a porcupine, bristling at signs of imminent danger; she can be like a wounded animal in pain, longing for surcease, yet likely to attack if approached.

I spend these moments with Nina trying to attune myself sufficiently to her key that my voice might touch without biting, that my glance might touch without intrusion, that I might be with her in a manner that facilitates her being with herself sufficiently to engage, in some measure, in the type of joint effort that seems to call to her mockingly, and yet continually eludes and evades her. Although there are more moments of meeting these days, there are also times when there is little that is soothing about our moments of touching, except for that which resides in the awareness that there may not be a precipice waiting, in the possibility that all parts of self might be held without falling into the abyss, or perhaps merely in the idea that we might not have to wander these regions alone.

CONCLUSION

The nonverbal aspects of experience are in some ways subtle and easily overlooked. However, they are also powerful forces that impinge continually upon our awareness. In the analytic space, being with the other entails a willingness to be with parts of the self that have been disowned or remain unintegrated. These aspects of self are experienced as sensations that pass back and forth between analyst and analysand in what are often highly ambivalent attempts to metabolize them. Our ambivalence often takes the form of a game of "hot potato," giving rise to terms such as projective identification and role responsiveness, as each partner to some extent disowns facets of whatever might be known between the two. Our willingness to be touched by the experience of the other provides an opportunity to translate the patterns we discover into mutually created meanings that can be held by each, without annihilation.

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THE HOLDING ENVIRONMENT AND INTERSUBJECTIVITY

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The holding environment is explored in the context of the analytic dyad, where it is seen as rooted in the patient's need to be experientially known through the intersubjective interaction. In examining previous emphasis on holding as an optimally attuned empathic environment provided by the analyst, a broadened view of what constitutes a holding environment is presented, underscoring its interactional nature. A distinction is made between empathic holding based on the patient's expressed material, and holding that is generated through the analyst's intersubjective knowledge, gained via ongoing intersubjective engagements and enactments. It is argued that the unmediated connection to the patient's internal representations resulting from these intersubjective interactions, and the ensuing verbal exploration of them, can create a profound sense of being understood and thus held. A clinical process depicting the experience of holding in an intersubjective context is presented.

The still-developing concept of intersubjectivity has many significant implications for the very essence of the analytic process. As it has become apparent that the analyst's neutrality is difficult to achieve, it has also become clear that maintaining the conviction that the analyst can remain neutral has constricted our view of what is essentially a complex relationship. As a result, our understanding of what construes the heart of analytic action has become more concerned with the many inevitable emotional interactions and enact-

ments between analyst and patient (Bromberg 1993, 1994, 1998; Ehrenberg 1992; Hoffman 1992, 1996; Jacobs 1991; Mitchell 1996; Natterson 1991; Natterson and Friedman 1995; Renik 1993, 1996). Interpretations embedded in a conceptual understanding of emotional conflict and behavior, long believed to reflect some objective realization designed to promote insight, have been increasingly questioned as to their ability to solely carry and embody the instrument of change.

Consequently, the intricacy of the transference-countertransference matrix, persistent and ongoing mutual influences, and the certainty and usefulness of enactments have all been explored, with the growing conviction that indeed, it is in the interaction of two subjectivities, and not in the assumption of a theoretical model, that we can begin to find answers about what works in the analytic process (Aron 1992, 1996; Bollas 1987, 1989; Gill 1982; Hoffman 1992, 1996; Mitchell 1993, 1996; Racker 1968; Stolorow and Atwood 1997).

One area that will greatly benefit from exploration using the new emphasis on the power of intersubjectivity is the concept and experience of the holding environment. In the detailed case study that follows, it will be demonstrated that a more intersubjectively oriented process resulted in a holding environment that was not entirely based on the more expected expressions of empathic holding. Rather, the holding experience sprang from a difficult analytic impasse that rendered both analyst and patient paralyzed by a powerful intersubjective dynamic. This paper seeks to highlight an aspect of the holding environment, one that is embedded in a more active, sometimes extremely painful, and perplexing engagement between patient and analyst.

Although naturally defined within the analytic dyad, more often than not the concept of holding carries with it the distinct flavor of a process in which the interaction is actually determined and characterized by one participant, the analyst. The general emphasis in the clinical literature has largely been on the holding interaction as one in which the analyst listens, contains, reacts, and acts in a fashion that seeks to exclude the many elements involved in the analyst's subjectivity and its inescapable entanglement with the patient's. The

assumption is that the right environment in which the patient can feel understood and held is created by a combination of the proper form of holding by the analyst (Winnicott 1951, 1954, 1956, 1986), effective containment of the patient's feelings and projections (Bion 1962, 1967; Bollas 1987; Hamilton 1990), and appropriate empathic listening (Kohut 1971, 1977, 1984; Schwaber 1983, 1995; Slochower 1996). Such an environment, it is assumed, will address and heal past deprivations, enhance the patient's ability to eventually experience his or her true self, and aid in integrating a fragmented sense of self.

While holding does involve an empathic and attentive stance, seeing it as merely bound in a "good enough" or empathic environment limits a broader understanding of the other interactional elements that potentially create the experience of holding in analysis. Within the universe of the intersubjective process, empathic holding can paradoxically be seen not only as an experience that validates and mirrors the patient's feelings, but that can also occur at times when the analyst is open to and owns up to other experiences that come up within the intersubjective interaction. Some of these experiences are rather stormy, entangled, and even negative. Repeated struggles through impasses and enactments, which invariably accompany any effort of change, will result in a state of active engagement. This engagement can lead to exchanges in which intersubjective knowledge gained through an interactive process can offer the patient a profound sense of being understood, and consequently, held.

This intersubjective knowledge does not derive from a developing narrative alone, or from a state of empathic understanding in which the analyst's subjectivity is submerged. Rather, it is continually developing as a byproduct of the analyst's emotional participation in the process, and his or her openness to the many unconscious, indirect, but very insistent manifestations of the patient's internal world. Indeed, the paradigm of holding presented here emphasizes the analyst's own encounter with the patient's representational world as it plays itself out through unconscious defenses and entrenched relational patterns.

Such an interaction contributes to the analyst's profound knowledge of the patient and to the patient's growing self-knowledge. It is in those experiences in which the analyst, using his or her own feelings and reactions, presents the patient with an authentic reverberation to the patient's inner world that the patient can feel fully known and held. In this way, holding is a part of the constant—and at the same time, shifting—state of engagement between the two participants, an emotional engagement that can be regarded as the hallmark of the intersubjective process.

The concept of intersubjective holding presented here will naturally pertain to some analytic situations and not to others, and is certainly not meant to replace other views of holding. Rather, it seeks to enrich and add to our understanding of essential factors that can enhance an experience of holding for some patients. Specifically, holding as part of the intersubjective engagement is seen here as inextricably connected to the feeling of being understood and experienced by the other within the intersubjective matrix. As will be elaborated later, this concept of holding facilitates one of the most significant elements embedded in the intersubjective connection—an immediate, unmediated knowledge by the analyst of the patient's internal world.

THE HOLDING ENVIRONMENT

Like most clinical aspects related to intersubjectivity, the concept of holding, largely based on Winnicott's (1956, 1960a, 1960b) groundbreaking clinical observations and theories, has recently undergone close examination in regard to its meaning and relevance to current clinical work (Bass 1996; Mitchell 1993, 1996, 1997; Slochower 1996; Winnicott 1986). The element most crucial for Winnicott was the analyst's ability to provide important parental functions that had been absent or grossly distorted, which subjected the infant and then the adult to an arrested and frozen development. As a result of maternal unresponsiveness to the infant's needs and a maternal interactive style of impinging on the infant, the infant's

"true" self becomes exceedingly hidden, while a "false" self is defensively developed and presented to the world. This self is disconnected from the buried true self and essentially expresses an empty, inauthentic attempt to deal with and adapt to maternal demands, while protecting the inner self from environmental assaults and the accompanying sense of annihilation (Winnicott 1954, 1956, 1960a, 1960b).

In Winnicott's view, it is the appropriate holding environment provided by the "good enough" mother that allows for the infant's unique individuality to develop and eventually move toward a more differentiated, object-related state. It is of interest to note that the psychic demands on the good enough mother, especially those calling for the optimal balance between reactions that are neither too impinging nor too unresponsive, lead to the assumption and expectation that the mother's own subjectivity will be totally subjugated to her baby's (Benjamin 1988; Mitchell 1988, 1993). Analysis, according to Winnicott and later Kohut (1971, 1977, 1984), as well as other self-object clinicians, is a healing and corrective experience in which the analyst is guided entirely by the patient's needs for an accepting and emotional environment that will allow him or her to develop and reintegrate the arrested true self, his or her most unique and vital part. Following a similar theme, Slochower (1996) suggested that at times, an optimal holding environment can be created only when the analyst fully gives up on his or her own subjectivity in the face of the patient's need to totally experience subjectivity and an inability to tolerate any indication of separateness in the analyst.

To these writers, the analytic process is seen as a second chance for developmental growth, an opportunity to overcome a devastating experience with an unattuned and impinging mother. In this model, the resurrection of the true self occurs spontaneously in the presence of an analyst who creates a holding environment in which the analyst's subjectivity, just like that of a good enough mother, is subjugated to that of the infant/patient. It is the analyst's ability to create that optimal environment in which the patient's past deprivations can be addressed that determines whether the patient's

self will have a chance to finally mature (Kohut 1977; Slochower 1996; Winnicott 1948, 1959, 1960a, 1960b). Thus, our prevailing understanding of the analytic holding environment roughly parallels the functions of a well-attuned and empathic Winnicottian mother, who through her capacity to foster a corrective maternal experience, will enable the patient to regress, and then to feel safe enough to shed the need for a protective false self.

Winnicott's developmental arrest model leaves us today with intriguing questions regarding the role of the analyst's own subjectivity in the interaction—or rather, regarding the lack of its acknowledgment as an inevitable and essential part of the process. By adhering to his developmental model, Winnicott, according to Mitchell (1988, 1993), did not take into account many complicated intersubjective influences, especially those pertaining to the patient's perception of the analyst's ways of seeing the patient, the analyst's ways of engaging the patient, and the analyst's convictions as to what the patient needs most.

In an analysis of Winnicott's clinical model, Mitchell (1988, 1993, 1997) pointed out that Winnicott's emphasis on providing an environment structured around the patient's perceived needs, albeit with the right amount of empathy, is essentially a version of the one-person psychology model. In this model, one party in the interaction, the analyst, presumably knows, or thinks he or she knows, what the patient needs in order to emerge—thereby avoiding the examination of some of the most crucial analytic processes embedded in the interactional dimension. In Mitchell's view, Winnicott "is not speaking of 'holding' in metaphorical terms, but as a psychologically 'real' event" (1988, p. 287). Further quoting Winnicott, Mitchell noted the belief that "a current and well-timed interpretation . . . gives a sense of being held physically that is more real (to the non-psychotic) than if real holding or nursing had taken place" (p. 287).

A decidedly more intersubjectively focused reading of Winnicott's ideas was presented by Ogden (1986), who understood Winnicott's concept of the mother's primary preoccupation not as merely a passive obliteration of her needs, but rather as reflecting an ongoing dialectic between her own subjectivity and that of her in-

fant. The two subjectivities are seen as equal in their shaping of one another, thus enabling the infant to develop and "go on being" in a state that simultaneously contains both the experience of oneness and separateness, desire and satiation. In Ogden's words, "from a Winnicottian perspective, the infant's psychological contents can be understood only in relation to the psychological matrix within which those contents exist" (1986, p. 180). Emphasizing Winnicott's assertion that "there is no such thing as an infant [apart from the maternal provision]" (1960b, p. 39), Ogden viewed the analytic process in similar terms: "There is no such thing as an analyst apart from the relationship with the analysand" (1994, p. 63).

Although Ogden reflected and echoed Winnicott's view that a perfectly enabling emotional environment is one in which the mother is optimally engaged in order to read the infant's needs (in Ogden's words, an "invisible and yet a felt presence" [1994, p. 50]), there was a shift in his work toward an interactive point of view. Ogden's interpretations provide a bridge between the accepted understanding of Winnicott's position as a call for a total focus on the patient's subjectivity, and the more recent realization that it is not possible to become so involved with another person without becoming engaged, thereby mutually and constantly affecting one another.

Winnicott's view that "what matters to the patient is not the accuracy of the interpretation so much as the willingness of the analyst to help" (as quoted in Mitchell 1988, p. 287) reflected his idea that a holding environment is inevitably embedded in the relationship, and furthermore, that this holding environment will unquestionably be sought by the patient. An interpretation can serve as a powerful substitute for actual holding, precisely because it originates in an environment that is entirely focused on the patient's subjectivity and presumed needs, minimizing the analyst's own subjectivity. Consequently, Winnicott (1954, 1986), Kohut (1977, 1984), and Slochower (1996) assumed that by and large, the patient will naturally be open and responsive to the accepting environment provided by the analyst's empathy, and will respond with an enhanced capacity to unfold, explore, and develop his or her true self. However, when one considers the complications stemming from

conscious and unconscious conflicts and ambivalent feelings that are inevitably intertwined with the desire for an empathic experience, it becomes clear that the intersubjective character of the holding environment needs to be better understood and explicated.

In addition, given our recent understanding regarding the analyst's inability to remain above the fray of the interaction, the inevitability of the interlocking transference-countertransference process, the ever-present forms of enactment, and the powerful effects of projective identification, how do we further understand the phenomenon of holding? As the person with whom the patient "lives," an analyst who tries to submerge his or her own subjectivity, focusing mainly on the patient's perceived needs, can succeed only temporarily. Even during a silent period, a host of nonverbal enactments and projections take place, inevitably overriding the analyst's attempt to provide the patient with a "pure" emotional atmosphere in which an experience of holding is presumably occurring.

A predictably validating response, even one that presumably provides the patient with what it is assumed is needed, can sometimes lead to enactments and analytic impasses in which both participants are involved in a process whose intersubjective characteristics remain hidden and therefore potentially problematic. As will be described in greater detail in the case study below, analyst and patient can become stuck in a seemingly hopeless experience, from which neither can see a way out. That experience, when processed and explicated, can become the basis of a complete, inclusive environment of empathic holding.

A more expanded understanding of what constitutes the experience of holding in the analytic process is needed to better reflect our changing theoretical models and clinical experiences. In effect, one of Winnicott's conceptualizations of the holding experience lays the foundation for a richer, more variegated comprehension of the concept. In Winnicott's (1954) words:

> Whenever we understand a patient in a deep way and show that we do so by a correct and well-timed interpretation, we are in fact holding the patient, and taking part in a rela-

> tionship in which the patient is in some degree regressed and dependent. [p. 261]

In following Winnicott's view, we find the question of what constitutes the experience of being held in the context of an analytic relationship in general, and within the context of the transference-countertransference matrix in particular, to be pertinent and timely. From a broader perspective, we are really asking what healing elements exist in the intersubjective experience itself that in turn create the feeling of holding. In a model that conceives of the analytic process as the entanglement of two subjectivities, the experience of being held is seen as strongly rooted in the direct, unmediated, and often raw interactions that, once registered and processed, can provide both patient and analyst with the sense that holding has taken place. Such a holding experience is not embedded in any preconceived idea of what the patient needs, but arises in the active and dynamic world of interconnectedness created by both participants in the analytic dyad.

By letting him- or herself become part of the ongoing transference-countertransference interactions, enactments, and projective identification processes, the analyst can take in and resonate with the patient's internal experience. I propose that the analyst's act of being present with his or her own subjectivity, at times verbally processed with the patient and at times felt and contained, is what on occasion constitutes and enhances the holding environment. In being present, the analyst invariably takes into account the patient's perceptions and feelings concerning that participation.

Viewing holding as an element of the many levels of the intersubjective engagement does not necessarily define an active analyst. The concept of active engagement used here relates to the countless ways in which the two subjectivities of the patient and analyst affect one another, intrude on and coerce one another, grow together and apart, come alive or dead together, love and hate one another. Within this context, the sense of being held is gained through the feeling of being seen and experienced by the other. Paradoxically, although the ensuing contact with what is dimly felt

but not fully owned—what is known but not fully acknowledged—is often accompanied by great distress, it also provides a genuine moment of holding. This occurs not through empathic acceptance alone, but through a shared experience that may result in the patient's encounter with his or her most dreaded, defended, and dissociated aspects of self (Bollas 1989; Bromberg 1993).

Mindful of Winnicott's original ideas, we need to wonder whether the analyst's true understanding of the patient's internal life comes about through presumed needs, deep caring, willingness to help, dependency, and regression alone. In an intersubjective context, it can be said that, rather than providing what the patient presumably needs, the analyst experiences the patient in many ways that are not always clearly formed. The ensuing encounter between patient and analyst essentially reflects the involvement of the analyst with the patient's most fundamental ways of being, ways that although unconscious at times, seek to be expressed, recognized, and reintegrated.

HOLDING THROUGH INTERSUBJECTIVE WAYS OF KNOWING

Understanding the analytic process as an encounter between two subjectivities has enriched and expanded our outlook of what it means to know and be known by the patient. The growing realization that the understanding and interpretation of verbal content alone are not sufficient in themselves to generate intrapsychic and interpersonal shifts (Aron 1992, 1996; Bromberg 1991, 1993, 1994; Heimann 1950; Jacobs 1991; Mitchell 1993, 1996; Stark 1996) has led us to explore other avenues through which a real, more direct contact is made with the patient's inner and interpersonal life. Such contact is achieved when the analyst, using his or her own emotional and experiential life, allows him- or herself to be "used" by the patient in necessary but unpredictable ways (Bion 1963; Bollas 1987; Bromberg 1998; Feldman 1997; Mitchell 1993; Ogden 1986, 1994; Pick 1985; Racker 1968; Scharff 1992; Tansey and Burke 1995).

As has been noted by several writers, the patient brings to the interaction not just the wish to feel better and to escape destructive patterns, but also the overriding need to repeat what is known and familiar, and to keep the attachment to primary objects (Bromberg 1998; Fairbairn 1952; Greenberg 1986; Mitchell 1996). What ensues are multilayered levels of enactments that express unconscious and dissociated aspects of the self, and that inevitably draw the analyst into the patient's internal landscape as it is played out interpersonally. I agree with the view that enactments are not necessarily isolated, discrete events, but rather are ongoing and ever present (Aron 1996; Bolognini 1997; Bromberg 1993). The analyst can no more avoid entanglement than the patient can avoid bringing it to the analytic office. The issue is no longer whether the analyst can keep from becoming countertransferentially engaged with the patient's projections and reenactments; rather, the central issue has become the level of the analyst's awareness and acknowledgment of his or her own participation, and how the analyst decides to use this process analytically.

An analyst cannot "choose" not to react to a host of unconscious, often dissociated messages communicated through the process of projective identification. As the recipient "forced" to comply with the projected disowned (Ogden 1986, 1994), the analyst, like others in the patient's life, is inevitably drawn in unique ways into the patient's communication. This process is not determined by the analyst's self-awareness alone, but is inherently a function of the intersubjective world created by patient and analyst together. In this world, with its continuous mutual influences, the analyst cannot maintain his or her own subjectivity as unaffected, separate, and unreactive. However, often—and sometimes with the help of the patient—the analyst can eventually regain the awareness temporarily lost to the entanglement (Feldman 1997; Natterson and Friedman 1995; Ogden 1994; Stark 1996), and actively, through the understanding gained by the recognition of the analyst's own feelings, convey some of this understanding to the patient.

An analyst's feelings and ways of becoming enmeshed and engaged with a particular patient eventually provide the source of the

holding environment. By becoming a part of the patient's inner world, the analyst is able to experience and know the patient in an immediate and emotional way, one that is unmediated by verbal content or concealing words. This level of interactional engagement, whether experienced, enacted, contained, or verbalized, results in an unmediated access to the patient's unconscious and dissociated ways of feeling and being, thus enhancing their integration into a fuller sense of "me" (Bromberg 1998; Ginot 1997). In essence, the analyst, by allowing the use of his or her own reverberating internal life, and through becoming aware of its various emotional and behavioral manifestations, creates a holding environment rooted in the patient's need to be fully experienced and known.

The experience of encountering aspects of the self through the other can be seen as one of the most significant manifestations of the holding experience, in which hidden and as-yet unprocessed aspects of the patient's self are revealed, experienced, processed, and eventually accepted within an interpersonal experience. The analyst's ability to be not just an unwitting participant in the patient's internal world, but also to express what the analyst has experienced in a way that touches the patient's wish to be known, seems to be an important aspect of the holding environment. Although highly conflicted in some patients, the wish to be known (Aron 1996; Bromberg 1993; Ogden 1986), seen, fully discovered, and truly experienced by the other is always seeking a voice in the experiential interchange between patient and analyst.

Whether the patient is conscious of it or not, he or she seeks a place in which to express all parts of the self and to gain access to more hidden and subverted parts of his or her experience (Bromberg 1993; Ogden 1986). The analyst's ability to experientially and then verbally connect to dissociated aspects of the patient's self is expressed in many levels and variations of ongoing enactments that greatly contribute to the experience of being known, and thus to being emotionally held.

It is not that the analyst knows better how the patient feels and what the patient needs, but that the analyst—through being part of an enactment, a projective identification process, or an emotional

human interaction—inevitably feels what belongs to the patient as well. Containing the experience of the two participants as one unique unit, the analyst is in a position to offer the patient an enhanced knowledge of him- or herself, an authentic sense of being known, and with that, an experience of being held. In this way, the analytic process, unlike most real-life interactions, opens the door for an exchange that, by virtue of being both within the interaction and examined at the same time, eventually results in an emotional shift that can be integrated.

THE EMPATHIC USE OF THE ANALYST'S SELF AND HOLDING

The experience of being held in the analytic process seems to be closely linked to the concept of empathy, which, like holding, intends to create an emotional atmosphere enabling patients to become aware of their most hidden and defended needs (Bolognini 1997; Kohut 1971, 1984; Schwaber 1983, 1995). While many definitions and descriptions of empathy have been offered (Berger 1987), a rough distinction seems to emerge between a concordant empathic response and a complementary one (Racker 1968). Fliess (1942) described the concordant empathic response as a momentary trial identification with the patient's affect. This empathic stance, which originates in the analyst's own feelings of closeness and understanding of the patient, views the analyst's momentary and controlled empathy as an echo of the patient's own feelings (Beres and Arlow 1974; Schafer 1959). By contrast, in complementary empathy, the analyst's self-experience in the interaction is seen as an unmediated connection to the patient's inner representations and defenses, complex emotional and relational dynamics often not directly expressed in the patient's manifest behavior or affective states (Bolognini 1997; Racker 1968; Tansey and Burke 1995).

Whereas the analyst's empathic acceptance of the patient's emotional states is obviously essential, concordant empathy, just like a limited concept of holding, carries within itself some conceptual

and clinical limitations that may truncate the analyst's ability to truly understand the patient. Some drawbacks result from excessive identification with the ego-syntonic verbal content, leading to unrealistic attempts at responding to and gratifying only one aspect of the patient's emotional world, while at the same time leaving the split-off parts to their unarticulated and endless enactments and repetitions. Other drawbacks include a possible split in the patient's feelings between the analyst as the "good" object and others in the patient's life as "bad" ones, and a potential negative reaction to the analyst when the analyst fails to be the constant omnipotent provider of empathy (Bolognini 1997). However, the most significant drawback to concordant empathy, and similarly to the empathic holding environment, seems to me to exist in the very nature of the healing process itself. In spite of the desire to change, the patient often has an intense need to hold onto the psychological status quo. Often enough, the analyst's attempts to provide empathic understanding do not lead to a harmonious atmosphere, but rather to difficult transference-countertransference struggles emanating from the patient's mostly unconscious need to keep the defensive system intact.

The constraints of the concordant form of empathy are inherent in its compromised ability to first listen to and then communicate to the patient enough about the patient's self, especially about those aspects that are not part of the conscious sense of self and can only be expressed through projective identification or enactment. As noted earlier, a case could be made that these are precisely the aspects of self that are in most desperate need to be given a voice and a conscious verbal representation within the interactional experience.

The complementary form of empathy enhances the analyst's ability to emotionally connect with the patient's split-off and dissociated aspects, as well as consciously expressed ones (Bolognini 1997; Tansey and Burke 1995). This experience of empathy can address itself to a wide spectrum of dissociated emotions, defenses, behavior patterns, and fantasies, which communicate their existence indirectly and play themselves out in the analytic relationship. By be-

coming a participant in this enactment, the analyst becomes aware of various communications that can only be acquired through that very enactment. Such communications bypass words and well-known, repeated ways of expression, presenting both participants —especially the patient—with the opportunity to grapple with the other, as well as with aspects of him- or herself, in new ways.

The experience of empathic holding is found in that very context in which the shared experience of the analyst reverberates with the patient's sensed but unarticulated parts of the self, those aspects that, once dissociated from the experience of the conscious "me," seek expression and recognition nonetheless (Bromberg 1994, 1998). The feeling of being held in this empathic context, which at times can be anything but calm and free of turmoil, is created through the analyst's readiness to connect with, accept, and acknowledge that which is struggling to stay hidden and yet cannot help but express itself in the presence of others. The intent is not to admonish or criticize the patient's communications or to undermine the projected material, but rather to illuminate these communications and to further understand their personal and relational meanings.

Through an empathic stance, the analyst is not simply relating to the known and familiar, attempting to convey to the patient that he or she can trust the analyst and feel secure. More often than not, the patient's elaborate defensive system will reject an ongoing attempt at a planned empathic stance, inevitably folding it into the only internalized object world available (Mitchell 1996). Opening up the intersubjective field itself for scrutiny and analysis enables both patient and analyst to engage in a mutual exploration capable of imparting to the patient a feeling of true empathy.

Often, the experience of being understood through the other's reactions occurs within an emotional atmosphere that is loaded with very intense and raw exchanges. Feelings of hurt, rage, frustration, and confusion can follow the analyst's decision to use his or her own feelings in the interaction. Although on the surface such feelings are anathema to what one might think of as empathy, within the analytic process, being understood and seen through direct experience with the other carries special weight. As painful, hurtful, or confus-

ing as an exchange between patient and analyst can be, it may still comprise one of the most significant aspects of the analytic endeavor. For it is precisely within the analytic relationship, and not within any other relationship in which similar emotional patterns are experienced, that the patient can come to know him- or herself.

The feelings of being seen, of coming alive when one's unique ways of being are acknowledged and processed, of being experienced and recognized in an ongoing dyad, seem to me to form the heart of the holding situation. Being held here means not just being given the room to experience one's own feelings in the presence of the other, but also the invaluable opportunity to encounter disowned aspects of the self through the entangled intersubjective experience with the other.

Although often accompanied by various levels of resistance that are propelled by a well-established defensive system, the patient's relief at being seen and understood stems from the fact that the patient is often partially aware of feeling a certain way about him- or herself, or that he or she affects others in similar ways. The articulation and further understanding of the intersubjective experience in the interaction carry a special empathic meaning, which allows the patient to recognize the emotional truth expressed in the analyst–patient interaction. This emotional truth concurrently creates an emotional sense of being held.

The following vignette depicts a treatment process in which the experience of being held was created, paradoxically, by what seemed to first be an intractable clinical impasse. This impasse eventually opened to reveal a most intricate and mutually reverberating emotional interaction between patient and analyst. The process depicted here does not seek to replace any other ways of understanding an empathic holding environment, but rather to illuminate one important aspect that can be found in the very nature of the intersubjective interaction.

CLINICAL VIGNETTE

About two years into treatment, Noa, a 29-year-old woman, brought in the following dream: She is back home at her parents' house,

all of a sudden realizing that she has a younger sister, an eight-year-old who seems very cheerful and happy. Noa is puzzled because she does not remember having a younger sister. The girl looks vaguely familiar, but is not really anyone she knows. Soon Noa becomes the little girl's mother, and it all feels very natural to her. She takes good care of her and "gives her lots of love and attention." Noa's parents are still there, looking on but not interfering.

Noa and I both understood the dream to reflect her emerging capacity to take care of herself in an empathic and accepting way, while taking in and utilizing my empathic stance toward her. On another level, however, the content of the dream, the feelings expressed in it, and especially its timing and the emotional and interpersonal context in which it occurred, took me completely by surprise. At the time of the dream, we were in the midst of a sustained, unrelenting bout of intensely expressed feelings of despair and hopelessness. The patient's despair was palpable in the room in a way that was all-encompassing. Some of her feelings were conveyed through prolonged, painful silences from which she was reluctant to emerge. As painful as her feelings of worthlessness and despair were, she repeatedly sank into them rather than allowing herself to communicate them to me. On the surface, none of the feelings reflected in the dream had a conscious expression in the interaction between us. In her own words, she was ready to give up on herself, and I was experiencing great difficulty just being with her.

Noa's other dreams at that time centered around the following images and themes: falling down bottomless dark wells or ravines (e.g., a bus filled with travelers, including herself and her family, falls down a dark canyon); small, defenseless animals caught up and eaten (e.g., a turtle that has lost its shell becomes prey); and her mother's calling her back from whatever engagement she takes on for herself (e.g., she goes to the theater with a man and her mother spots her and calls to her, appearing very fragile and vulnerable, so that Noa must leave her date to take care of her mother).

From the beginning of treatment, Noa described herself as someone who experienced herself as "a complete loser, totally unfocused." She often described herself as a "dead person" or as a

"dumb cow," and although she was a tall, attractive woman, she thought of herself as awkward and ungainly. More than anything, she wanted to come alive, within herself and with others. She had not had any significant relationships since her divorce three years earlier.

As treatment started, Noa's extremely negative feelings about herself immediately emerged. She loathed practically everything about herself, especially what she saw as her inability to interact with people in a way that reflected who she really was. Feeling inferior, she often compared herself to others, and at times went into the "cow place." All she felt she could do in this state was to stare at others, eyes glazed, feeling bewildered and unsure of herself, not knowing what to say or what was expected of her.

At the same time as the enormity and intensity of these feelings became more and more a part of Noa's experiences in treatment, a picture of a most emotionally bruising childhood continued to surface. A middle child, Noa felt alternately abused and abandoned by her mother's erratic behavior. Oscillating between a blatant lack of interest in her daughter's life and achievements, and angry, insulting tirades against her, Noa's mother also presented herself as a victim who needed to be taken care of. Her husband, an army officer, spent weeks at a time working away from home, and was not very careful about concealing affairs he was having.

When her older sister left home, Noa felt herself to be left all alone with her mother. The house literally grew dark, as the mother expressed both her despondency and her rage. Noa, who became a chronic underachiever, began to spend most of her time in her room. The only safe place in her home, it also became an environment within which she created an internal room of her own, a very private place in which, although she felt very lonely, she also felt safely enveloped in "a cocoon-like darkness." She described her adolescence and young adulthood as "going through a fog, feeling lost and unclear about everything."

Returning to the process described above, I would like to focus on a few of the interactions that took place between us that led to the little-girl dream. I liked Noa from the beginning, and my

liking developed into a feeling of respect for the courageous and unflinching way in which she was willing to experience herself. My feelings often reverberated with hers, sometimes feeling angry at her mother, at other times feeling overcome by the determination to be a good mother to her and to rescue her from the dark room or abyss in which she enclosed herself.

As Noa's feelings of despair continued to intensify, and her dark silences grew longer and heavier, my feelings of empathy, my understanding patience, and my strong wishes for her to come alive with me started gradually to collide with some very powerful feelings of despair and defeat of my own. Over time, it became clear to me that unless I was fully in the abyss with her, Noa did not experience me as empathic or understanding. I had to reiterate to her what she was feeling, to indicate to her that I totally knew what she was talking about and that indeed she was a broken-down victim of her parents and of bad luck. In effect, Noa was asking me to be immersed with her in her feelings, to emotionally experience the enormity of her suffering. At times, I did feel an emotional connection with her suffering, her feelings of defeat, failure, and hopelessness. Noa would pick up on my feelings, and at these times she said that she felt anchored and safe. In general, she was exquisitely sensitive to my reactions, commenting on my ability (or lack of it) to "see" her in all her "deprivation, failure, and ugliness" at any given point of time. When it was difficult for her to take in a different perspective about herself, to listen to divergent voices from me or from other parts of herself, her entrenched anxieties about leaving her old and familiar internal world were made conscious and processed.

After a few months, however, I started to experience other feelings and sensations, which radically diverged from the empathic stance I had largely been able to maintain. The sessions started to feel more and more deadened. I began to feel as though Noa's sorrow lost its alive urgency, and it, too, became fixed in some stubborn, endless loop. As I started to feel incredibly pressured to be a certain way with her, I began feeling exceedingly deadened, as well as experiencing strong sensations of boredom and drowsiness.

At the same time, I was also noticing in myself a growing sense of resistance to the descent into the abyss of nothingness and constant despair, where not even the imagination could conjure up a different action or feeling. In my despair and helplessness, I noted a growing resentment and anger at what I experienced as a very constricted, narrowly defined, and therefore useless role. I could not save the patient from her mother after all; I could not save her from herself.

The atmosphere in the sessions was somewhat reflected in Noa's life. Although expressing a wish to go back to school and finish her college degree, she was still working as a waitress in a difficult and low-paying job. All around, Noa seemed to be invested in not allowing herself to move away from the primary, incredibly constricting, and debilitatingly dark and silent room, the safest place she knew.

As my feelings of internal rebellion grew stronger against her insistence to experience her life—past, present, and future—only as a victimized little girl, I became somewhat alarmed. I immediately asked myself why I could not go on feeling empathic with Noa's intense feelings, and as in countless times before, see them as the only way of communicating and conveying an unbearable internal state. After all, that was Noa's expressed wish. I also questioned whether her state of perpetual hopelessness was too much for me to bear for my own personal reasons, and if indeed it was, I could not really be useful to her.

Most notably, however, the word *Prozac* kept flashing in my mind, accompanied by an urgent need to relieve the patient and myself of unrelenting despair and stuckness. Remembering that Noa had told me at the very beginning and since then that she was unequivocally against medication, my feelings of anxiety grew. The apparent involuntary need to conjure up an antidepressant medication in my mind reinforced my fears that I might have reached the end of my ability to be with Noa in the way that she believed she needed.

At the same time, I felt that I was also fighting a growing sense of ritualized deadness, an emptiness that by now had the distinct

flavor of defensiveness rather than an urgent, painful feeling. I experienced myself more and more as shut out of her room. Her silences seemed sullen, remote, and uninviting. I realized that I was most likely feeling as deadened, helpless, and hopeless as she was, most likely "self-medicating" as a way out by seeing the word *Prozac* in my mind. The very fact that I so desperately wanted a way out, that parts of me grew so tired of being immersed in a sense of failure and despair, led me to rebel inwardly and to feel angry about the role assigned to me. These feelings and sensations scared and unsettled me, often rendering me just as paralyzed and helpless as Noa felt.

The intensity and essence of my feelings, thoughts and fantasies, however, also alerted me to the possibility that something else was going on, something not yet understood or articulated, having to do with my reaction to different aspects of Noa's self. It seemed to me that even if I could go on feeling empathic and understanding, ostensibly complying with Noa's stated wishes, we were not really connecting any more. It was all too predictable, too superficial even, as if some important elements of life were missing from our life together in the sessions. I could feel myself refusing to cooperate. I asked what was the hurry. Was I trying to protect myself and simultaneously get rid of Noa's despairing part so that we could continue the work in a lighter, less oppressive atmosphere? I did not have any easy answers to these questions, but as I examined my feelings, fantasies, and behavior in the previous few sessions, I realized that I was already expressing my reluctance to stay with her in that one room of hers, especially when I felt that I was not really with her in the room anyway. Rather, my ghost was there with her own truncated self, allowing me only that much access to her and no more.

As my feelings became somewhat clearer to me, I indirectly expressed some of them to Noa. Reflecting on the stilted communication between us, I commented on her need to be all alone in her room, on her difficulty to take me in any new way, and on the oppressive atmosphere in which we both found ourselves. The articulation of these observations centered almost entirely on what I felt

to be the patient's internal experience, something that was not new in our interaction. My feelings of deadness and resentment, as well as my "Prozac experience," were not conveyed.

In reaction, Noa seemed taken aback. She objected to my characterization of her as shutting me out, protesting that she did not really understand what I was talking about. How else could she let me in, she asked. Was not my understanding the most important thing? Besides, she did not really know "how to do it—how to let you in, how to believe you." Again, I felt caught between wanting to give her what she felt she needed and an inability to do so. At the same time, I did not want to take away from Noa that space to express herself, and I utterly believed her conviction that she could not do it any other way. Obviously, she was living the sessions in the only way that was familiar to her. She was making me feel as she had felt with her mother, helpless and defeated, as well as turning me into the unempathic and impatient mother. That very stifling atmosphere, together with my very conflicted feelings about being with Noa in one place only, indicated to me that indeed I was reacting to some of her split-off internal world, resulting in my doubts and ambivalence.

In subsequent sessions, I came to realize that it was not only her need for empathy that was projected onto me, or her insistence in showing me how it had been for her to grow up. An essential but banished part of Noa wanted permission to break away from the internal prohibitions against feeling alive and being heard. Unlike before, her often-expressed need to be known was unconsciously expressing itself not verbally but through powerful projective processes. I understood (felt? sensed?) that by eliciting in me the urgency not to be with her in her dark room, to "medicate" both of us, she herself was expressing a desire to leave her room and to find that squashed rebellious kernel within herself.

Realizing that I wanted to take a risk and lay out some of my internal struggles and their possible meanings, I decided to bring my feelings to Noa directly. Saying that I was puzzled and troubled by some of my recent sentiments and that I wanted to share them with her, I also added that I felt very curious about the nature of

some of my reactions and their possible meanings to the process in which we were both entangled. I proceeded to tell Noa that I felt deadened, constricted, resentful, and in spite of my empathic understanding, more and more outside her private hell. As I brought up and questioned the meaning of my "mental Prozac," Noa said that she felt unsettled and relieved at the same time. She could not explain at that point her feeling of relief—or, as she called it, "lightness." In an emotionally charged atmosphere, we continued to explore what my feelings meant to Noa, and how she experienced and understood them.

Mentioning her unempathic mother, Noa reiterated that she mostly needed my understanding. When I asked her what she needed me to understand the most, she responded by stating the necessity of my seeing that she could not take care of herself. Further exploring the meaning of "being taken care of," I again felt that we were on a very familiar and well-beaten path. But as I went on to describe my constricted experience regarding that need, I also voiced that I felt I could take care of her in a different way than she was taking care of herself, a different way from her mother's, and a different way from that which I felt she was exclusively requiring of me.

Noa acknowledged that indeed she did not really trust that my empathy would ever be enough, or that anybody's would. In the face of that emotional conviction, my understanding, imperfect as it was, was all she could deal with. Recalling her initial wish to come alive with herself and with others, Noa for the first time grasped how terrified she was of any different experiences of herself, coming from me or from within herself. She could listen only to the dialogue she had with her mother, and alternately to her constant, desperate efforts to protect herself. If I was to have an effect, "something big should happen between us, something powerful." She could not articulate what that something was, but quickly said it "might be your understanding." I said that I felt that we were both pushed and confined to see and to understand only a part of her internal life, and that part seemed very narrow and confining to me. I felt that if I did not see her exactly the way she saw herself—and that meant

seeing her only as a suffering victim—it meant to her that I did not see her at all. I added that it was becoming exceedingly difficult for me to be myself with her, to feel and to think differently.

Noa, already visibly upset and teary, burst into sobs. This felt different than her habitual expressions of despair. I actually sensed aliveness in me and in what she was feeling, a sense that was subsequently articulated by her. Noa said that she really was touched by my insistence to see more in her than she saw herself. "We are both stubborn!" she exclaimed. "But you are not giving up." We continued to explore and elaborate on the process that had just taken place.

As the session ended, I was aware of a multitude of conflicting feelings. I was afraid that in my need to deal with my own feelings, I had superimposed on Noa, just as her mother had done in the past, bringing forth a subjectivity she was not willing or ready to deal with. Again, I doubted my ability to be the way Noa felt she needed me to be. At the same time, I felt strongly that what had transpired between us had an inevitability and a power of its own, arising precisely out of the intense and entangled interaction between us.

Noa had the little-girl dream the night after that session. Talking about the dream and its different meanings to her and to us, Noa, obviously emotional, described the last session as very difficult. It was difficult for her to become conscious of our mutual effect on each other and of the nature of our interaction. Confronting her need to shut me out, to stay with her mother, to give up on herself, while at the same time keeping a semblance of movement through the content of our sessions and the understanding she was after, she experienced some of what I said as harsh, but she was also deeply moved. Experiencing me as attempting to really know her, to reach beyond the well-known and familiar sense of herself, she said, "You took a risk of going against my expressed wishes, but maybe my wishes are not so limited after all; maybe there is more to me than just the victim." She liked the "strength" she saw in me; she wanted it for herself. She felt understood in a different, unexpected way, as if I were holding her and giving her something. If I could give

her that "something," she could give it to herself. That is how she came to take care of herself as the little girl in the dream, a dream that, while occurring amid some of the most difficult moments of our intersubjective matrix, clearly pushed forth a very different aspect of Noa's internal world and of our interaction together.

Obviously, in this limited forum, only a small facet of the interaction and the ensuing ripples can be presented and analyzed. Sessions following the little-girl dream became palpably more open and alive. Naturally, Noa still coerced me to "go down with her" into the dark room, but she became somewhat more playful with herself and with me, allowing new voices to exist, and with time to flourish. These changes, first subtle and then more pronounced, began to gain expression in her life as well, as Noa slowly began to seriously pursue some of her professional desires and to get involved in a satisfying relationship.

As for my part, I felt that I was indeed holding Noa in a very different way. It was a sense of holding that sprang out of my connection with split-off feelings in her, feelings that had to do with permission to be different from the only sense of Noa that she allowed herself. Also, I sensed that I was holding her by the very fact that I allowed myself to be swept away with feelings of my own, feelings that did not consciously coincide with hers. Becoming aware of them, of the struggle and discomfort they created, and—above all—sharing them with Noa created a very different environment for us both. Holding was provided not only through the required and wished-for empathy; it came into being through direct and emotional engagement between the two of us, an engagement that reframed some of the established "truths" and facilitated an alive and ongoing negotiation between Noa's past and her present.

CONCLUSION

The analyst's readiness to articulate and examine the nature of his or her own participation in the analytic entanglement lends additional depth to the patient's experience of being held. By offering

the analyst's own experience and inviting the patient to inquire and speculate about his or her own contribution (Aron 1996), the analyst fosters a process of mutual exploration that may further enhance the patient's sense of self. The analyst's message is of not being afraid to become involved with the patient's manifestations of his or her internal world. Also, the analyst is not afraid to examine the part played by the analyst. The message is not that the analyst's experience is "all the patient's fault," springing exclusively from the patient, but that somehow, through their psychological togetherness and emotional match, something has occurred that is real, significant, and very telling about the patient's ways of being.

Although willing to talk about his or her feelings, the analyst does not submit to the same level of analysis as does the patient. Whether the analyst participates in ways that are measured and controlled, or in ways that are momentarily out of awareness and control, he or she puts that participation to the service of the patient. The analyst's attempts to handle difficult feelings, the patient's and the analyst's own, generate strong messages regarding the importance of dealing with one's feelings, both in the interaction and alone. While the analyst may feel shut out, controlled by some aspect of the patient, enraged, greatly saddened, or utterly defeated, he or she nevertheless uses those feelings to enhance the process of self-knowledge.

In recalling Winnicott's aforementioned remarks concerning the analyst's intent to help, we might note that it is not necessarily the content of our intervention that engenders the holding environment, but the fact that we participated, that we responded to a patient's subjectivity with our own, and that we are ready to accept and process the interaction for whatever meaning it may hold. Indeed, it can be argued that the analyst's open acknowledgment of becoming entangled with the patient's unique emotional patterns, the analyst's articulation of his or her experience, and the corroborative attempt to contextualize the meaning of the interaction in the patient's life all construe an environment of holding.

The heart of the healing process is based not simply on the analysis of transference, or on using the correct interpretations at

the right time. Something more has to happen in order for the patient to feel that he or she has been seen and understood, that the patient's ways of being with him- or herself and others are fully experienced, processed, and accepted. The holding environment offered by the intersubjective process is embedded in the analyst's intended and unintended complicated levels of engagement. Through facilitating the experience and articulation of that which is hidden, protected, and unknown, but which nevertheless fully wishes to find expression, the analyst serves as a bridge for the patient to reconnect with different disowned parts of him- or herself. It is in this articulation that we can begin to locate the broader parameters of the holding environment.

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EMPATHY AND THE UNCONSCIOUS

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The author examines the complex relationship between the concepts of empathy *and* unconscious, *including exploration of topical, structural, and dynamic aspects; and the risk of oversimplification of* empathy *is discussed. Two clinical examples are then presented to demonstrate some of the complex factors that may contribute to or hinder the development and utilization of empathy by the analyst, many of which lie outside the analyst's conscious awareness.*

At first glance, the reader may find the title of this paper perplexing. How can a logical connection exist between *empathy*—a concept based at least partially on personal experience, and one defined differently by various analysts of various orientations—and the *unconscious*—a more general, structural concept that underpins virtually all of psychoanalytic theory? Such an attempt at connection may seem annoying to a classically trained, Freudian analyst, who may undervalue empathy—which is, after all, a relational state. This attempted connection may not be appreciated by self psychologists either, who may find my definition of empathy to be less linear and more problematic than theirs. (I see empathy as an event, rather than a method, and I do not view *"homo tragicus"* as a necessary identification for the analyst to systematically adopt.)

In actuality, I believe that the concepts of *empathy* and *unconscious* are not as theoretically incongruous as at first they may appear. One might say that "gnosis" without an element of "pathos" is useless to the analyst—who, if made to disregard the latter, would be liable to remain in a dimension of affective isolation or perhaps

of schizoid splitting. An analyst functioning in this way would undoubtedly be on the wrong track for the achievement of analytic understanding. "Understand it he cannot, he who does not feel it" could be a useful mantra for the analyst who claims to work in a purely observing, protected manner, achieving zero identification with the patient.

This is not to say that the analyst should categorically "decide to identify with the patient"—since, after all, identification is hardly a "decide-able" attitude, and such a stance can lead to the degenerative phenomenon of "empathism" (Bolognini 1997b). Rather, the analyst uses knowledge of the usefulness of empathy to keep his or her identification with the patient under appropriate control. The very real risk of overidentification has perhaps led us in the past to be too skeptical of the value of empathy, as will be elaborated below.

A TOPICAL CONCEPT: EMPATHY

Empathic phenomena became the subject of focused attention toward the end of the 1950s (Greenson 1960; Schafer 1959), when ego psychoanalysis, with its meticulous descriptiveness and emphasis on structure, rose to predominance within our field. Such attention sparked a burgeoning literature on concepts related to empathy, including Bion's (1970) "reverie" and "at-one-ment," Kohut's (1971) "vicarious introspection," Stern's (1985) "attunement," Kelman's (1987) "resonant cognition," Holmes's (1993) "tracking," and Kiersky and Beebe's (1994) "prompting." It has since been shown that when the processes linked to these concepts are employed in analytic work, the treatment is profoundly affected; and this is true whether the processes are methodically implemented, unexpectedly entered into, or even carried out *"malgré soi"* (Bolognini 1995).

The ideas of Greenson (1960), placing empathy mostly in the preconscious, are particularly noteworthy. Greenson was the first analytic writer to clearly and unmistakably distinguish empathy from total identification. Whereas he saw identification as an unconscious phenomenon whose aim was all too often the defensive avoidance of angst, guilt, or other negative feelings, he believed

that empathy is the feeling that one *understands* these states, and that empathy is also characterized by its transient nature and by limited proportions, in the sense that the self is not wholly invaded or replaced by the other's experience.

Such a viewpoint brings to mind the more recent work of Emde (1999), who has drawn a strong link between empathy and unconscious communication. It is difficult to disagree with Emde's general statement that "the analyst's empathy . . . presupposes a level of comfort with the unconscious affect being aroused" (p. 331).

Rosenfeld (1987) described "projective communicative identifications" (p. 140), which form the basis for every empathic communication. Such communications, occurring on both preconscious and conscious levels, can be seen as having a sort of "passport" or "press pass" to various topical levels, permitting them to traverse or bypass the subject's and the object's normal intrapsychic parameters. Such a "passport" could be instinctively "issued" by one's own defensive ego, by virtue of the projective identification's benign nature, as well as its utility for communicating without taking possession and without subjection (Pasquali 1997, p. 3).

Assimilating the above comments, one can conclude that empathy is not purely or even primarily an unconscious event, but rather is a situation of connection between or among various topical levels of one, two, or more people. It is for this reason that empathy has a key role to play in the analyst's functioning and area of expertise, for analysis is not only the science of the deep, but also the science of the deeply shared path to the deep.

A STRUCTURAL CONCEPT: THE UNCONSCIOUS

The concept of the unconscious underwent important descriptive evolution during Freud's theoretical explorations, particularly in the first quarter of the twentieth century. While his earlier work (1900, 1915) specified the existence of three levels of consciousness —the conscious, the preconscious, and the unconscious—each separate and blocked from the others, his later writing (1923) described

the psychic apparatus as composed of the ego, the id, and the superego, each interacting (sometimes conflictually) with the others, and each partly conscious and partly unconscious.

The functioning of the unconscious defensive ego has come to be seen as a crucial factor in the dynamics of analytic treatment. Indeed, the portion of the ego that regulates defenses presents the greatest challenge to effective analytic treatment, which aims to foster in the patient a continuing dialogue of internal communication, thereby providing the patient with the means not only to understand his or her own deepest mental contents, but also to construct a figurative path around them. In order for the analyst to help the patient liberate "prisoners" (recovered memories), the analyst must somehow appease the "jailer" (the patient's defensive ego) through an opening of preconscious channels. The empathic situation favors this process, in that the analyst's ability to feel what the "jailer" is feeling puts the analyst in an advantageous operational position, producing a loosening and relaxing effect on the patient's defensiveness, greatly facilitated by the analyst's awareness of and temporary identification with specific defenses.

The patient's unconscious self can then be observed, monitored, and reconstructed in an engineered fashion by the analyst. For example, the analyst may find him- or herself postulating something like the following: "Since I note that the patient invariably reacts that way to that particular kind of stimulus or situation, then I can deduce that his or her fear could relate to . . . ," etc. Even more important, the analyst can then feel and experience the patient's mental and emotional functioning from the inside; the analyst may enter into an internal dialogue with him- or herself along the lines of "I am feeling a strong tendency not to listen to the patient, to think about other things, and to withdraw into myself: What are we afraid of? And why?"

In order for the analyst to utilize such an experience as an empathic one, he or she must be able not only to feel, but also to depict a sensation with a representation. The ability to transmit sensation and representation—that is, to engage in empathic communication—enables the presence of a two-way aspect to the analytic interaction.

THE DEFENSIVE EGO'S FUNCTIONING

To illustrate an instance of the defensive ego in action, I'd like to remind the reader of a certain type of movie: one in which an armed individual, living in a persecutory mental dimension, takes a child or a group of civilians hostage. In the ensuing tactical warfare between law enforcement officials and the desperate hostage-taker, a liaison is typically established via the appointment of a mediator (who may be either a mental health professional or a legal authority). In some such films, the mediation tactics work only for a short while or fail altogether; the outcome is then tragic and bloody, with violence, gunfire, and so on. In other films, however, a long, laborious process of mutual understanding is set in motion by mediation. This usually leads the hostage-taker to experience painful memories of previous traumatic events, after which he or she eventually surrenders, and the viewer of the film, though identifying most strongly with the helpless hostages and hoping for their rescue, comes to observe the hostage-taker's behavior from a more complete and humane standpoint.

Since the inception of psychoanalysis, analysts and patients have created alternative personas for themselves—most, but not all, anthropomorphic ones—on a floodlike scale, whose function has been to shut off or divert thought so as to avoid dangerous situations. Such personas may range from a terrorized child to an envious one, to an omnipotent tyrant who does not allow others freedom, and so on. When a more "traditional" analytic interaction is enriched by the analyst's growing sense of empathy and an increased feeling of two-way participation, both analyst and patient can more easily recognize these internal personas, with ever-growing familiarity, and come to see them as facilitating access to previously hidden psychic depths. Invariably, such character configurations are connected with desires and fears, as explicated by Sandler and Sandler (1987) in describing the classic modalities of the "present unconscious" (p. 335). As they continue working together, analyst and patient come to agree on specific descriptions and functions of these fictional characters, creating a sort of com-

mon property that they can draw on during the course of the analysis.

In some cases, of course, the patient may initially reject the idea that such personas emerging from associations or dreams are really parts of him- or herself. For many reasons, the patient may fear knowing or understanding the etiology of the creation of such characters, and therefore opposes their integration into the self. The passage in Freud's "Letter to Groddeck" (Groddeck 1934) comes to mind: "The unconscious: that gentleman in the green loden coat whose face I cannot manage to see" (p. 47)—an apt description of an unrecognizable self.

At times, the analyst may be amazed at the degree to which the patient completely becomes an alternative character, evidenced by language, facial expressions, mannerisms, and even general physical appearance during certain phases of a session. A sulky child may appear, for example, or a jealous little girl, a callow youth, or a destructive and unloving despot. In such instances, the analyst can more easily become attuned with the character as it emerges from the patient's unconscious, and direct analytic work related to the persona is markedly facilitated. In my opinion, this aspect of analysis is as important as assisting the patient in the repair of damaged parts of the self (prevalent in the approach of Kohut [1971]), or as the perception of the vitality and cohesion of the "bottom of the self" (Correale 1999).

OVERSIMPLIFICATION OF EMPATHY

One might suspect that the recurrent expression *empathic attitude* may refer to a specific and intentional search for contact with egosyntonic elements of the patient's conscious experience. Berger (1987) and Spazal (1990), while making excellent contributions to analytic literature in other ways, inadvertently fueled this misunderstanding by distinguishing *empathic orientation* (presented as a certain type of approach by the analyst) from *countertransference orientation* (the analyst's complementary identification with the patient's internal objects). Such comments oversimplify the concept of em-

pathy and fail to take into account its meaning in psychoanalysis, in that they do not address the complexity of personality structures and interpersonal relationships.

I believe that the analyst's "complementary identification" with the patient's internal objects, and the analyst's gaining familiarity with the climate, rhythms, and expressions that characterize these, are part of a process necessary to achieve true attunement with the patient. Although long and laborious, this process is also necessary to build the network that Pao (1984) considered to be the basis of empathy.

It should be noted that the sharing of past experiences is a precursor to empathy (Bolognini 1995; Orange 1995). The level of conscious elaboration needed for the analyst to "feel with the patient" and to "think about the patient" (Beres and Arlow 1974, p. 40) is already present when empathy is a real factor in the analysis. I therefore propose the following definition of the term: Empathy is a condition of conscious and preconscious contact characterized by separateness, complexity, and articulation—a wide perceptual spectrum including every color in the emotional palette, from the lightest to the darkest—and above all, it incorporates a progressive, shared, and deep contact with the complementarity of the object, including the other's defensive ego and split-off parts, no less than the other's ego-syntonic subjectivity (Bolognini 1997a).

Am I asking too much of empathy? Perhaps. After all, empathy in its everyday sense can consist of rapid guesses about the intentions or mood of a stranger, for example, or of someone whom one bumps into on the street. But in this paper, I am referring to a quality with a more exacting definition, a quality more intricate and more complex: psychoanalytic empathy.

SUPERFICIALIZATION OF EMPATHY

The fundamental technical emphasis on the analyst's seeking contact with the patient's self and the condition of that self, of which self psychologists are the major proponents, is not so readily embraced by many members of our field. Their hesitation is based on a con-

cern that almost exclusive focusing on the self can reduce the analyst's tolerance of silence and detachment, which, when the analyst waits patiently, can permit the emergence of recovered memories or the reintegration of split and projective elements of the patient's psyche. According to principles of self psychology, interpretation and reconstruction quite often play only minor roles in treatment, with the major "working through" taking place primarily in the patient's mind (though facilitated by the analyst's support), according to the rhythm of the patient's individual internal processes, and thus insights are sometimes achieved outside of sessions (Spazal 1990). However, I believe that this view of treatment deprives the patient of a deeper psychological knowledge that can only be gained through the analyst's interpretations, and that the analyst's contributions during sessions are necessary for successful "working through" to take place.

These differing views of the mechanism of therapeutic action pose something of a technical dilemma: should a focus on the self and attendant empathy be prioritized over analytic exploration of the unconscious? Or should empathic attunement give way to neutral waiting, a hoped-for void? At first, it may seem obvious that the answers to these questions lie in the individual factors present in each analysis—i.e., the needs and capabilities of each unique patient (which naturally vary among sessions and even within the same session), not to mention the character traits and personality style of each analyst. But we know that in practice, our decisions about technique are only partially based on the variability of such factors. When we choose whether to speak or remain silent, to display an attitude of syntonizing with an aspect of the patient or one of neutrality, to be supportive or incisive, we are first drawing on our established theoretical beliefs and clinical experience, and then modifying these as appropriate for the situation at hand. Sometimes, being human, we tend to concretize our theories or reify our methods more than we realize, and in this regard, I agree with Renik's (1993) description of the analyst's sometimes unacknowledged subjectivity.

While few would dispute the necessity of the analyst's being able to "tune in" to the patient in order to support the patient's negotiation of unconscious conflicts, most would also agree that the analyst must guard against overinvestment in such concordance, lest he or she end up merely "patting the patient on the back." Conversely, the analyst's exclusive focus on "what lies behind"[1] overt mental contents can be just as unproductive, resulting in a loss of contact with a vast part of the patient—the very part with which the analyst is engaged in the process of gaining access to deeper, unexplored areas.

In short, we are most effective as analysts when we neither adhere completely and naively to the patient's conscious depiction of him- or herself, nor remain constantly suspicious and methodically questioning of it. A balanced analytic technique is more complex, and one that is almost impossible to specifically dictate; for when analytic empathy is present, it can produce unexpected pathways to the unconscious due to the loosening of the defensive ego, in turn leading to expansion of preconscious communication channels and greater retrieval from the deepest aspects of the psyche.

It is broadly recognized that the opening of a pathway to the unconscious can be facilitated by the establishment of trust in the analytic relationship, and also that the analyst should strive to prepare him- or herself for empathic receptiveness (Mitchell 1993). Nevertheless, in my opinion, no single orientation or theory within psychoanalysis adequately addresses the need for a balanced technique that incorporates both empathy and a more traditional "uncovering" approach.

EMPATHY AND COUNTERTRANSFERENCE

The proposed use of countertransference by the analyst as a source of empathy has been a controversial concept in analysis. On the one

[1] The phrase "what lies behind" may be analogized to "looking over one's shoulder," or even "watching one's back"—perhaps justifiably implying a sense of persecution on the analyst's part.

hand, so-called countertransference globalists (Bolognini 1997a, p. 43) have advocated for such use, as well as for the more generally accepted utility of countertransference as a step on the way toward greater understanding of the patient's internal world. On the other hand, "countertransference classicists" (1997a, p. 43) define countertransference as primarily an unconscious phenomenon, and therefore consider it a potential object.

DiBenedetto (1998) described the need for countertransference examination as a steppingstone to empathy, and also formulated the concept of *projective pro-identification:* the flip side of projective counteridentification, "a spontaneous receptiveness that is capable of easily welcoming the other's . . . most intrusive and disturbing aspects" (p. 12). Through projective pro-identification, the analyst can profit from contact with the germinative preconscious layer of the patient's mental experience.

Semi (1998), while agreeing on the need for examination of countertransference, pointed out that a primary goal of countertransference is the preservation of the analyst's narcissistic integrity —similar to one of the functions of sleep, whereas a secondary goal is wishfulfillment—similar to a function of dreaming. If countertransference is successful in achieving these two goals, the analyst will not notice it (or at least not immediately), just as successful sleep and dreaming leave no memories on waking.

Although one or the other of DiBenedetto's and Semi's views of countertransference may resonate to a greater or lesser degree in each of us, we can all identify past clinical experiences when we have seen evidence of one of them. The degree to which we incorporate these views into our treatment approaches will, of course, vary according to our theoretical and clinical backgrounds and the individual circumstances of a particular analysis.

Manfredi Turillazzi (1994), in investigating countertransference as the complex phenomenon it is, noted that the use of it is inevitable, but up to what point one can do this consciously remains to be studied and understood. Furthermore, this author reminded us of the absolute necessity of self-analysis, regardless of our individual theoretical orientations.

THE ANALYST'S GRATIFICATION

Authentic empathy is beneficial for the analyst, the patient, and the analysis, since good empathic contact provides both parties with the advantages of cohesion, introspective ability, and the capacity for elaboration. However, if gratification of the analyst's needs and desires assumes too great a role—that is, if such gratification is "illegally sold" as empathy—the analytic process is placed at risk. For example, Manfredi Turillazzi (1994) has pointed out that concordant identification with the patient's infantile and suffering aspects may be used by the analyst not to better understand the patient, but to expel an infantile aspect of the analyst's self that cannot be tolerated. In true empathy, such gratifications do not occur, but instead, the patient's various emotional contents are recognized and tolerated in a humane way.

Thus, we see that empathy can be an extremely influential factor in analysis—either one applied to achieve substantial therapeutic benefit through the promotion of greater awareness, self-recognition, and mutual respect, or one inadvertently misapplied to result in almost parasitic identifications with the patient or other developments counterproductive to the analysis.

CLINICAL VIGNETTES

Anna

Anna, a 38-year-old doctor, presented particularly poor mental activity in analysis: poor in thought, affect, and memories. In keeping with this presentation, her interpersonal relationships appeared impoverished, despite her physical good looks and professional success.

She lived alone, did not have many friends, and would often fall asleep in the evenings on the sofa, in front of the television, which allowed her to avoid facing the depressing reality of her empty bed. Her analysis proceeded in a rather labored fashion from the beginning, roughly a year and one-half earlier than the sessions I will describe.

In essence, Anna seemed not to accept analytic asymmetry: she demanded reciprocal self-disclosure, asked that dialogue be initiated by the analyst, and that patient and analyst dine together ("Now that would be a situation of real contact between two people, not just this playacting!"), and so on. In our sessions, she hindered comprehension by responding with silence or impatient huffs ("Arg! We really don't seem to understand each other!"), and she made me feel, on the whole, frustrated and annoyed. I was unable to build an analytic method with her that would be mutually acceptable, and I experienced the prolonged sensations of helplessness and being at an impasse.

With the approach of Christmas festivities, Anna asked that we cut down on the frequency of sessions, from four to two per week, since she was "not seeing any results." Perceiving the functional presence of a constant, perverse, "self-legitimizing" element in Anna's character—merely accentuated by the nearness of the Christmas separation—that allowed her to avoid coming to analysis and to dodge problematic issues, I decided to explore the situation directly with her.[2] I told Anna that I viewed her request to reduce the number of sessions as an effort to skip therapy; that she was not fully accepting the task of working with me; and that if we were to more fully understand the motivations behind her request, it would be up to her alone to make up her mind to continue the analysis. At this point, all other issues in the treatment necessarily assumed secondary importance. We then parted with a certain amount of mutual tension.

In the following session, Anna was more talkative, appearing perplexed and conflicted when she said that she realized that, all in all, I was not altogether wrong about the situation. She did not know exactly what she should do. Given my resolute stance in the

[2] In retrospect, I can speak of the patient's dynamics with conviction and responsibility, since by now, I know her quite well, including various aspects of her character, such as its needs, its orientation, and its fixation with pleasure. In looking back, I am able to put myself in the patient's shoes, and thus to experience the flavor of certain of her inner attitudes, the complexity of which she was mostly unaware.

previous session, I limited myself to defending the normal rhythm of sessions as a necessary basis for our work, and she accepted this. When she left, I had the impression that she felt reassured, although she said nothing explicitly about this.

The patient came in for her next session wearing a tight-lipped smile, and stated that she "wished to collaborate," making a specific reference to "dishonorable collaborationism" (in the sense of supplying the enemy with something and at the same time betraying oneself), rather than to positive collaboration. Although I could have asked specific questions about these enigmatic remarks, I was curious to learn more of what Anna was driving at, and decided to wait for more information about "collaborationism" to emerge on its own. She related the following:

> I remember two events . . . . This will make you happy! . . . . [She smiled widely.] I was with my brother once; we were about five or six. We were in my parents' bedroom, behind the bed—basically, the spot farthest from the door. We had decided to look at each other's private parts, with an agreement like "I'll show you mine if you show me yours." I don't know if we touched each other or if we were just looking . . . . Anyway, at a certain point, my father came in. He asked what we were doing there, told us off, and made us leave the room.

Silence followed; Anna stopped talking abruptly as though there were nothing more to tell.

It is obvious what a juicy morsel the analyst can find here, in reconstruction terms. There was a very probable relationship between the attitude of "I'll show you mine if you show me yours," exhibited by Anna with her brother, and her repeated requests for reciprocation of "self-disclosure" during analysis. Furthermore, concealed behind the resistance and perversion, there could be an unconscious attempt to resume a process of understanding that was traumatically interrupted, and at the same time, to actively reenact a wishful—traumatic frustration sequence. But during this session with Anna, I hesitated to voice such an interpretation to her; I did not "feel" an appropriate entrance point at which I could do so.

I noted that she was displaying no visible emotions. I did not sense an argumentative oppositionality at this point, but rather an atmosphere devoid of thought or emotion, typical of my sessions with Anna; her inner exploration, as usual, soon came to a dead end. But I appreciated the fact that she had managed to retrieve the memory and share it with me, and I chose to comment on this.

Analyst: It's useful that you have managed to tell me of that event. [pause] And what did you feel? Do you remember?

Patient: [sounding a little tense] Well, nothing in particular . . . . Emotions not connected to the situation itself . . . the discovery of the other sex . . .

I was surprised by her answer. In imagining the situation as she described it, I felt that her father's arrival must have provoked intense feelings. (Her father had been described previously as a strict, forbidding, and harsh man.) At this point in the patient's account, my association was to the biblical scene of banishment from the Garden of Eden, as Massaccio painted it.

Analyst: Excuse me, but on being discovered there by your father, didn't you feel afraid? Or any emotion at all?

Patient: [slightly distracted] Being discovered . . . [recovering a more even tone] . . . but not emotions particularly connected to sex!

Analyst: Exactly. It seems to me that that wasn't the most disturbing aspect.

Patient: Yes, certainly, it was a rare occasion of agreement with, of getting on with my brother . . . . Generally, we never spoke to each other. But I don't remember any strong sexual emotion.

Anna was clearly unable to think about the real traumatic event, that is, that she was discovered and sent out of the room by her father, who had entered unexpectedly. She exhibited a kind of

blindness to the emotional side of that experience. It was my belief that Anna was not really failing to remember her emotions, but rather that she was managing not to remember, which she did by concentrating on the sexual aspect of this event—an aspect that she denied having any emotions about, but that she continued to refer to and to mentally depict as the chosen factor, hiding other aspects of the interaction. This awareness on my part led me to be more overtly reactive in the session by showing some surprise at Anna's not remembering those feelings. I wanted to make her understand what for me would have been normal emotions for her to feel.

Patient: I think it all happened by chance; we might not've been intending to do it.

Analyst: But it might not have been a coincidence that you were in your parents' room, in a "couple's bedroom," as you described it, and at the spot farthest from the door.

I then realized that I had been "contaminated" by the patient's defensiveness: I was also focusing on the sexual aspect. Following this realization, I chose not to continue along the path of reconstructing this memory, since at best, we would glean from it only mundane information, not the recovering of an affective experience. I then began to be curious about Anna's defensive ego: for the moment, it was allowing the recovery of cognitive memories, but without affect, apparently in order to put me on the wrong track.

Analyst: You told me that you remembered two events. Could you tell me about the second one?

Patient: Oh, yes, I remember cracking an egg on a windowsill in my grandmother's living room, while doing an experiment. I was about five then, and I had locked myself into the room. I remember that they ordered me to open the door, and then they smacked me while I let out tremendous cries. [She laughed ner-

vously, through clenched teeth.] I'd made everything dirty . . . .

Although Anna had again failed to describe her emotions during this event, I noted the adjective she had used to describe her cries—"tremendous." This sounded like an initial attempt at an emotional portrayal, and I found this significant. It seemed that the defensive ego was permitting something to surface, through the preconscious, but I did not understand why. I thought, "Maybe she is letting herself go because she believes that I do not understand much of what was happening here." I wondered whether her failure to recover emotions connected to this scene was indeed due to the need to avoid remembering frightening feelings, or whether there might be something else motivating it.

Analyst: You have told me of two memories with two factors in common: the period of your life—both occurring at about the age of five—and, more important, the experiencing of a kind of prohibited awareness, in secret, after which you were discovered, put to shame, and punished by grown-ups. Why is it that you don't remember the fear and humiliation that you can't not have felt?

As I said this, I found myself a little surprised by the way I was working; it was as though I were making an irrational insistence by asking her something that, at the moment, she could not know, and as though I were suggesting what she should have felt—risking further triggering of her defenses in doing so. But surprisingly, the tight-lipped Anna with the clenched teeth suddenly "dropped a bone":

Patient: Because of a part of my character that I don't love: suppression. [after a pause] My parents' strictness has had negative consequences.

Here I am reporting the patient's exact words, and the reader will note that she stated her reply very clearly, and yet in a way

that hinted at underlying complexities. My answer, in retrospect, seems to have been similarly formulated.

Analyst: It's exactly for this reason that many people rebel against suppressive parents.

Patient: To me, acknowledging how afraid I felt would have meant commiseration. I don't want to acknowledge something that has limited me, because I would like to be as I would be if I had had a different childhood.

"Be careful!" I thought to myself. An aspect of Anna's defensive ego was speaking to me here, the part that gnashed and bared its teeth, that cried through clenched teeth, and I was beginning to uncover the narcissistic problem that led to Anna's closed and misleading behavior. Her attempt to forget the fear she had felt was based on the wish not to depict herself as an unlucky child, unlucky in having been brought up by emotionally incompetent parents who were unable to perceive their effect on their daughter, in the above-described two situations as well as in many others. It was an injured pride that spoke to me, and the wound was twofold: on top of Anna's humiliating memory lay the present humiliation of having to remember it in the analysis and show me her wound.

Patient: At the ages of about eight and ten, my brother and I were often locked in our rooms, from the outside, because there was a rule that we had to rest. My parents were harsh in that way. If it hadn't been for such repression, I would have been, and would be, different. How can I now be a spontaneous adult?

We had reached the end of the session, and I felt that I understood Anna very well. At last, her closing words had been spoken with feeling.

Discussion. I believe that this clinical material lends itself to many types of interpretation. Taking the relationship between em-

pathy and the unconscious as a departure point, we notice two key points.

First, during much of the sequence described, neither analyst nor patient experienced empathy. I attempted to actively identify myself with Anna in terms of what she might have experienced upon her father's entering the room in her first memory; and these attempts constituted a natural transition that was undoubtedly useful and necessary. But my attempts were not empathy. (In reality, they represented attention to what was missing in the picture as Anna portrayed it—to memories defensively buried.) Empathy is not created merely by attempts to sympathize with the other, even though this approach can prove otherwise useful.

On closer examination of the session described, however, we can identify examples of empathy. One occurred when I managed to firmly outline for the patient the choice she faced about whether or not to continue in analysis. My pointing this out to her was made possible not only by my allegiance to the analytic process, but also by emerging evidence of the sabotaging portion of the patient's defensive ego. I felt that she needed and wanted encouragement from me to relinquish her self-defeating avoidance. This situation serves to illustrate the fact that empathy need not be reserved exclusively for encounters when the patient is either especially needy or especially self-confident (Bolognini 1997c, p. 7; Schafer 1983).

Another moment of empathy occurred at the end of the session, when Anna came back into contact with herself. The crumbling of her internal defenses stimulated a similar expansion of my own preconscious and conscious thought processes, and I was able to feel with her, to think about her, and indeed to "live" her experience, without "becoming" her. I should like to make clear that this was not a dazzling, resounding experience—but it was empathy.

A second key point in the clinical material described is the abundance of rich unconscious material. Numerous unconscious fantasies on the patient's part emerged, and these lent themselves to what Sandler and Sandler (1987) called analytic "construction" work. For example, the theme of understanding could be analyzed through attention to fantasies of sexual exploration, mutual disclo-

sure, and confrontation. Anal and genital elements came into play in the memory of the cracked egg on the windowsill.

Interestingly, Anna's memories of her parents' unexpected arrivals and their prohibition of her exploratory experiments do not appear to have constituted the crucial core of this session (though it is noteworthy that the parents may have served as a sort of "anti-understanding" device in Anna's probable identification with the aggressor). Rather, the core of the session resided in the unveiling of the "tight-lipped patient with clenched teeth," the one who criticized herself as a "collaborationist" when, conflictually, she was ready to collaborate—indeed, the patient who had resisted the psychoanalytic process for a year and a half, refusing to reveal herself.

What had Anna been afraid of? Certainly, of showing her brother/analyst her narcissistic wound, perhaps the equivalent of a phallic mutilation in the role it played in her psyche. (Anna was a doctor, and we know how difficult it is for doctors to be patients.) Did she perhaps feel the need to ineffectively repeat an attempt to seduce the father/analyst, finding herself once again desperately alone on the analyst's couch/bed in an office, rather than happily partnered off in a double bed?

The difficult-to-separate mixture of sexual and narcissistic problems was also evident in this case material in my association to banishment from the Garden of Eden, in which sexual guilt is equated with shame and depreciation of worth; Eve is typically depicted covering her face with her hand so as not to see or be seen.

What I wish to highlight here is the arduous clearing of a path toward a moment of sufficient empathy, facilitated by my curiosity about the functioning of Anna's defensive ego—and even more so by my "irrational" questioning of her about the strangeness of her not having affectively felt anything (by which I surprised even myself). This was a rather imprudent intervention, in theoretical and technical terms, but an effective one in this case—almost as though I had touched a piece of ripe fruit on a tree and felt it drop gently and naturally into my hands. What at first glance might have seemed an overly conscious and direct intervention—almost an invitation to the patient to reason with me in an analytically sterile

manner, "in the light of the ego," initially struck me during the session as an unsettling, preconscious action that in a certain sense preceded my more appropriate reflections about Anna's dynamics. It was as though something within me, outside conscious awareness, had sized up the "jailer"—the patient's defensive ego—grasped how to deal with it, and had identified this as the right moment to intervene in a nontraditional way.

Let me clarify that I do not wish to idealize or overemphasize the value of spontaneity in analysis. But I have chosen this particular clinical material, in some respects relatively unelaborated though it is, in order to illustrate the complexity of the relationship existing between appropriate, effective analytic empathy and the unconscious. Provided that the observations and resulting conclusions I have described seem sufficiently well founded, we may logically conclude that, in the case material presented, a sense of conscious empathy shared by analyst and patient was reached once the patient's unconscious defensive ego was "felt and contacted" by the analyst—most certainly from a nonconscious level, from an aspect of the analyst's psyche that was pushed out into the open spontaneously and without awareness.[3]

In concluding my discussion of Anna, I would like to point out that negotiation with the unconscious defensive ego is only one of the many analytic endeavors to which the concept of empathy can be usefully applied. My second clinical vignette demonstrates another situation in which empathy was utilized to facilitate contact between the patient's unconscious and the analyst's unconscious—a kind of contact that is sometimes difficult to control.

Piero

Piero, a married, successful businessman with children, had been in analysis with me for many years. At the beginning of his

[3] I term the precise moment of my encounter with the patient's defensive ego *contact,* rather than *empathy,* but perhaps this is merely a matter of semantics.

treatment, he had exhibited many characteristics that typically engender hostility and dislike: He was rich and successful in his profession, but behaved in an unpleasant manner and was sadistically overcritical of others, looking down on them and exploiting their weak points to his own advantage. The analysis had been an object of particular attack on his part, and with a mixture of sarcasm, suspicion, and disinterest, he had in effect prevented the success of our work together; the few things that he had allowed me to say during the early period were systematically worked over by him and "spat out" as worthless. In quite another sense, however, Piero had forced me to work hard in the analysis by making me experience firsthand, over a long period, the unhappy state of his libidinal self, projected onto another and there attacked, degraded, and suffocated.

Piero had sought analysis out of the realization that his behavior, so profitable at work, generally made warm human relationships impossible, which bothered him, and in particular, it made him cold and impatient toward his children, whom he treated as strangers. This dawning of awareness was traumatizing for him; it reminded him of the story of King Midas. He told me this with apparent nonchalance, but did allow me to catch a brief glimpse of his desperation, which led me to agree to treat him in analysis.

The session that I will summarize occurred after many years of hard work in the analysis. By this point, Piero had changed significantly; he had modified many aspects of his personality in his relationships with others, and he had gradually allowed the establishment of trust, sincerity, and informality in the analysis, extrapolating from this to effect similar, positive changes in regard to his family. Clinically speaking, I would say that by this time, we had become quite close. Furthermore, I had had the opportunity to learn a great deal from him, since in various areas of life, he knew far more than I did, and I had grown to like him. Thus, I felt a twinge of sadness, together with satisfaction at the work we had accomplished, when at his suggestion, we agreed to terminate analysis the following summer. However, in the session I will describe, it seemed as though we had returned to the atmosphere that prevailed in the initial phase of treatment.

Piero came in to this particular session extremely irate due to a work issue, namely, a legal dispute between his company and another one (whose name included the word *Bologna,* similar to my last name). The dispute revolved around a contract between the two companies, and specifically, the determination of which would take an inevitable loss.

Piero was convinced that he and his company were in the right. He was particularly annoyed with his wife, to whom he had described the situation, since she had proposed a practical solution in order to sort out the matter with only minimal damage. She had failed to understand his rage and sense of narcissistic defeat.

Initially, I did not pick up on Piero's unwitting reference to two primary aspects of his relationship with me: first, the angst of terminating the analysis (which could be likened to the legal issue with the "Bologna" company), and second, my failure to understand him in this matter (equivalent to his wife's not very psychologically insightful advice). As he vented his anger, I found myself growing increasingly drowsy for a good half hour, and while his rage escalated toward both his wife and the other company, I gradually began to feel irritated by him, seeing him as spiteful, unpleasant, and a disappointment to me.

Piero paused to take a breath and then abruptly changed the subject. He told me that the previous evening, he had had dinner alone in another town, while carrying out a work commitment, in a half-empty restaurant, and that two tables away from him sat a German couple. The woman had her back to him, but Piero was able to see that she had taken her feet out of her shoes. The patient stated that he had been bothered by this. She even started to wiggle her toes in an obvious manner, and Piero, who was sipping his soup, began to feel quite indignant; he was about to call out to the waiter to complain.

While the patient was telling me about this event, I began to laugh inside myself, picturing the scene and knowing him as I did —his tendency to be so exacting and at times fussy. I found the image irresistibly funny, and in this way, I had my bit of revenge

for the wearying nature of the previous half hour of the session. I am sure I let out no audible sound, however.

Piero paused for a moment, and then, with a serious air, said to me: "Then the woman took hold of the glass with her foot and brought it to her mouth, and in doing this, she had had to turn around a little, toward me. I saw that she didn't have any arms."

There were a couple of minutes of total silence. I felt awful; I was deeply ashamed to have laughed to myself.

Piero continued, "I know that you laughed earlier, and that you were then dumbfounded, just as I was. I believe we understand each other very well. You see, Doctor, how an unpleasant gesture can be misjudged if you don't have all the facts?"

Discussion. I was truly dumbfounded at Piero's revelation, not once but two, three, even ten times—it was as though, all of a sudden, the patient had opened my mind. I understood that he had spoken to me not only about the handicapped woman in the restaurant, but also about himself, who for so long had been without arms to embrace his loved ones, to shake my hand, to really touch people. For a long time, he had not been seen as he really was, and even I—who was obviously engaged as much as he in defending against our impending separation—had not "seen" him as he experienced difficulties related to terminating the analysis. Indeed, I had misjudged him, as his parents had once done in many respects—being as they were blind and deaf to him, symbolically armless. This early mode of relating had led Piero to do the same to himself—misinterpreting, mocking, and scorning his own humanity.

But the years spent in analysis had not been in vain. In dealing with his sense of loss over terminating the analysis, Piero had not tried to unload his trauma totally onto me. He had learned instead how to share his perceptions of "dumbfounding" elements with me, such as when he made me startle at what was apparent once the woman in the restaurant turned around, just as he himself had been abruptly taken aback. I was deeply ashamed, but I did not flee from a deep sense of empathy with the patient,

toward whom I felt a sense of genuine respect, even of brotherhood.

On reflection, I thought again of the strangeness of the work we analysts do, its unpredictability, and—at least some of the time—how little control we have over analytic events.

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BOOK REVIEWS

THE FABRIC OF AFFECT IN THE PSYCHOANALYTIC DISCOURSE. By André Green. Translated by Alan Sheridan. London/New York: Routledge, 1999. 376 pp.

André Green is one of the few French psychoanalytic thinkers who translates successfully from one side of the Atlantic to the other. The present volume is basically a translation of Green's *Le Discours Vivant*, originally published in 1973, with an appendix consisting of a postface and three postscripts. The postface was a report to the C*ongrès de Psychanalystes de Langues Romanes,* given in 1970; the first postscript was part of a symposium on representation at the Paris Society in 1984; the second seems to be a previously unpublished reflection on the representation of affects; and the third reproduces a recent article from the *International Journal,*[1] originally presented as a prepublished paper for the Forty-First International Congress in Santiago in 1998. The appendix accounts for about a third of the text and serves to bring some of Green's thinking about affects closer to the present.

The main body of the text dates from a quarter century ago, and in consequence, has a somewhat dated quality. Green centers his discussion on the contributions of Freud to the concept of affect, an effort that carries him through most of the major Freudian texts. Green traces carefully the evolution of Freud's ideas as they gradually evolved from the beginning formulations of *Studies on Hysteria* (1893-1895) and the *Project* (1895) to Freud's final works. Green's reflections do not stray far from the Freudian texts, with only occasional advertence to the post-Freudian literature. The text reflects the influence primarily of Kleinian and Lacanian thought: the Klein-

[1] Green, A. (1999). On discriminating and not discriminating between affect and representation. *Int. J. Psychoanal.,* 80:277-316.

ian elements are mostly endorsed and incorporated, the Lacanian more ambivalently and gingerly entertained, but finally distanced. In occasional asides, in which Green confronts the Lacanian perspective, the ripostes are provocative, and one can hear the echoes of then-extant controversies and debates. In the 1970s, Lacan was a major and dominating force in French psychoanalysis, and Green was obviously forced to grapple with Lacan's rereading of Freud. Green faults Lacan in general with the underemphasis, if not omission, of affect, a subject that was central to the Freudian vision. The basic confrontation is between Green's reading of Freud and Lacan's; Green seems to occupy a middle ground somewhere between the Freud of basic instinctual theory and the linguistic structuralism of Lacan.

Throughout the main portion of the text, the argument conveys a somewhat dated impression because of the concentration on issues related to drive theory and the complex metapsychological contortions of its involvement in both representation and affect—adhering closely to Freudian texts—and also because of the lack of any substantial reference or consideration of the treatment of affects from the literature of the last score of years and beyond, or of the then-current thinking of contemporary French and British object relations theorists. North American contributions, cast somewhat restrictively in terms of Hartmann and ego psychology, are given short shrift.

Despite these limitations, what we are presented with is a masterful and thoughtful reconstruction of the basic dilemmas of the Freudian discussion of affects, carefully reconstructing the currents and developments in Freud's efforts to conceptualize affects in terms of the basic components of his model of the mental apparatus. What comes through, repeatedly and impressively, are the synthetic and analytic capacities of a master of analytic discourse—it is a pleasure and a treat to follow the complexities of Green's discussion as he weaves his way through this complex field. For the most part, his exposition is illuminating and informative; the occasional excursions into a more Gallic style of obscurity of reference and allusion are more distracting than clarifying, but they are gratifyingly infrequent.

Green traces the development of the Freudian model, beginning with *Studies in Hysteria,* which stipulates an energic "quota of affect" (Freud and Breuer 1893-1895, p. 166), indicating the interdependence between an associative content and a correlative affective component. Emphasis falls on the dissociation of content and affect and the curative aspect of affective discharge. These energic beginnings are further elaborated in the *Project,* where the distinction and connection of affect and representation are developed. Affects are further discriminated in relation to pleasure and unpleasure under the regulatory conditions of the pleasure principle and constancy. Primary linkages are established between energic discharge and affect, bodily movement, and the communicative function leading to the emergence of language. Affects are drawn to both communication and language on one hand, and to corporal motoric discharge on the other.

This model introduced the basic duality and ambiguity of Freudian thought, combining energic and conceptual elements, and has continued to contort analytic thinking ever since. Green was not the only French thinker to struggle with these issues—Paul Ricoeur[2] expressed the dilemma aptly:

> The whole problem of the Freudian epistemology may be centralized in a single question: How can the economic explanation be involved in an interpretation dealing with meanings; and conversely, how can interpretation be an *aspect* of the economic explanation? It is easier to fall back on a disjunction: either an explanation in terms of energy, or an understanding in terms of phenomenology. It must be recognized, however, that Freudianism exists only on the basis of its refusal of that disjunction. [p. 66, italics in original]

Green's discussion is unavoidably caught up in the complexity of discussions of the nature of psychic energy and what constitutes

[2] Ricoeur, P. (1970). *Freud and Philosophy: An Essay on Interpretation.* New Haven, CT: Yale Univ. Press.

the relation of the drive-related affective discharge to the representational element carrying the burden of content and meaning. These debates were current at the time of writing, but have moved more to the periphery of current analytic interest. They persist because of fidelity to the Freudian model, which pervades Green's approach to the understanding of affect, an approach reflecting the pressures Freud felt to formulate his theory in terms consistent with prevailing scientific views. But Freud's effort to integrate quality and quantity was at best only partially successful, and left behind a trail of puzzling enigmas, not the least of which was the transformation of quality connected with repression, i.e., pleasure into pain and pain into pleasure. *The Interpretation of Dreams* (1900) added to the further discrimination of affect and representation, the latter being subject to all the variations of dream work (displacement, condensation, and so on), while the former runs an independent course of direct expression, undercutting the distinction of manifest versus latent relevant to content. Green expresses dissatisfaction with the Freudian argument, but does not resolve its dilemmas.

The *Papers on Metapsychology* (1915) brought into clearer focus the question of whether or not unconscious affects exist. Freud had established the role of unconscious representation, the effects of repression, and the modifications involved in dreaming and symptom formation, but could a similar argument be applied to affects? Unconscious instinctual impulses can become known only by way of representation and its associated affect, but affect, Freud argued, can be detached from its representation and follow an independent course. Admission to consciousness usually depends on attachment to a representation, but when this fails, affect enters consciousness as anxiety, reflecting its drive-derivative discharge function.

This line of analysis advanced in *The Ego and the Id* (1923), recasting the model in terms of the structural theory. The devices allowing repressed content to find its way into consciousness by way of the preconscious, and formulation in terms of thing-presentations and word-presentations, do not apply to affects that can be either conscious or unconscious. The analogy between affect and representation was thus abandoned, and the existence of unconscious affects

became justified in its own right. Affects could become conscious through representational linkage, and ultimately through connection with word-presentations—but not necessarily. Thus, the passage of affect and content to awareness can follow different paths. In the case of anxiety, as in the early view of anxiety neurosis, the affect has been diverted directly into somatic channels of expression, while conversion involves repression and displacement from the psychic to the somatic realm. Green concludes that while affect and representation compose the psychic representations of drives, they undergo different fates in the psychic economy, either by way of linkage or separation and pursuit of divergent paths.

Post-Freudian literature continued to struggle with the same issues, but added refinements. In British and American circles, more is made of the distinction between traumatic and signal anxiety, and between affects as reflecting a state of tension as opposed to discharge, although affects are still seen as related to the economic-energic model. There has also been more concern with the relationships between unconscious and conscious affects, leading some to postulate primary affects or preaffective tendencies or dispositions. In Rapaport's work,[3] this took the form of discerning the relationships among affect, libido, and cathexis, with affect resulting from the level of tension reaching a threshold of discharge.

Green also focuses the efforts to integrate affective with cognitive factors, analogous to Freud's concept of the signal as a cognitive concept. Added areas of concern included extension of the affect concept to signify communicative and adaptive functions related to interpersonal or group situations, drawing the affect concept into an interpersonal or two-or-more-person context, rather than viewing it as a strictly intrapsychic phenomenon.

On the French scene, Lacanian preoccupations then entered the picture, particularly the problems related to situating affects in relation to Lacan's concepts of the imaginary and the symbolic, and the relation of the representational aspect of affect to the Lacanian

[3] Rapaport, D. (1953). On the psychoanalytic theory of affects. *Int. J. Psychoanal.,* 34:177-198.

signifier. The way in which Green wrestles with Lacan is especially interesting. The issue of whether the unconscious is structured like a language, and what the implications of such a view of the unconscious for the linkage of affect and language might be, put Green's difficulties with Lacan into clear focus. Green is skeptical of the Lacanian commitment to linguistic structuralism, and is generally more attuned to the limitations of language. For Lacan, affects and drives were viewed through the medium of language; but for Green, the opposite seems to hold. I note that hovering in the background of this discussion is Green's adherence to and conviction of the validity of the basic Freudian model of affect, conceived in terms of drive and representation. The representational aspect seems to give way to issues of signification that pervade the Lacanian synthesis, but this remains problematic for Green.

The second major section of the book is given over to a discussion of clinical issues in neurotic, psychotic, and other forms of psychopathology. Hysteria is conceived in terms of the problem of conversion and its implied leap into the somatic or somatic compliance. The transfer of psychic libido to somatic libido is accompanied not only by inversion of affect (desire to disgust), but also involves associated fantasies representing condensations of related signifiers. This union of drive and representation, abetted by condensation in the hysterias, is reversed in obsessional conditions, in which drive and representation become dissociated and undergo separate fates. Hysterical condensation of affects is buried in somatic conversion, whereas the obsessional displaces them into denial of affect and omnipotence of thought. Phobias occupy a middle ground, neither discharging nor converting the anxiety as in hysteria, nor displacing or isolating it by obsessional devices. The subsequent brief discussion of the fate of affects in melancholia, mania, schizophrenia, and paranoia seems to follow more or less classical lines.

Psychosomatic conditions are given separate consideration from other conditions. Green pays special attention to the *pensée operatoire* or alexithymia so common in them. Even when the unconscious representative element is recognized, the affect is much more resistant to conscious access, and for the most part can only be deduced

after the event from somatizations. The affect never reaches consciousness and is expressed only somatically; the problem is once again the psycho(affective)-somatic conversion. Green proposes a model of acting out in which the offending affect is expelled from psychic reality and acted out in the body. The psychosomatic, then, is seen to treat his or her body in much the same way that the psychopath treats society.

Green moves on to discuss the role of affects in the analytic process. The variety of expressions of transference affects is protean, but Green focuses on three types: sessions dominated by a heavy, stormy atmosphere; those dominated by extreme mobility of representations; and those in which the essential element is an attempt to engage the analyst as an effect of the patient's desire to be heard. These represent variations on the theme of the diversity of expression of drive and representation in the mobilization and expression of affects in the transference. Green remains close to Freud in his reliance on oedipal dynamics, but with a Kleinian twist. However, he insists that affect is not relevant in early development, since we can speak of affect proper only if there is an ego present to experience it.

Freud left us with two main definitions of affect: one in energic terms as a quantity or sum of excitation; and a second in which affect is divided into a physical discharge inside the body and a psychic perception of corporal movement, along with sensations of pleasure-unpleasure. Green stresses here that the body so experienced is not the subject of action, but the object of a passion. Furthermore, the bipolarity of pleasure-unpleasure must be conscious, since the unconscious ignores both quality and contradiction; for the unconscious, there is only pleasure. The difficulty in relating these two definitions intersects with the conscious-unconscious affect question—the first definition standing for the unconscious version and the second for the conscious. The definition of drive becomes pivotal here as either a borderline concept between somatic and psychic, or as psychic representative of somatic excitation. Green struggles with these polarities, but ends by expressing dissatisfaction with our understanding of the dependence of the psychic on the somatic. Affects en-

gage both, but how their integration can be understood remains problematic.

The Lacanian linkage of drive effects with language further complicates the picture. Relating the dream work to language—that is, condensation-displacement to metaphor-metonymy—centers on primary process and the concatenation of signifiers related to drive representation. Green charges Lacan with confusing thing-presentations with word-presentations and treating them as synonymous. This echoes related issues about linkage between unconscious thought and language, and also the intelligibility of drive representations. Green recasts this perspective in terms of the structural model, according to which drive representations take on different amounts of significance, depending on whether the affect is more reflective of the influence of the id or the ego. On the id side, affect is indistinguishable from representation and is still searching for representation; on the ego side, affect and representation are mixed but can be distinguished and separated. The shift to the structural model introduced the superego as mediating affect, largely through its affiliation with the id, in the form of superego anxiety and guilt. In a brief aside predicated in Lacanian terms, Green's theoretical dissatisfaction leads him to consider issues related to the concept of the self and the subject, resulting in still further dissatisfaction.

Green attempts his own theoretical model of affect, which as far as I can see, reconstructs the Freudian argument along Kleinian and Lacanian lines. Green seems to seek to preserve the Freudian vision, while mediating between it and the prevailing continental perspectives. The contributions from the western side of the Atlantic are quickly dispatched, and ego psychology is declared a version of behaviorism. This seems to reflect primarily a mixture of lack of familiarity and Gallic hubris.

In the latter third of the book, Green's more contemporary material seems to recycle through now-familiar themes, largely Freudian ones. The same preoccupations with drive and representation as components of affect prevail, now with an added emphasis and interest in their relation to the use of language. Freud's view of language is recapitulated, followed by a series of thoughtful reflections on

current linguistic perspectives and their interest for and differentiation from psychoanalytic usages. Interest centers on the relation of representation and language, whereby in his persistent adherence to Freudian perspectives, Green seeks to establish a basis for a psychoanalytic theory of language, rather than an analytic theory based on language à la Lacan.

The first of the postscripts deals with the representation of affects. Is there content, i.e., ideational representation, in the unconscious? There seems to be ambiguity in Freud's formulations—the basic model assumes representation to be conscious. Was Freud disregarding his own fundamental distinctions? Obviously, representations are not all of a kind. Green compares perceptual representations with drive representations, with the instinct as psychic representative of somatic stimuli. But this latter is not representable—what kind of representation is it that represents without any reference?

The second postscript continues this reflection on representation and affect. Questions persist regarding the relation of affective components, drive and representation, to body functions—if drive is somatically derived, can the same be said of representations? The nature of the relation between body-brain and mind remains troublesome and unresolved. Representations derived from perceptions and affects are not the same as true representations, although they accompany them. For Freud, representations could undergo translation between thing-presentation and word-presentation, but affects could not; they can take different forms of expression, but are not subject to transformation from one species of affect to another.

The final postscript takes up the issue of discrimination between affect and representation. Green argues for the clinical utility of maintaining this distinction. Accepting the ego as the seat of affect, the availability of affects to consciousness becomes excessively dependent on the regulatory capacity of the ego, unless we move beyond it to explain the unconscious genesis of affects. One resort is to postulate different ways of being unconscious. Once separated from consciousness, representations can be preserved as memory traces, repressed, recombined, condensed, displaced, and so on. Suitable

disguise allows these elements of the unconscious to escape censorship and to detour around preconscious barriers. Not so affects, however—they cannot be so fractured, dissolved, and distorted, but can only be turned into the opposite or against themselves, formed into symmetrical expression, whether complementary or oppositional, experienced or projected, inhibited or suppressed.

But what, Green asks, are we to make of these affective destinies without their conscious quality? One cannot appeal to processes parallel to those obtaining for representations. The question remains whether we can conceive of some aspect of the unconscious that does not lend itself to representation. Green rejects post-Freudian solutions, none of which, he asserts, have

> . . . answered the questions posed by Freud: those of the relations between the somatic and the psychical, the relations at the heart of the psyche between the derivatives of corporal needs resulting from prematurity and of those born from contact with external objects possessing the ability to respond to them, the specific work and modes of transition between representations of the world of things and the world of words, the articulation between external objects and their forms in the internal world, differences between representations and cathexes, the opposition between psychical reality and external reality, ways of going beyond object-losses, etc. [pp. 317-318]

At least, this passage makes it clear that Green has not strayed far from his Freudian origins.

If Green does not resolve the melange of interwoven issues and problems, he does advance the argument closer to its limit. The discourse is sprinkled with thoughtful asides and enriching comments that reflect his perceptiveness and analytic acumen. One disadvantage is that he maintains his discourse at a high level of abstraction, so that we are deprived of any discussion of actual case material. Green gives the impression that throughout the book, he has his patients in mind, but with the exception of an occasional citation, we never get to meet them. Much of the abstruseness of the clinical discussions especially would have benefited from some clinical color.

In addition, one cannot escape the impression that as a major contribution to the psychoanalytic literature, this effort suffers as much from its strengths as from its weaknesses. Given that the major portion comes from a generation ago, and that the more recent parts are appendices to the central argument, it may be that Green's close adherence to the Freudian exegesis is more limiting than contributory to the advancement of the discussion of the nature of affect. We might wonder whether it is mandatory that we cling to the basic model of drive representation. Is our experience of affects constrained within the economic perspectives of pleasure-unpleasure, rather than serving as a more diversified phenomenology that might draw us beyond regulatory issues embedded in a drive model? In what sense are we confined to the representational model as mediating conscious knowledge?

More recent historical and philosophical research has made clear the extent to which Freud's thinking was influenced by the philosophy of his day, particularly the role of representational knowledge so effectively critiqued by Henry.[4] Freud and Green, true to their Cartesian and Kantian heritage, have treated representations almost like things to be manipulated, condensed, displaced, and so on, through which objects are known. What is known directly is the representation, not the object, which is known only indirectly through the representation.

But what if affects are not passions, as Green and Freud aver, but forms of action, or at least concomitants of action? But then who or what acts? And what if representations themselves are not contents but actions? What if representing is our way of knowing, or at least one way of knowing? Do we need to think of our experiencing of affective states in these terms? What if affects are merely a consequence of actions coming from a somatic agent? What if they are experienced rather than known representationally? What if they have no content in themselves, but are responsive to content and motives involved in the correlative action? Does motivation, which

[4] Henry, M. (1993). *The Genealogy of Psychoanalysis*. Stanford, CA: Stanford Univ. Press.

we can take as universal, require derivation from drives? If we view motivation, conscious or unconscious, as independent of any putative drive considerations, what does that suggest about the nature and function of affects?

One could extend the catalogue of questions. The beauty of the present work is that it explores the dimensions of the Freudian paradigm so carefully and extensively that it leaves the ambiguities and uncertainties of it open to further investigation and questioning. Green, to his credit, makes no bones about where the argument hits its limits and where difficult questions remain unanswered. The way lies open for the thoughtful reader to ask his or her own questions, to speculate about possible answers, and to find satisfaction and enrichment therein. What more could we ask of any psychoanalytic work?

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BEING OF TWO MINDS: THE VERTICAL SPLIT IN PSYCHOANALYSIS AND PSYCHOTHERAPY. By Arnold Goldberg, M.D. Hillsdale, NJ: Analytic Press, 1999. 186 pp.

In the summary at the end of this splendid volume, Goldberg explains that this is an old-fashioned book. Indeed it is: clear, explicit prose, jargon-free, rich in clinical examples, and drawing on a profound history of psychoanalysis without invoking the latest and most fashionable views in the field. As the title implies, the bulk of the book concerns itself with the vertical split, but it also presents many other observations about psychoanalytic process, technique, and values. In addition to the exposition of its principal topic, I would strongly recommend reading the last evaluative section, entitled "Between Empathy and Judgment." Here Goldberg frankly discusses a variety of ideas relevant to the role of psychoanalysis in our culture, as well as his sound position on the old nature–nurture controversy, an area in great flux now because of recent neurophysiological findings.

While this book is informed by Kohut's views of self psychology, this is not a major issue for readers of other theoretical bents. The book is a tribute to Goldberg's wealth of knowledge about ideas from Freud forward. The horizontal split, as described by Kohut, refers to repression. The vertical split is presented as a significant division of the personality into a divided pair, with the experience for the person of a separation: a parallel and coexisting other, the coexistence of the normal alongside the deviant. The vertical split is produced by what is termed *disavowal,* rather than repression in the classical sense. The group presented includes: (1) circumscribed dissociation, (2) narcissistic personality disorders, (3) narcissistic behavior disorders, and (4) multiple personality disorders. For Goldberg (as for others), this last category gives rise to a significant amount of discussion and skepticism.

The main theme of the book is that the vertical split derives from a childhood in which such splitting was a necessary part of existence, and is subsequently reproduced in the transference. The patient recreates aspects of his or her earlier life which are at variance with the conscious and generally acted-out character style. While this is not entirely a fresh concept, the elegant and wonderful clinical examples of the developing child greatly sharpen our focus.

There are many refreshing aspects to this volume. A section differentiating moral from ethical issues—the latter dealing with what is in the best interest of the patient—is presented in a most nondogmatic and open fashion. Goldberg takes it as a truism that indeed, we do have goals for our patients. He is most humble in viewing these as questionable, and often not completely achieved in an analysis. A vertical split requires a different form of psychoanalytic or psychotherapeutic work. This is an issue with which some may disagree, but the clarity of Goldberg's exposition is convincing. The hiding of the split-off portion is only a partial and disguised effort, and somehow, somewhere, the split-off part manages to make itself known.

In his therapeutic work, Goldberg utilizes a set of signals in what he presents as a "reasonable alternative to theoretical concepts that involve transmission of information that functions on a quasi-mystical level from one unconscious to another" (p. 19). An important point

is that the disowned behavior of the truly split is both scorned and saved, despite the resolve of the patient. This is amply illustrated by examples of a parent, or parents, who live in different worlds from their children; each embraces two realities. Goldberg feels that many observers (of behavior disorders) focus on the pleasurable component of the activity, and neglect the origin and initial purpose of its occurrence. The two aspects of the patient "are by no means unconscious and repressed" (p. 55); they are incompatible with each other. "One must be disavowed, or better, must be placed aside for an expectable return visit" (p. 55).

The degree of dysphoria and alienation felt in the different types of the vertical split varies, but depression, in one form or another, is regularly present in the patient. This depression is not one of guilt or superego condemnation, but rather consists of emptiness and purposelessness. It may take the form of aloneness, or in some, a terror that is disabling. In such cases, the motivating factors are ones other than the avoidance of feeling bad. These splits are manifestations of disorders of narcissism.

Goldberg's book is a valuable one, even for those who remain skeptical of a self psychology approach. Its contents, along with the many rich side "essays," provide a freshness of thinking combined with a remarkable knowledge of classical psychoanalytic thinking.

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DIE MASKE DER SCHAM: DIE PSYCHOANALYSE VON SCHAM-AFFEKTEN UND SCHAMKONFLIKTEN [THE MASK OF SHAME: PSYCHOANALYSIS OF SHAME AFFECTS AND SHAME CONFLICTS]. By Léon Wurmser, M.D. Berlin, Germany: Springer, 1997. 564 pp.

During the past couple of decades or more, I have read with great interest a number of articles by Léon Wurmser, not the least because he seems to belong to a handful of American psychoanalysts to whom philosophy is essential—Schafer and Ogden being other examples. So I am pleased to review this German edition of his English book,

The Mask of Shame (1997). When I learned that this edition (probably not the last) was published in twelve cities all over the world as part of a "Master Work Series," my first reaction was to wonder if I—despite my appreciation—had not considerably underestimated Wurmser. This was no less the case when I found that among other reviewers of the book, a leading psychoanalyst, Leo Rangell, described it most admiringly as "staggering in its comprehensiveness and scholarship, and no less so in its penetrating insight" (back jacket of book, E).[1]

To review just this special text—i.e., the third German edition, written as part of a trilogy—is possible, but may be somewhat off the point. To do the author justice, one would need to give an opinion of all Wurmser's work as a psychoanalytic writer: how it started, what it has become, and how it developed into what it is. Such a project would, however, involve another book, and I am not going to write it.

Each chapter of Wurmser's present book is introduced with mottoes, some of them quite moralistic, like "Shaming another in public is like shedding blood" (Wurmser's quotation from the Talmud, appearing on p. v, G). My obvious duty as a reviewer is to avoid shedding blood, if that is possible.

A historical, or rather biographical, starting point seems relevant. Wurmser was a Swiss Jew whose family fled from the persecution of the Nazis to the United States when he was a boy. In this book, he describes the shame he felt when all of a sudden, he came to be looked upon as a "foreigner and intruder," belonging to "another race," although the family "had [earlier] lived in that little town for three generations" (p. 3, E). It is not difficult to understand the interest he takes in the peculiar and puzzling affect of shame. He thinks that shame may be experienced as guilt, in spite of the fact that no real guilt is involved (one is not responsible for, and thus cannot be guilty of, belonging to a particular race).

In the United States, Wurmser followed a medical career, acquired several academic degrees, and ended up as a professor of psychiatry and a renowned psychoanalyst. In the 1990s, he returned

[1] The designation "E" refers to citations from the English edition, and a "G" follows citations from the German one.

to Europe, where the intellectual and psychoanalytic milieu was opened up to him by a number of friends who happened to be influential, "mainstream" psychoanalysts. Wurmser obviously feels at home in the mainstream body of psychoanalytic writing, in which he no doubt believes he has his own part to play.[2]

One of the puzzling problems with Wurmser's writing is that, although he argues for and against a number of psychoanalytic schools, it is almost impossible to come to grips with which school he sees himself belonging to. Worse, many of his arguments do not give the impression of being very well founded. For example, Klein is dismissed in a short addendum to the new German edition, with the declaration that projective identification, splitting, and even denial (in borderline patients) are surface phenomena—an argument propped up by references to a number of mostly American authors. The only reference to Klein herself is to *The Psychoanalysis of Children* (1932), but I somehow wonder whether Wurmser has read it. I cannot help suspecting that in condemning central Kleinian concepts as superficial, he himself is far less profound than he wants the reader to believe—as can be seen both when he criticizes other analysts and when he refers to philosophers and Greek tragedy.

I will take Wurmser's discussion of Hegel as an example. In the English edition of *The Mask of Shame,* there are three short references to Hegel, all of which turn out to be quotations from Binswanger. The German edition contains literal quotations of those same references and nothing more, in spite of the fact that Hegel's *Phenomenologie des Geistes* in its entirety is included in the German reference list.

My initially benevolent reaction notwithstanding, I become suspicious of Wurmser's true command of the Ancient Greek language when he conveys the impression that Ancient Greek is just as natural to him as Hebrew, English, German, French, Swedish, and Latin (and he takes care to present quotations in all these languages in their

[2] The reader may wonder which authors Wurmser thinks are representative of the psychoanalytic mainstream. It seems that his discussions focus on followers of the "classical," mostly American, ego psychology approach (although he would probably not agree with this categorization).

original forms, for no obvious reason). Admittedly, he does not claim to understand Chinese, although he includes many quotations with Chinese characters.

According to Wurmser, psychoanalysis is a "dialectic science" (p. 5, E), *"sui iuris et sui generis"* (p. 12, E), a dialectic he thinks gets lost if analysts fail to avoid two dangers that he describes as prototypical. The first pitfall is the *"pars pro toto"* fallacy, i.e., the tendency to inflate one or two concepts borrowed from mainstream theory into an all-encompassing model of the mind. Wurmser enumerates a large number of authors who have made this mistake—e.g., Klein, Kohut, Jung, Adler, and Schafer—but, being careful to keep an open mind, he prefers to refer to unfortunate "fashions" (p. 13, E) rather than divergent schools.

He seems less tolerant of those who fall victim to the second danger, that of "inertia" (p. 5, E). "Just there, where concepts of a true understanding are missing, a cliché offers itself, at the right time" (p. 5, E), he writes, quoting Mephistopheles, meaning that psychoanalytic words can be used without a proper understanding of their signification. Of course, nobody would disagree with him in such a general critique, but I did not find any quotation serving as a clarifying example. Instead, I found Wurmser discounting a not unimportant author like Bion as representative of "inertia," without even mentioning his works in the rather extensive bibliography in the German version of *The Mask of Shame.* (By the way, that bibliography has been expanded from one page in the English edition to fifteen in the German one. Why?)

To my mind, the "dialectic" Wurmser proposes is rather peculiar. In a polemic with Kernberg, he states that "no matter how far back we go in strictly psychological exploration, we always find the *dialectics of affect and drive.* They condition each other; one does not precede the other" (p. 72, E, italics added). I agree with the latter sentence, but the relationship between these *concepts*, not *phenomena*, has nothing to do with dialectics. One can study a certain phenomenon—say, someone's blushing—from different viewpoints, including, among others, psychoanalytic theories, like affect theory and drive theory. It may be fruitful to use sometimes one and sometimes an-

other theory, but the application of different theories when studying the same phenomenon has nothing to do with dialectics (in its Hegelian sense). To me, dialectics is the dynamics of a dialogue in which seemingly contradictory arguments are elaborated to the point where the contradiction of thesis and antithesis is solved by a deeper understanding (synthesis).

Obviously, Wurmser is capable of engendering respect and even glorification in many readers, among them a selection of well-known psychoanalysts. While I have been fighting with the hundreds of pages in his recent book, I have grown increasingly interested in grasping the "trick" of his writing. Part of it may be his way of using the magic concept of dialectics without trying to define it in a proper way. He refers not to Hegel, but to a number of twentieth-century authors—for example, the Danish physicist Niels Bohr (p. 10, G; p. 5, E). The core assumption seems to be that all profound knowledge grows out of an understanding of opposites—which may be true if one does not, like Wurmser, tend to believe that almost anything could be put in opposition to anything else.

Wurmser's ambivalence about psychoanalytic theory is bewildering. On the surface, like many others, he simply wants to change its language into a more experience-oriented form, but his real ambition with this book seems to be to fundamentally reshape psychoanalytic language, in order to give his special subject, the affect of shame, the dignity of a carrier stone. He makes ample use of ordinary analytic expressions, but feels that the analytic term "object," for example, is "dehumanizing" (p. 11, E). Furthermore, he would rather do without analytic drive theory altogether. The raw data of analysis (by which he means detailed clinical notes about patients) are used as an antidote to theory. The book is full of notes he has taken since he started working as an analyst. Perhaps to avoid intellectualization, he postpones making theoretical arguments until the middle of the book.

As far as I can tell from the vignettes, Wurmser is a good, empathic, Freudian analyst, but I think he much overvalues the kind of information contained in his notes. For example, he ends the vignette of a girl who was severely humiliated at a summer camp with the fol-

lowing statement: "This story needs no commentary: It's the epitome of the way a child can be shamed—mercilessly" (p. 32, E). Whatever empathy we feel with the patient, the story she told Wurmser does not constitute psychoanalysis; this is where analysis should begin. He rationalizes somewhat by chronicling a general inventory of shameful situations and shameful traits (pp. 32-ff, E), but his references to the case stories strike this reviewer as quite haphazard.

In *Three Essays on Sexuality* (1905), Freud set down some of the bases for his drive theory. He stated that certain partial drives, like the wish to smear or to exhibit one's sexual organs, are lived out without restriction in small children, and he mentioned shame and disgust as the first defense mechanisms in this context. If Wurmser wants to revise Freud's view on these phenomena in so radical a way as to view shame as a ubiquitous affect, and not a specific defense against exhibition—if he wants to sever the bonds of shame to drive theory, or even to completely do away with drive theory—then I cannot help but think that here is an excellent juncture for an explicit discussion of where exactly Wurmser still agrees with Freud, and where he does not. As it is, the theoretically interested reader ends up in considerable frustration, looking for an author who conceals himself in some indeterminable "psychoanalytic mainstream."

Throughout the book, Wurmser studies the manifestations of shame as observed in the analytic situation, in literature and art, and in many other domains. He does this with an analytically trained eye, and I cannot deny that it would be quite entertaining to be a party to Wurmser's erudition, were it not that I constantly feel that what I consider to be established analytic theory is burnt to ashes as I read.

On close study, there is almost nothing phenomenological in Wurmser's so-called phenomenological study of shame (chapter 3, G; chapter 2, E). Of course, we cannot expect an analyst at work to apply the strict dictum of Edmund Husserl, i.e., to look upon things (phenomena) with as few preconceived ideas as possible by putting our preconceptions, even scientific ones, inside *epoché* (a Greek word for brackets). But I think what Wurmser has in mind is nothing other than the usual American idea that phenomenology means to *describe* something (without "explanations"). His apologizing for

using analytic concepts gives hints in that direction. That his notion of "dialectic" reasoning is no more rigorous than that is evidenced by the ease with which he moves a part of his book from a nonphenomenological chapter in the English version, to the phenomenological one in the German edition.

Nevertheless, I have tried to follow Wurmser in what at first glance could be a phenomenological study. He says that affects generally, and shame in particular, are "bipolar," by which he means that each affect has a "subject pole" and an "object pole." That is, an affect is experienced by a "subject" in front of someone, the "object" —but Wurmser does not like the "sloppy" and "dehumanizing" concept of object, while the concept of subject seems acceptable to him.

That affects are bipolar is something that distinguishes them from "moods," an idea Wurmser got from Jacobson (p. 59, G).[3] Being interested in the development of a phenomenological method for psychoanalysis, I could accept that as a good starting point, as well as his idea that in some way "*weakness, defectiveness, and dirtiness* appear to form a kind of fundamental triad [in shame]" (p. 42, E, italics in original). This proposal could be interpreted as Wurmser's view of what constitutes the essence of shame. I would accept that approach, even if he were wrong; however, what I cannot accept as a serious *phenomenological* investigation of the essence of shame are Wurmser's examples—inspired by an analytic theory of guilt—of what might be meant by superego shame, ego shame, id shame, and shame because of "drive regression" (pp. 67-68, G). These are analytic classifications, not phenomenological *Wesenschau*. The same could be said of what he writes about typical shame-engendering family situations (p. 69, G); had Wurmser been serious about phenomenology, he would not have moved that section to the phenomenology chapter as he did.

To sum up, Wurmser confounds *phenomena* with *theories of phenomena* almost all through this book. The existence of phenomena is in fact completely different from the existence of theories of phenom-

[3] Jacobson, E. (1971). *Depression: Comparative Studies of Normal, Neurotic and Psychotic Conditions*. New York: Int. Univ. Press.

ena, and if one fails to realize this, mixed-up thinking results. Someone must have told Wurmser just that, for in the latest German edition, he has added a few lines in which he seems to recognize the above-mentioned distinction, adding that the truth and value of analytic theories are not absolute, but must be pragmatically tested in the clinical situation (p. 131, G).

While I very much agree, his saying so does not make Wurmser's whole book a "dialectic," as he wants us to believe. He draws many far-reaching conclusions from his abundant quotations from writers in fields as different as religion, philosophy, fiction, anthropology, history, journalism, and so on. So-called testing in the clinical situation is represented by his unsystematic references to the written records of his own and others' work with patients. He obviously does not strive to submit all his ideas to real clinical tests; what seemingly attracts him more is to reflect on the above-mentioned different fields with the sharpened vision of an experienced analyst.

If Wurmser had limited himself to this task, his book might have been just quite stimulating reading. But his far-reaching ambitions are only too clearly reflected in his ever-expanding literary activity. To use Wurmser's (Julius Caesar's) own design in arguing, I (Brutus) shall close by paraphrasing Shakespeare: "As I loved Wurmser's psychoanalytic insight, I weep for him; as he was fortunate, I rejoice at it; as he was erudite, I honor him; but, as he was (too) ambitious, I slew him." The rest between the two of us is probably silence.

BO LARSSON (NACKA, SWEDEN)

PSYCHOANALYTIC UNDERSTANDING OF VIOLENCE AND SUICIDE. Edited by Rosine Jozef Perelberg. London/New York: Routledge, 1999. 177 pp.

This book consists of a series of papers written by, with the exception of Donald Campbell's contribution, members of the Young Adult Research Group at the Anna Freud Centre. Most of them have been previously published, but it is good to have them collected in a book.

Central to the book are the analyses of six young adults who engaged in violent aggression toward others or in serious suicidal behavior. The research program provided subsidized analyses for many of these patients, and the study group provided the analysts with support and a forum for discussing their difficult work. As Leonard Shengold reminds us in his foreword, analysts are not accustomed to dealing with violence, the actual infliction of bodily harm on others, or with violent patients in our consulting rooms. We are much more comfortable with and skilled at understanding violent fantasies. There is much we do not know about the minds of persons who lose control of their aggression and turn to violent action. This book attempts to approach such understanding.

After an introduction and a chapter reviewing the psychoanalytic literature on violence and aggression by the editor, six cases are presented—four of persons who had committed violent acts against others and two who had seriously attempted suicide. (The cases were contributed by Peter Fonagy and Mary Target, Donald Campbell, Rosine J. Perelberg, Anthony Bateman, Rosemary Davies, and Joan Schachter.) Not all types of violence are considered; for example, spousal abuse, child abuse, rape, and predatory violence are not discussed. However, in the cases that are discussed, certain themes emerge from the therapy, especially from careful attention to the transference and countertransference.

These individuals all had a fragile psychological self because the reflective process, which Fonagy refers to as the capacity for mentalization, was not well developed. Fonagy and Target propose that as infants, these persons had not been responded to as intentional beings whose behavior was driven by thoughts, feelings, beliefs, and desires. They have a reduced capacity to recognize others as having mental states, which reduces inhibitions against violent aggression. The ability to understand their own inner lives is compromised, as is their capacity to symbolize. Fantasy and belief are confused.

Problems in advancing from a dyadic relationship with the preoedipal mother and in achieving a separate self are seen to be prominent. In their development, these individuals were stuck in an an-

gry and frightening position, dependent on an engulfing and terrifying mother and fearful of destruction if they moved toward independence. This terrifying object became part of their self-representation and could never be escaped. Their fathers were passive, absent, or otherwise unable to have an impact on the children's separation from their mothers. This absence prevented the child from using the father's perspective on the child's relationship with the mother in order to develop another perspective of the child's own, which would free him or her from bondage to the preoedipal mother. The child never developed a separate space where he or she could distance him- or herself from the mother, a space in which the child could think and feel independently. A truly triangular oedipal phase could never develop.

Perelberg proposes a core fantasy in violent patients: they view the primal scene as a violent event, and as one in which they were present but their fathers were not. These persons turn to action and to their bodies to deal with inner conflicts and to discharge tension that cannot be mentalized. The persecuting internal object, identified with the mother and with the child's own body, can be experienced concretely in someone else, who may then be attacked, or the child may attack his or her own body in suicide. Violence and suicide express difficulties in thinking. There is a tendency for body and mind to become confused, so that violent acts on one's own or another person's body are used to get rid of intolerable states of mind.

Many of the authors provide technical advice for working with violent individuals in psychoanalysis. Fonagy and Target put the problem succinctly: "How can a pathological organization focused on the destruction of empathy and compassion be changed using a technique based on just these qualities?" (p. 55). Maintaining contact with the patient and preserving a clear and complete picture of the patient's mental state take precedence over interpreting the unconscious. Constant attention to the transference and the countertransference is essential. Prolonged silences are counterproductive. Analyst-centered interpretations are often more useful than patient-centered ones, for they elicit less defensiveness in the patient, and

because they help the patient begin to see that the analyst has a mind of his or her own that is separate and different from the patient's. This helps the patient to develop a mental space in which the patient can begin to feel his or her own emotions and to think his or her own thoughts, as well as understanding those of another. As Fonagy and Target put it with regard to the patient they reported:

> The experience of sustained mental involvement with another human being, without the threat of overwhelming mental pain and destructiveness, ultimately helped to free the inhibition of [their patient's] mental functioning, liberating him from using his body to represent his mental states. [p. 69]

The majority of the authors reported the invaluable help of belonging to a study group that provided continuing support and another view of their work and understanding—a paternal function in their often dyadic work with these patients.

In his final remarks, Fonagy warns us against making conclusions that are too sweeping from just six case studies. We must avoid overgeneralizing from rich clinical material; we must be aware of the difficulty in distinguishing those unconscious mechanisms that cause problems from those that are the consequences of the patient's manifest difficulties, and we must be aware that aspects of functioning that are clearly associated with violence may be so associated because both arise from a common cause. In Fonagy's words:

> Ultimately we do not know what causes violent behavior. What we are trying to do is identify those unconscious factors which help us work with these patients: some of these factors are unique to violent patients; other factors are the consequence of a violent disposition; and still others have very complex relations to the problem of violence. [p. 162]

This book does not give a complete psychoanalytic theory of violence, which would clearly be premature. It does give a vivid description of psychoanalytic work with a group of very disturbed, and at times dangerous, individuals who are suffering greatly, and it goes

a long way toward helping to understand them. This beginning understanding should help others by expanding the range of ideas to be considered when dealing with violence and suicide.

There are many analysts who are working with victims of violence (Robert Pynoos, Steven Marans, and Joy Osofsky quickly come to mind) to try to understand the effects of violence on individuals and society, including the perpetuation of violence in those exposed to it. None of these have, to my knowledge, reported analyses of perpetrators of violence. Interestingly, the patients reported in this book were not raised in violent surroundings.

The papers collected in *Psychoanalytic Understanding of Violence and Suicide* present novel and important observations that add to the existing information on violence. I hope that further psychoanalytic research will lead us closer to a fuller understanding of the mental events causing violent and suicidal actions. I also appreciate seeing many references to modern Kleinian thinking in a book based on work done at the Anna Freud Centre. Ronald Britton's ideas about the Oedipus complex and his thoughts about confusions between fantasy and belief, John Steiner's delineation of analyst-centered and patient-centered interpretations and his distinction between patients who want understanding and those who only want to be understood, Herbert Rosenfeld's description of thin-skinned and thick-skinned narcissists, and Hannah Segal's ideas about symbolization are among the more prominent examples of Kleinian ideas that form part of the conceptual frameworks of the authors of this book. It is good to see openness to different ideas taking place to enrich our thinking.

H. MICHAEL MEAGHER (BETHESDA, MD)

THE REPRODUCTION OF EVIL: A CLINICAL AND CULTURAL PERSPECTIVE. By Sue Grand, Ph.D. New York: Analytic Press, 2000. 198 pp.

The effects of childhood abuse and neglect have been studied carefully over the past twenty years, and a variety of negative conse-

quences have been found, including lowered levels of empathy,[1] an increased number of suicide attempts,[2] and an increased incidence of criminality.[3] Probably the most widely known consequence for children who have been abused is that they often grow up to be abusers themselves.[4] This pattern seems to be most evident if the type of abuse was sexual.[5] While certainly, not all children—not even the majority of children—who have been abused grow up to be abusers,[6, 7] almost all abusers have a history of abuse.[8] The literature is filled with examples of people abused or neglected as children who subsequently committed all sorts of antisocial acts, including murder.[9, 10]

But why? What are the psychodynamics that lead so many individuals who were abused as children to inflict on others the same pain they once experienced? Is it simply an identification with the aggressor, or can the motivation be explained further? It is this question—how and why such conduct perpetuates itself—that Grand tackles in her new book, aptly titled *The Reproduction of Evil: A Clinical and Cultural Perspective.* The author attempts to understand the link between trauma experienced and the subsequent perpetration of trauma on others. Through case studies and references to the work of others, Grand analyzes the inner lives of victims of "malignant trauma" who go on to commit acts of child abuse, incest, and various forms of severe violence.

[1] Miller, P. A. & Eisenberg, N. (1988). The relation of empathy to aggressive and externalizing antisocial behavior. *Psychol. Bull.,* 103:324-344.

[2] Cavaiola, A. A. & Schiff, M. (1988). Behavioral sequelae of physical and/or sexual abuse in adolescents. *Child Abuse & Neglect,* 12:181-188.

[3] Widom, L. S. (1989). The cycle of violence. *Science,* 244:160-166.

[4] Groth, A. A. (1979). Sexual trauma in the life histories of sex offenders. *Victimology,* 4:6-10.

[5] Burgess, A. W., Hartman, C. R. & McCormack, A. (1987). Abused to abuser: antecedents of socially deviant behavior. *Amer. J. Psychiat.,* 114:1431-1436.

[6] Russell, D. (1986). *The Secret Trauma: Incest in the Lives of Girls and Women.* New York: Basic Books.

[7] Lisak, D., Hooper, J. & Song, P. (1996). The relationship between child abuse, gender adjustment, and perpetration in men. *J. Traumatic Stress,* 9:721-743.

[8] Gartner, R. B. (1999). *Betrayed as Boys.* New York: Guilford.

[9] Schlesinger, L. B. (1999). Adolescent sexual matricide following repetitive mother–son incest. *J. Forensic Sci.,* 44:746-749.

[10] Schlesinger, L. B. (2000). *Serial Offenders.* Boca Raton, FL: CRC Press.

Grand begins this eight-chapter book by discussing "catastrophic loneliness," which she believes is the core experience of individuals who survive massive trauma: "It is a solitude imbued with hate and fear and shame and despair" (p. 4). In her view, the abuse of others is the abuser's attempt to

> . . . answer the riddle of catastrophic loneliness. Unlike all other forms of human interaction, evil alone bears witness to the contradictory claims of solitude and mutuality that haunt traumatic memory. The reproduction of evil is the survivor's continual reentry into the moment of execution. [p. 5]

Simply put, Grand believes that the repetitious cycle of violence is rooted in the trauma victim's desire to have his or her profound experience of loneliness felt by someone else.

In chapters two through eight, Grand illustrates her views with many case studies and vignettes. In chapter two, entitled "Loneliness and the Allure of Bodily Cruelty," she advises the reader to be alert to "body evidence," since the effects of trauma often become manifest in various somatic symptoms. The problem of historical "truth" is discussed in the next chapter, while the following four chapters cover topics of dissociation (common in victims of abuse), dehumanization of victims, and related problems found in the victim–perpetrator cycle. The final chapter addresses "the problem of redemption."

Throughout this relatively short book, Grand discusses the various analytic techniques she employs in the treatment of survivors and perpetrators of abuse, with emphasis on the challenges that therapists must confront with such patients. For example, she reveals her fear of being sued for implanting false memories, and therefore, in her view, shortchanging the patient. Grand also believes that therapists should not just passively accept a patient's comments about crimes he or she has committed, but should somehow take a stand against such acts. The author coins some terms from her own observations (e.g., "the adhesive self and its disintegrative anxieties" [p. 72]), but she also makes reference to more traditional psychic mechanisms, such as splitting and projective identification.

Readers who are looking for a straightforward, simply written book, along the lines of a medical journal article, may find this volume hard going. The author's writing style, though eloquent and incisive when she is describing her patients and her early experiences as a therapist, often becomes excessively abstract, elaborate (or perhaps "grand" would be a better adjective), and sometimes simply unclear, as in the following statements: "In both revictimization and perpetration, there is a meeting which is no meeting in the execution itself" (p. 6). "In this return to the tormentor, the survivor-perpetrator imagines the I-it relation of cruelty fantastically transformed into a paradoxical form of confirmatory relatedness" (p. 7). "There was an aperture in our dissociative contagion" (p. 149).

Grand is not only a psychoanalyst, but a cultural critic and philosopher. She uses literary allusions and citations throughout the book, including excerpts from Shakespeare, Yeats, T. S. Eliot, and the Bible, as well as provocative analyses of Orwell's *1984* and Camus's *The Stranger*. For those who are interested in exploring some terribly painful human experiences—their consequences and treatment—*The Reproduction of Evil* is a book worth reading. Modeling the behavior of a good therapist, Grand does not give a direct answer to the question of why the abused becomes the abuser. Instead, she makes the reader think deeply about some most discomforting topics: specifically, how people survive unbearable trauma and how psychoanalytic treatment can help.

LOUIS B. SCHLESINGER (MAPLEWOOD, NJ)

FREUDIAN ANALYSTS/FEMINIST ISSUES. By Judith Hughes. New Haven, CT/London: Yale Univ. Press, 1999. 222 pp.

I began reading this book with great eagerness. Hughes, a professor of history at the University of California, San Diego, and a clinical associate at the San Diego Psychoanalytic Institute, assembled an interesting and unique cast of characters: Helene Deutsch, Erik Erikson, Carol Gilligan, Karen Horney, Robert Stoller, Nancy Chodorow, and Melanie Klein (in addition to a presentation of Hughes's own views).

The organizing threads of the book, according to Hughes's introduction, are Freudianism and feminism, and I was interested to see what she would weave. When I finished the book, I had the feeling of having been on a grand tour, with occasionally memorable vistas, but under the direction of a somewhat quirky tour guide. The theorists visited in the book are all worth the trip, but the organizing framework Hughes offers somehow did not seem to represent "value added." Rather, I experienced the text as an interesting, but loosely connected, review of the work of these important theorists.

Hughes proposes the concept of "science as a selection process" as the organizing framework for the book. It is not entirely clear to me what this means, though Hughes seems to use the phrase to describe her conceptual lens, which she focuses on theoretical lineages, transmissions, and evolutions. Accordingly, the subtitles of each chapter relate to evolutionary themes: "Retrogression" for Deutsch, "Epigenesis" for Erikson and Gilligan, "Sexual Selection" for Horney, "Artificial Selection" for Stoller and Chodorow, and "Natural Selection" for Klein's theories and the author's own. While this way of organizing the content was not illuminating for me, Hughes's brief biographies of her subjects and her sketches of their theories certainly were. I found that the chapter on Horney, and the combined chapter on Stoller and Chodorow, made the most compelling reading.

Hughes reviews with eloquence and freshness Horney's move away from Freudian orthodoxy and the development of her strikingly contemporary feminist views. The contrast between Deutsch and Horney comes across clearly, with Horney receiving the more favorable reading. Hughes's selections from Horney's texts, interspersed throughout the chapter, are well chosen and illuminating. They strengthened my appreciation of Horney's insights into issues of gender and beyond. Here, for example, is Horney on the childhood environments of her neurotic patients, as quoted by Hughes:

> The basic evil is invariably a lack of genuine warmth and affection. A child can stand a great deal of what is often regarded as traumatic—such as sudden weaning, occasional beating, sex experience—as long as inwardly he feels wanted and loved . . . . The main reason a child does not receive

> enough warmth and affection lies in the parents' incapacity to give it on account of their own neuroses. More frequently than not, in my experience, the essential lack of warmth is camouflaged, and the parents claim to have in mind the child's best interest. Educational theories, oversolicitude or the self-sacrificing attitude of an "ideal" mother are the basic factors contributing to an atmosphere that more than anything else lays the cornerstone for future feelings of immense insecurity.
>
> Furthermore, we find various actions or attitudes on the part of the parents which cannot but arouse hostility, such as a preference for other children, unjust reproaches, unfulfilled promises, and not least important, an attitude toward the child's needs which goes through all gradations from temporary inconsideration to a consistent interfering with the most legitimate wishes of the child, such as disturbing friendships, ridiculing independent thinking, spoiling its interest in its own pursuits, whether artistic, athletic, or mechanical—altogether an attitude of the parents which if not in intention nevertheless in effect means breaking the child's will. [p. 84]

Horney's description of the self-protective measures adopted by such patients is strikingly prescient of contemporary descriptions of sadomasochistic defenses. Here is Horney's compelling account of the expression of these defenses in the analytic situation, as quoted by Hughes:

> Patients of this kind may ask desperately for help, yet not only will they fail to follow any suggestion, but they will express resentment at not being helped. If they do receive help by reaching an understanding of some peculiarity, they immediately fall back into their previous vexation and, as if nothing had been done, they will manage to erase the insight which was the result of the analyst's hard labor. Then the patient compels the analyst to put in new efforts which again are doomed to failure.
>
> The patient may receive a double satisfaction from such a situation: by means of presenting himself as helpless he receives a sort of triumph at being able to compel the analyst

> to slave in his service. At the same time this strategy tends to elicit feelings of helplessness in the analyst, and thus since his (the patient's) entanglements prevent him from dominating in a constructive way, he finds a possibility of destructive domination. Needless to say, the satisfaction gained in this way is entirely unconscious, just as the technique used in order to gain it is applied unconsciously. [pp. 85-86]

Hughes's chapter on Stoller and Chodorow is equally satisfying. The author quotes liberally from Stoller's writings to develop the compelling story of his intellectual journey in the attempt to understand issues of gender in the transsexual patients with whom he worked. His experiences eventually led him to move well beyond standard Freudian ideas about gender and sexuality (for example, the Oedipus complex as the nodal point for both) and to develop the notion of "core gender identity," which has since become so central within and beyond psychoanalysis. Stoller's theorizing, as recounted by Hughes, veers off in many strange but never uninteresting directions, and is characterized throughout by an impressive humanism and scientific spirit of determined curiosity. At the end of the chapter, Hughes briefly links Chodorow's work to Stoller's, apparently by virtue of their mutual interest in "primary femininity" and their anti-essentialist approaches to gender identity development. I, for one, wanted to hear more about Chodorow and about this link, while feeling that I had learned a great deal about Stoller's career from Hughes's careful research.

The other chapters—one on Deutsch, one on Erikson and Gilligan, and one on Klein supplemented by Hughes's views—are informative as reviews, but less successful in creating an engaging story. In each case, the "science as selection process" focus seems forced and a bit unclear, at least to me, and the evolutionary baggage seems to weigh things down. Also lacking, in my view, is adequate integration of contemporary psychoanalytic voices on issues of gender and sexuality. While it is interesting to review Deutsch's ideas, for example, the near absence of modern commentary on Deutsch makes the book feel dated. On the one hand, this method offers an opportunity to

reclaim some of the wisdom of earlier theorists like Deutsch, who are perhaps too quickly dismissed today, but at the same time, the necessary context is missing. Similarly, Hughes's presentation of her own idea about the possibility of conceptualizing gender identity as "multiple" does not include mention of other important theorists, such as Butler and Flax, to name just two, who have extensively developed related ideas.

All in all, then, my experience of reading *Freudian Analysts/Feminist Issues* was a mixed one. I greatly appreciated the author's informative sketches of several of the great thinkers on psychoanalysis and women. I would have hoped, however, for a more instructive framework that might help the reader take home more than just snapshots of the vast landscape covered in this book.

JAMES H. HANSELL (ANN ARBOR, MI)

PSYCHOHISTORY: THEORY AND PRACTICE. By Jacques Szaluta. New York: Peter Lang, 1999. 286 pp.

This is a sober and conscientious survey of psychohistory, a term which is now so widely used that it no longer needs to be hyphenated. Szaluta is primarily concerned with methodological issues, but he gives ample space to the arguments of critics as well as proponents. Freud plays the central theoretical role; Erikson's work gets a full chapter; and there is a chapter on post-Freudian developments as well, covering ego psychology, the British school, French interpreters, and Kohut's self psychology. Szaluta seems to be firmly in the camp of psychohistory's proponents, yet reviews the primary literature that has examined the pros and cons of creating a special academic subfield by combining psychoanalysis and history. Newcomers to this subject will find here a fair-minded outline of the whole contour of the major issues that have arisen in connection with psychohistory.

Some reservations about Szaluta's conceptual approach do seem to me to be in order. To what extent, I wonder, does the old debate over the extent to which psychoanalysis is an art as opposed to a sci-

ence bear on the question of psychohistory? To see Freud's achievements as in good part humanistic should not, I believe, weaken ties to history, but rather might be reassuring to those traditionalists who see history-writing as a craft rather than a hard science. I think that Freud's metaphor of so-called applied analysis (which Szaluta does not try to resuscitate) has long been out of date, and may always have been misleading. Erikson, for example, long held the view that psychoanalysts had as much to learn from historians as the other way around; when psychoanalysis and the social sciences are seen as moving along a two-way street, it is possible to appreciate how much psychohistory can do to broaden the outlooks of all of us.

It is no doubt a small point, but I would not have thought that the pioneering work of Erich Fromm deserved to be left out of Szaluta's survey. Even if acknowledgments to psychohistory's contributions are too often unspoken or taken for granted, no good contemporary historian could possibly proceed without taking into account all the central accomplishments of the psychohistorical field. But the recent demise of the journal *Psychohistory Review,* only partially compensated for by the creation of the semiannual *Psychoanalysis and History,* should warn us of the need to keep promoting the advantages of a psychohistorical perspective.

PAUL ROAZEN (CAMBRIDGE, MA)

A PSYCHOANALYSIS FOR OUR TIME: EXPLORING THE BLINDNESS OF THE SEEING I. By Jeffrey B. Rubin. New York: New York Univ. Press, 1998. 254 pp.

The title accurately indicates the ambitious scope of this book: the author proposes to present nothing less than a contemporary version of all of psychoanalysis. The result is, by turns, a critique of analytic institutions and ideas on theoretical, political, and philosophical grounds; a psychobiography of Freud, Winnicott, and Kohut; a defense of Freud against some of his critics, and of ego psychological ideas against those of id psychology, object relations theory, and self psychology; and a description of a new attitude that the author hopes

will allow the field to navigate a middle way between various problematic excesses.

In an effort to bring some cohesiveness to these widely ranging comments, the author wraps them in a prescription given to the field of psychoanalysis, that it must engage in an extensive self-analysis in order to overcome various forms of blindness, as the too-clever subtitle suggests. At the same time, he gives a prescription to the modern world, noting that it requires the specific virtues offered by psychoanalysis: "reflectiveness, emotional intimacy, and imagination . . . empathy, authenticity, and self-investigation," to be applied as correctives to "the cognitive oversaturation and pressure toward conventionality pervading the contemporary world, which flattens human life and drains it of depth and meaning" (p. x).

Given the breadth of these topics, the effort to present them as a unitary position is understandable, but not entirely successful. The literary conceit of putting analysis itself on the couch involves an explicit premise that all shortcomings in analytic theory and practice are understandable as results of the discipline's neurosis, a motivated blindness to biases, miscarriages, and contradictions that stems ultimately from Freud's ambivalence about knowing, which is in turn the result of his conflicted relationship with his mother. This encompassing interpretation is strained but fortunately unnecessary, as the most compelling sections of the book are those in which the author abandons the effort to interpret other theorists and focuses directly on their ideas and practices.

Many of the arguments advanced here are familiar, but Rubin presents them with particular clarity and force. His discussion of Freud includes a thoughtful rebuttal to those critics who focus on isolated aspects of his work, a well-phrased criticism of the (now generally discredited) "symbolic" theory of dream interpretation, and an elegant restatement of structural theory. His repeated objections to dogmatism, androcentrism, and rigidity in analytic institutions, theories, and practices are important and unexceptionable, but somewhat dated; he often seems to be arguing against attitudes that prevailed several decades ago, as when he recommends that an analyst regard a patient's preference for a "classical" treatment framework as mater-

ial for investigation rather than as unremarkable compliance. He takes an explicitly hermeneutic stance, arguing that "the crucial question is not whether psychoanalysis is 'scientific', but why science is fetishized and deified by many psychoanalysts" (p. 74), and buttressing his statement that "we need to replace the notion of *the* history of the analysand with *multiple* histories" (pp. 188-189, italics in original), with references to Donald Spence and Roy Schafer.

At other points, Rubin presents novel lines of argument about important areas of analytic theory. In his critiques of Winnicott's "true self" and Kohut's "nuclear self," he deftly identifies "the problematic assumption that there is a definite program of action to be found in one's past that can be a reliable guide for conduct in one's present life," arguing that "the therapeutic process involves building an identity rather than finding a blueprint" (pp. 121-123). He uses his summary of structural theory to articulate a Freudian theory of the self (a term Freud himself rarely used and never defined), and demonstrates that this theory's attention to the possibility of ongoing self-creation produces a subtler and more complex version of the self than either object relations or self psychology offers. He brings the historic debate over seduction theory into the context of modern discussions of the clinical situation, by recasting that debate as reflecting a tension between one-person and two-person models of explanation. Extending his consideration of the consequences of a one-person approach into an examination of the moral significance of analysis, he raises thought-provoking questions about whether the field's tendency to value the individual over the collective is a necessary outcome of analytic premises, or an artifact of the particular political and social climate in which the field has developed. Perhaps most important, he emphasizes repeatedly that the Freudian clinical attitude, properly understood, represents the most radically liberating aspect of analysis, with a potential to take us far beyond rapidly ossifying theories of mind: "Freudian method can destabilize 'fixed' theories, including Freudian ones" (p. 146).

It is no criticism, but rather a measure of the thought-provoking effect of the book, that this reader came away wishing for an opportunity to debate the author on several key points. Rubin's psycho-

historical treatments of Freud, Winnicott, and Kohut are interesting in themselves and useful contributions to the study of those individuals, but tend to muddy rather than to enhance the discussion of their ideas. An analytic theory, like any other, should stand or fall on its own usefulness and explanatory power, not on the dynamics of its author; Rubin himself makes this point in criticizing the Secret Committee's response to Ferenczi (p. 142). It is certainly imaginable that a thinker might generate an idea that is enlightening, expansive, or even true for reasons that are entirely neurotic, and our theories would be better served if they were considered independent of their progenitors.

In the final chapter, Rubin asks why, with our current emphasis on analysis as a two-person process, analytic case reports are unquestioningly written from the perspective of the analyst alone, and suggests that a less authoritarian presentation would result from a "dialogic" or "polyphonic" style of case reporting, in which the voice of the formerly "subjugated" patient is presented along with the analyst's (pp. 186-193). The use of the case report has not been as unquestioned as Rubin suggests: a 1989 panel of distinguished analysts discussed the theory and practice of the case report,[1] as did Robert Michels's Plenary Address at the Fall 1997 meeting of the American Psychoanalytic Association,[2] and a special issue of this journal examined the topic of "Knowledge and Authority in the Psychoanalytic Relationship."[3]

More important, Rubin's argument neglects the fact that the case report is written for a particular audience, one made up of analysts. Properly understood, such a report is always a representation of the analyst's experience, which is where the analyst–reader's primary interest is likely to lie. Rubin is certainly correct that it was a conceptual error to imagine, as we once did, that such a presentation gives an accurate or objective picture of the patient's experience.

[1] Galatzer-Levy, R., reporter (1991). Panel discussion on "Presentation of Clinical Experience." *J. Amer. Psychoanal. Assn.,* 39:727-740.

[2] Michels, R. (2000). The case history. *J. Amer. Psychoanal. Assn.,* 48:355-375.

[3] *Psychoanal. Q.,* 65(1), 1996.

However, the solution to this problem is not an overambitious attempt to represent all aspects of the process, but an appropriate humility about the limits of the case report.

This book is less a true monograph than a collection of essays by a single author on a variety of topics. If it were to be categorized, it would perhaps best be called a contribution to the philosophy of psychoanalysis, focusing primarily on how analysis views the human condition and on what values it espouses for coping with that condition. Rubin hopes to find the answers to these questions in the pursuit of a "middle path" (p. 5); virtually every paragraph in the book contains a sentence in the following form: "A posthumanist practice is self-questioning and committed yet not nihilistic, affirmative as well as deconstructive, attuned to psychological complexity and subjectivity without eschewing causality or ushering in a disabling indeterminacy" (p. 144). Such formulations offer an appealing rhetoric, but rarely explain how the paradoxes they pose are to be resolved. At the core of a lengthy consideration of determinism and free will, Rubin paraphrases Freud as arguing that "we are simultaneously determined by our histories *and* capable of choice and self-modification" (p. 150, italics in original), but does not help us bridge this logical chasm.

Furthermore, some central analytic concepts are not middle paths, but radical extremes. Neutrality, which receives surprisingly little attention in this book addressing values in analysis, is one such concept. Rubin dismisses neutrality in a single footnote on p. 221 (in which he confuses it with abstinence), but the analyst's refusal, in the face of powerful transference and countertransference forces, to impose his or her personal values on the patient constitutes a truly radical stance, and one that distinguishes analysis from all other forms of therapy and rhetoric.

Rubin clearly disagrees that this is or should be the case. He states unequivocally that analysis "consciously values candor, rationality, tolerance, and freer associations" (p. 49), and that the analyst should try to foster in the analysand a lifelong habit of self-analysis. However, a believer in radical neutrality would argue that these traits are useful only to the process of analysis, and need not be pro-

moted as a desirable outcome. A genuinely neutral analyst should be open to the possibility that, as the result of a successful analysis, the analysand will freely choose to be duplicitous, irrational, intolerant, and/or uncurious about his or her inner life.

One reason for espousing radical neutrality is that, as analysts, we have no particular expertise in questions of value. As Rubin states, "the analyst is highly skilled at fostering a collaborative, self-reflective relationship devoted to illuminating and enriching the patient's life, . . . rather than revealing the absolute Truth about the patient's psyche" (p. 195); this is certainly true, and the analyst is even less equipped to reveal "the absolute Truth" about life and how it should be lived. Rubin's conviction and sermonizing that modern life is morally bankrupt, and that psychoanalysis offers the virtues needed to replenish it, undermine the effectiveness of this otherwise compelling, provocative, and far-reaching work.

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ABSTRACTS

PSYCHE.

LIV, 1, 2000

Narzißus, Intersubjektivität une Anerkennung. Martin Altmeyer.

"Narcissism, Intersubjectivity, Recognition" points out that, traditionally, narcissism is understood as synonymous with self-love and egocentricity; drive theory defines it as the libidinous cathexis of the self. The author casts doubt on this view of what is not only a central psychoanalytic concept, but also one that has found its way into everyday language. Instead, he proposes an intersubjective definition: narcissism originates in the mirror of the object. A narcissistic disturbance is an unconscious "battle for recognition" (Hegel). A Winnicott-inspired model of the intersubjective genesis of self, further elaborated by Bollas and Ogden, forms the basis for this interdisciplinary approach, combining Freud's definition of narcissism as "being loved," developmental theory in infant research, the symbolic and interactionalistic concept of adoption of perspective (Mead), and the sociophilosophical theory of recognition (Honneth, Benjamin). The central thesis is that it is only under the paradigm of intersubjectivity that the notorious contradictions of the psychoanalytic concept of narcissism can be resolved.

LIV, 8, 2000

Traumarbeit und Erinnern im Lichte von Dissoziierungs und Reassoziierungs Operationen des Vorbewußten. Wolfgang Lauschner.

In "Dream Work and Remembering in the Light of Dissociation and Reassociation Processed in the Preconscious," the author contends that the mechanisms of dream work can be traced back to a process of alternation in the psyche between dissociation and reassociation. Drawing on findings from stimulation experiments in a sleep lab, the author first discusses dissociative processes in dreams. He marshals evidence suggesting that blockading (of concise meaning) and sequentialization qualify for definition as dream work mechanisms, alongside fragmentation. Indissolubly bound up with the dissociation process is a process of reassociation, in which the fragments are reassembled into a whole. The author sees dissociation and reassociation as operations of the preconscious and the unconscious. An initial attempt is made to extend these findings to remembering and mem-

ory. The author appeals to the work of Maurice Halbwachs to substantiate his thesis that the external world is an indispensable, actualizing, reassociation factor, making memory possible in the first place.

Der Strich des Apelles, Zwei homosexuelle Leidenschaften. Judith Le Soldat.

In line with her belief that the interpretation of dreams requires major aggressive effort if it is to penetrate through to latent thought, the author of "The Brush Stroke of Apelles: Two Homosexual Passions" traces the meanderings of a suppressed, distorted wish of a homosexual patient. She draws on both classical methodologies of dream interpretation and ideas from the sphere of linguistics, compounding these with mythological and literary descriptions and close study of language games. At the close of her telling reconstruction of the work of the unconscious, both in her patient and herself, she is on the track of a central homosexual fantasy and its consequences: the anal castration of the loved one.

LIV, 9/10, 2000

Die Entwicklung der Traumatheorie in der Psychoanalyse. Werner Bohleber.

"The Development of Trauma Theory in Psychoanalysis" traces Freud's early hypotheses on trauma and seduction theory before moving on to a description of Ferenczi's innovative approach, followed by a review of relevant findings from research on infancy, as well as recent ideas gleaned in connection with insights on seduction in childhood—not least in the treatment of Holocaust survivors and their descendants. The treatment of Holocaust survivors made it necessary to reconceptualize trauma theory to encompass this extremely traumatic experience. The author demonstrates that in psychoanalytic thinking, different theories of trauma have developed on the basis of two different models: one psychoeconomic, and the other centered on the theory of object relations. Both models are essential to any balanced understanding of trauma.

Psychische Widerständigheit bei Holocaust-Überlebenden. Henry Krystal.

In "Resilience: Accommodation and Recovery in Holocaust Survivors," the author notes that the reactions of Holocaust victims are not easily generalized. Individual personality features and behavioral patterns engender individual responses. It is a fact that while some victims of the camps later managed to sustain a certain optimism and a degree of personal initiative, others appeared to give themselves up altogether, and the author inquires into the factors operative in producing such a situation. He concludes that

the *subjective* judgment of helplessness in a traumatic situation engenders a transition of the original fear to a catatonic reaction, instituting the traumatic condition and taking a progressive course. The victim reacts to commands like a robot would, finally capitulating in a state of surrender. For Krystal, the most important mainstay in surviving extreme traumatization is a form of infant omnipotence, which equips the individual with intrapsychic resilience and a capacity for love. This is preserved within the self, and the individual is able to pass it on to others, thus surviving the traumatic situation.

Eros oder Thanatos? Der Kampf um die Erzählbarkeit des Traumas. Dori Laub.

With recourse to Freud's idea of the death instinct, the author advances a theoretical foundation for the clinical experience of severe traumatization in "Eros or Thanatos? The Struggle for a Narrative of Trauma." At an individual level, the central feature of extreme traumatization is the failure to establish an empathic link between perpetrator and victim. In Laub's view, the "empty circle" (a feeling of deficient structure and representation) develops even before the splitting into good and bad object images occurs. The main characteristics of severe trauma are (a) amorphous presence not limited by time, space, and action; (b) a specific tinting and formation of the entire internal representation of reality, across numerous generations, as an unconscious structural principle; and (c) total ignorance of the trauma, with complete obliteration of any memory of it. The author exemplifies his views with reference to detailed case descriptions.

Extreme Traumatisierung und Psychotherapie. Sverre Varvin.

The disruption and loss characterizing the lives of severely traumatized individuals, and particularly those who have been exiled, are addressed in "The Presence of the Past: Extreme Traumatization and Psychotherapy." Such individuals frequently experience therapeutic encounters as threatening because they fear renewed traumatization. They are thus typically restricted in their capacity to build a trustful relationship. In his study, Varvin focuses on a mentalization disturbance resulting from trauma, and draws on case vignettes to support his attempt to develop an approach to the treatment of these patients. Of special historical significance here is the setting, which must encourage a process of historicization, permitting the contextualization of hitherto inadequately symbolized experiences.

Großgruppenidentität und auserwahltes Trauma. Vamik D. Volkan.

Proceeding from the identity concept, the author attempts to establish the unconscious oedipal connections between individual core identity and large-group identity in "Large-Group Identity and Chosen Trauma." Taking

his bearings from Erikson, Volkan conceives of a large-group identity as the subjective experience of many persons linked by a feeling of their own uniqueness. Mental representations of shared historical events—categorized as "suitable reservoirs," "chosen glories," "chosen traumas," "transgenerational transmissions," and "time collapse"—form the markers for large-group identity. The author exemplifies his ideas with reference to the collective mental representation of "chosen glories" and "chosen trauma."

Das Gedächtnis des Grolld und das Gedächtnis des Schmerzes. Luis Kancyper.

In a quest for the central trigger of self-torment and vengeance on objects, melancholy, and compulsive neurosis, the author of "The Memory of Resentment and the Memory of Pain" homes in not on the conflict between love and hate, but on the ambivalent relationship between hate and resentment. Whereas hate is an essential component in separation and individuation and an important factor in the mourning process, presentment interrupts confrontation in the conflict of generations and inhibits mourning. This has repercussions both on the affected individual's subjective experience of time and on the configuration of the respective object relations. A central role is played here by retributional identification, in which the subject becomes the bearer of parental revenge impulses.

Destruktion und Schuld. Franziska Henningsen.

In this extended case description, entitled "Destruction and Guilt: Splitting and Reintegration Processes in the Analysis of a Traumatized Patient," the author traces in detail how she was able, in small stages of the analytic relationship, to read aspects of the trauma as "quotations," and gradually, through transference, to transform them into a symbolic language. Split-off aggression(s) and resultant guilt feelings became progressively accessible to interpretation through projective identifications in the transference.

Zur Tradierung des Traumas der nationalsozialistischen Judenvernichtung. Kurt Grünberg.

With reference to central passages of an interview with a Jewish woman from the second generation, the author of "On the Transmission of the Trauma of the National Socialist Extermination of the Jews" focuses first on the content side of the dispute about the transmission of the trauma of the National Socialist extermination of the Jews. The author then proceeds to pinpoint various rationalization strategies generated in connection with Nazi persecution: the allegation of a "pact of silence on both sides," a negation of difference between victims and perpetrators, the construction of a form of "complicity" between victims and perpetrators, the allegation of kinship between victims and perpetrators, the attempt to "therapeu-

tize" trauma caused by the Nazis, and finally the "psychologization" of reality. Reflections on the way survivors talk about their experiences and on the overestimation of verbalization lead to conclusions about the transmission mode operative in the ongoing trauma of the extermination of the Jews by the National Socialists in survivor families.

Der Tod von Paul Celan. Rolf Vogt.

"The Death of Paul Celan" looks at Celan's poems from a psychodynamic perspective and tries to fathom the meaning of the poet's early death. The author is fully aware both of the hazards of what he is about and of his motive as being the reconstruction of Celan's biography. He draws on both Keilson's theory of sequential traumatization and the close reading of selected poems, and identifies psychodynamically significant aspects in the career and personality of Paul Celan, which—at least tentatively—may furnish some explanation for his suicide.