

CYBERPASSION: E-ROTIC TRANSFERENCE ON THE INTERNET

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While psychoanalysis has generally been regarded as “the talking cure,” written communication from patient to analyst commonly appears within the analytic setting. In our electronic age, e-mail communications from patient to analyst have become commonplace. This paper describes a case of erotic transference conveyed primarily through e-mail messages, and discusses their multiple meanings as an enactment. The unique features of e-mail communication are explored and contrasted with verbal discourse in the analytic dyad.

The playwright Sam Shepard recently made the following observation: “The struggle with the land is finished. . . . Now the frontier is the computer, so it has become an internal thing. Computers cause protracted dreaming about what might be, and the frontier everyone is seeking is now in the imagination” (Weber 2000, p. 10).

California may still be the epicenter of the frontier, but the Gold Rush now takes place in virtual space. The lore from Silicon Valley is that the region produces sixty freshly minted millionaires a day. Virtual communities are springing up in this new never-never land, leading to new definitions of intimacy. The discourse on the Internet between two individuals sitting at computers in distant locations is not exactly *in* the world, but it is not exactly *out-*

The author thanks Dr. Bonnie Litowitz for her helpful suggestions on earlier drafts of this manuscript.

side the world either. Indeed, the undefined boundaries of cyberspace offer new possibilities.

It was only a matter of time until psychotherapeutic treatments went online. A small but growing literature has developed on such topics as *Internet regression* and *transference on the Internet* (Childress 1998; Laszlo, Esterman, and Zabko 1999; Polauf 1998; Suler 1998). The absence of information about the person on the other end of the e-mail communication and the lack of visual cues facilitate the attribution of various qualities to the other person. Anger, narcissistic wounds, and feelings of rejection are commonplace in e-mail communications.

Parallel with the growth of advice giving and psychotherapy on the Internet has been the widely publicized phenomenon of cybersex, and even cybersex addiction (Toomey and Rothenberg 2000). One-third of adult Internet visits are to sexually oriented chat rooms, websites, and news groups (Brody 2000). Cloaked in anonymity, total strangers can express their unbridled sexual fantasies to each other with a candor that would be unthinkable in the physical presence of another person. The immediacy of online communication and the disinhibiting effect of talking online (Grohol 1998), two characteristics frequently associated with the Internet, undoubtedly contribute to the popularity of this mode of communication. We now hear of men and women who fall passionately in love with "cyber pen pals" whom they have never seen.

The literature has addressed the effects of other media (diaries and letters, telephone calls) as forms of enactment in psychoanalytic treatment. However, up to this time, there has been a paucity of literature attempting to describe the effects of new developments on the Internet regarding analytic treatment. Nevertheless, many analysts have been confronted with situations in which patients have communicated through e-mail, creating the need for analysts to develop creative solutions of their own. In this communication, I address two parallel developments in this new era of cyberspace in which most of us find ourselves living: the use of e-mail in clinical settings, and the facilitation of sexual expression made possible by communication through cyberspace.

While I did not seek out this new ground for exploration, I nevertheless had to confront such a variation on the expression of erotic transference in the course of my clinical work. My intent is not to propose a definitive technical approach to this phenomenon, but only to share my struggles with unfamiliar territory and to make a contribution to what is bound to be an ongoing dialogue on this subject.

CLINICAL ILLUSTRATION

Rachel was an academic at a nearby university who came to analysis in her mid-thirties. She had been in analysis for a little over a year when she began to develop the glimmerings of erotic transference. She told me of her wish to be special and unique among all my patients. With considerable inhibition and halting speech, she wanted to know if I loved her. She found it extremely difficult to elaborate on her feelings toward me, and often ridiculed the analytic mode of talking instead of acting. She insisted that she would be able to talk to me more openly if we were sexually involved. She said that if I were to make love to her, she would then have solid evidence that I cared about her.

Rachel came to one session and announced, "I think the only reason you won't go to bed with me is that you don't like me and don't want me sexually. I can't talk about what I want from you, so I brought a song lyric to read to you." She then read the following:

The sparrows chirp and the chipmunks chatter
And we go on as mad as a hatter
And nothing at all gets said.
Talk to me in bed
Where it matters.

She went on to compare her love for me to a nun's love for Christ, and expressed exasperation that nothing was going to develop from this.

The day after she read the song lyric to me, I arrived at my office and read my e-mail, as I always do. I was surprised to find the following message from her:

You have undoubtedly noticed that I clam up at times, and you probably attribute it to embarrassment. Actually, while I am only mildly reluctant to share personal feelings with you, I am utterly unable to *talk* about them. I seem to have a real taboo on speech. It helps if you put words in my mouth. Once the topic is on the table, I can usually elaborate, to some degree.

When she arrived for her session that day, Rachel asked if I had seen the e-mail message, and I replied that indeed I had. She asked if I could help her by putting words to some of her sexual fantasies about me. I told her that I thought I could be of more help if she could elaborate on the difficulties she experienced in trying to talk about her fantasies. She said she was terrifically “turned on” in our last session, and felt that a sadomasochistic interaction was occurring because of my frustration of her erotic wishes: “You’re encouraging me to be frustrated, and it seems odd to talk about it, but not to act on the feelings.”

Rachel was a highly intelligent and classically educated woman. She had read widely about psychoanalysis. She commented that she fully understood the principle of transference, and went on to add: “I don’t really think it has to be incestuous if you and I become sexually involved. You’re not my father. If we had sex, you would be *you*—not a figure contaminated by transference. I just can’t talk about sex; I do not have the vocabulary for it. I’ve never been able to use words for sex organs or intercourse, even with C [her current lover, with whom she lived] or with previous lovers.”

I noted that it *did* seem that Rachel had a much stronger taboo about saying things than about writing them in e-mail communications. I wondered if she had any thoughts about this speech taboo.

Rachel then said that her mother used to refer to certain things as “unspeakable,” and she specifically did not want to hear about what Rachel had done. One of her favorite comments was, “Ask me no questions, and I’ll tell you no lies.” Rachel went on, “Sometimes, in the evening, my mother would sit down at the piano and play this song that had the words ‘We don’t talk about that.’ In our

house, we didn't talk about lots of things." Rachel paused, and after a minute or two, I asked, "What things didn't you talk about?"

Rachel hesitated before saying, "There's something I haven't really told you about. When I was three or four, I slept in my brother's bed, off and on for about two years. He would have been about seven or eight when this started. He was really my first love. He would seduce me wordlessly, and I would silently go along with him. But I did enjoy it. At some level, I knew it was wrong, but it seemed natural at another level. It provided me with something that I desperately need from you now. My mother was emotionally sadistic with me; I was repeatedly buoyed up and dashed down by her fickleness, over which I had no control. To some extent, I repeat this now with you. Without your doing anything but analyzing, I go through cycles of feeling loved and then rejected."

I pointed out to her that she *was* able to talk about very intense feelings, and even about the incestuous behavior with her brother, and I wondered why she had felt the need to send an e-mail to me, rather than telling me her feelings in person. She responded, "I told you before—I cannot talk about sex. I had planned to overcome my reluctance in using explicitly sexual language in my e-mail message, but I couldn't make myself do it. The words didn't sound like me."

Rachel equated her inhibition about sexual talk with secret keeping, noting that the sexual relationship with her brother was something that was kept secret from her mother. At times, she felt it was the only thing that her mother did not know about her. In a subsequent e-mail to me, Rachel noted that the incestuous relationship

... gave me an identity separate from her—an act of rebellion that defined who I am. It's a new experience to not act on the feelings I have toward you. I'd rather have you on the analytic couch, making love to me. I can show you how I feel, but it's much harder to tell you. I really long to submit to you. I love to call you "Dr. Gabbard" because it elevates you above me, which is a turn-on.

At the next session after this message was sent, Rachel asked me if I had liked its content. She then added provocatively, “Remember—I’m ready to submit any time.” I replied, “But submitting to me carries with it the same concern that you had with your mother—namely, that you will lose your separate identity and disappear.”

Rachel answered, “I don’t have a sense of who I am; I don’t have a sense of self. With my mother, I always felt I’d already lost myself. I couldn’t possibly feel separate from her. I think of analysis differently, almost as an opportunity to get rid of myself and merge with you, since I’m tired of being me. Sex with you would accomplish that. It would be secret; no one would know but us.”

I said, “Much like your relationship with your brother.”

In the ensuing months following this exchange, I regularly received e-mail messages from Rachel in between her sessions. Much of the content involved her passionate sexual desire toward me and her inability to talk about this directly in the sessions. Here is an example:

You may be wondering if I’m still going around lovestruck and wet all the time. Sure. I’m wanting you terrifically, and I spent most of today thinking about you and masturbating. I had the house to myself as C was on a business trip, so I was able to walk around nude. It was very stimulating, and I wished you were there. I had planned in this message to try to overcome my reluctance in using sexually explicit language, but it didn’t sound like me. I want you to talk dirty to me. I know you’re going away at the end of next week, and I’d like to make love with you before you go. It drives me crazy that it’s just talk.

As implied by this last message, the intensity of the erotic feelings seemed to increase prior to my absences, and especially during my absences. Here is one of the messages that was sent while I was out of the country at a meeting:

You’ve only been away for one and a half days, and I already miss you terribly. It feels like I’m in love. When I’m driving to your office, I start thinking about you and

expecting sex. My body has certain sensations. There is a tingly sensation on the skin of my breasts, stomach, and thighs, and an empty feeling inside my lower abdomen and mouth. It seems to be specific to you; I haven't noticed it happening in regard to anyone else.

After considering the various possibilities in your office, I've decided that the best spot for lovemaking would be on the Oriental rug. We would have plenty of room to move around and engage in foreplay. On second thought, foreplay would be like teasing to me in this state of mind. Afterplay would be fun, though.

I bought one of your books, and I envy the male patient in your book who could speak so freely about sex. It seems that I have a stronger taboo about saying things than doing them. I would love to perform fellatio on you (for my own pleasure, not just yours), but I couldn't come near to describing the act. One of my former lovers noticed my inarticulateness and tutored me in this area. He'd ask me if I wanted certain sexual things, and he would tell me to parrot back his words. I never could say those words for sexual acts independently, but it was still a terrific turn-on for me. Am I allowed to get turned on in sessions?

One of the obvious functions of these e-mail communications was to maintain a connection in fantasy with me during my absences, as well as between sessions. When Rachel sent me a message, it created for her a sense of being present in my mind. As we analyzed the meaning of her e-mail correspondence, she observed that "e-mail is a direct line to you—*always*—wherever you are. I don't have to risk interrupting you at home with your wife and kids, as I would on the phone. I always felt overheard by my mom as a kid when I spoke to friends over the phone. But e-mail seems more private."

Bringing Cyberspace Communication into the Analytic Space

From my perspective, these messages presented a dilemma. I felt that the analysis of this extra-analytic communication was essen-

tial, and the patient's thoughts and fantasies could not remain *outside* the analytic process. On the other hand, Rachel felt incapable of putting these thoughts into words in our sessions. I did not want to start an adjunctive e-mail analysis by dealing with this material via Internet correspondence; hence, I told the patient that the material she sent me in e-mails should be brought into the analysis so that we could discuss it. A compromise was worked out: she would print her messages and bring them to me as hard copies. I would read what she wrote, and together we would analyze the material.

This approach led to highly productive explorations of the various meanings of words versus actions, writing versus speaking, and the use of the e-mail medium itself. For example, writing had the connotation to Rachel of being more permanent and less likely to be ignored. She observed, "One thing I like about e-mail is that you *get* every word I say, unlike verbal communication, where you don't really take in everything I speak. That's especially important in a love letter."

Rachel was able to express her concern that if she voiced her sexual feelings in my presence, I might violate sexual boundaries with her, and then she would be responsible for ruining my career. I pointed out to her that responsibility for maintaining boundaries resides with the analyst rather than with the patient. She responded that in childhood, she had always been responsible for her mother's emotions because her mother was unstable. She could endure pain better than her mother could, being the stronger of the two.

Rachel also stressed that e-mail communication relieved her of responsibility in another sense. In one session, she reflected on the difference between typing an e-mail to me and verbalizing her passion in the session, saying of the former: "It's out there, and it's already in the past. Therefore, I don't have to be responsible for it."

We also came to understand how e-mail functioned as a self-preservative barrier to intimacy. Rachel was able to draw an analogy between her reluctance to lose herself to me in sexual talk and her fear of surrendering to orgasm. She commented that she preserved a sense of self by using e-mail and avoiding frankly erotic dialogue

with me. She rarely had orgasms, and she had frequently said that she wished to avoid orgasm because it carried with it a threat of losing the self. In one session, she commented, "I hated the loss of control when I first had an orgasm. In masturbation, there's much less of a threat of losing a sense of who I am. I know it's hard for men to understand why a woman would not want to have an orgasm. But it's hard for me to expose myself to that extent; I value my privacy. One of the reasons I have such a hard time free associating in analysis is that it feels like I'd be giving up all my privacy." Hence, from the patient's perspective, e-mail preserved a sense of privacy and bypassed the free-association process, which she felt would be a catastrophic capitulation in which she would lose all control and even a solid sense of who she was.

Throughout the analysis of her inhibition about talking, Rachel continued to push for action. She commented that she sexualized our relationship because she could not feel close unless we had sex, noting that a similar feeling had been involved during her incestuous relationship with her brother. She recalled that it was the only way of being close with him in a family in which she felt close to no one. If I had sex with her, she would know that I cared. She also knew that I would always remember her because she would be an anomaly in my practice. I pointed out to her that in a similar way, her use of e-mail to communicate with me might carry with it a powerful fantasy of being unique, special, and perhaps unforgettable.

It was apparent to both Rachel and me that even though her sexual wishes were not consummated in the analysis, to some extent, she was able to introduce action through the Internet. Typing e-mails to me was unequivocally an *act*. My reading the e-mails aloud to her was also an enactment of a sexualized relationship. In her fantasies, she loved to think of me as a dominant figure who would force her to submit. In my insistence that the e-mail letters should not remain outside of the process, we were enacting a dominance-submission paradigm that at some level was highly gratifying to her. In one session, she commented, "I'm sure you don't use the caveman approach I like when making love, but at least when you make me go through

these messages, I can feel like you're a caveman forcing this stuff on me."

While her observation was certainly valid, I believed that my decision had been the enactment of choice in a smorgasbord of problematic options. If I did not insist on bringing the messages into the analytic discourse, I would be enacting a secretive, exclusive relationship with Rachel that re-created the incestuous bond with her brother. I also came to recognize that she had an intense feeling of shame associated with her attempts to talk about love and sexual desire in person with me. In one of her e-mails, she recollected her experience with her mother:

My tender feelings were always ridiculed [by her] as sentimental and foolish, so now I feel bad about my feelings that I am "in love" with you. I also feel foolish and subject to ridicule from you. That is worse to me than a *Scarlet Letter* type of ostracism.

Communicating her feelings through the Internet moderated Rachel's shame and protected her from what she felt was inevitable humiliation by me.

Countertransference in Cyberspace

While I noted in my introductory comments that there is a growing literature on transference in cybercommunication, almost nothing has been written about countertransference in that sphere. My receipt of sexually charged e-mails from Rachel felt illicit in some way. There was a part of me that felt I needed to close my door while I read her messages. What would a colleague think who dropped in unexpectedly and saw what I was reading? At times, I felt I was reading pornographic communications, and I would be aware of a sense of embarrassment. I recalled news stories of corporate employees who had been fired for accessing pornographic sites during work hours. I would feel a pressing need to delete her e-mails from my computer system as soon as possible, in order to avoid discovery, partly in the name of preserving the patient's confidentiality,

but partly to deal with my own sense of shame at deriving a special form of secret excitement from reading them.

I recognized a part of me that wanted to collude with Rachel in a subtle subversion of the analytic task staged in cyberspace, where no one would ever know. Steiner (2000) suggested that in most analysts, hate for analysis coexists with love. The analytic enterprise demands a discipline and restraint that is highly frustrating. Each of us has a host of competing agendas when we sit behind the couch, and I found myself struggling with my own conflicting needs in the analysis with Rachel.

Over time, I noticed—to my surprise—that reading the letters out loud with the patient tended to dissipate my sexual excitement. Love letters are meant to be read in private, and the act of bringing them into the light of day and sharing them openly somehow diffuses the erotic element.

When Rachel finally began to put her sexual longings into words in our sessions, her secret e-mail messages—which were to some degree an unmentalized enactment akin to incest with her brother—were transformed into a relationship that could be reflected upon. In using these spoken words, she felt exposed and vulnerable. She gradually came to see, however, that I was not invested in shaming her, and she became more collaborative. The e-mail communications became less frequent over time and ultimately subsided, as though they had performed an important function in one phase of the analysis, but were no longer necessary.

DISCUSSION

Psychoanalysis has long been referred to as “the talking cure,” and there can be little doubt that Freud privileged verbal expression. Nevertheless, we must keep in mind that Freud’s self-analysis took place largely in an epistolary relationship with Fliess (Perez 1992). Moreover, in Freud’s analysis of Marie Bonaparte, the patient brought in her youthful notebooks and went over her writings with Freud during the hours (de Bissy 1990). I maintain that it would

be a serious mistake to view the written communication of patients as merely a form of resistance or acting out.

Early in my career as an analytic candidate, one of my supervisors told me the story of a woman he had treated who brought a shoe box full of letters to the first session. She had wanted him to read the letters with her, and he had declined, suggesting that she instead tell him about their contents. The patient left and never returned. Some years later, he learned that she had committed suicide. He said that he had always wondered if going over the letters with her might have made a difference.

In the case of Rachel, there was an insistence on her part that my willingness to read her e-mails and incorporate them into the process made a huge difference to her. Some time after she stopped sending them to me, she reflected back on what had transpired:

I would have felt shamed or slapped on the wrist if you had rejected my e-mails. I was expressing an aspect of me that I couldn't articulate verbally. If you had slammed the door shut on that hidden part of me, you would have been just like my mother. The message would have been that you were more interested in having me meet your requirements than in getting to know who I was. I would have felt like I'd failed as a patient.

Winnicott (1960) noted that infants whose initiatives are consistently thwarted by parents who cannot receive or validate them will find an alternative pathway to connect with their parents. This strategy usually involves the development of a false self whom the parents recognize and appreciate. The true self becomes shrouded in shame, however, and some degree of authenticity is lost.

Rachel's sexual writing can be viewed as a developmental step that needed to be taken prior to expression of her passion in speech. Her sexualized e-mail messages were repeating in action something that could not be verbalized. Her incestuous involvement with her brother was a wordless, secret, and forbidden relationship that also served the function of maintaining a sense of defiance of and separateness from her mother. To a large extent, a feeling of aliveness

emanated from this relationship to fight off psychological deadness, as well as engulfment by her mother's scrutiny and control. The incestuous behavior with her brother interfered with the developmentally appropriate frustration of desire that produces a capacity to delay. In her desperation to feel loved and validated, she turned to her brother, where she was prematurely overstimulated. My absences reevoked the need to sexualize as a way to fend off feelings of deadness, disconnection, and loss (Gabbard 1996). Rachel bypassed a developmental step in which such feelings could be processed and metabolized with fantasies and with words.

Bollas (1997) made the following observation:

Part of the talking cure is in the innumerable precise and discrete emphases of the telling that "put" or "bring" the latent contents into discourse. The effect of this transportation gives new body to the analysand's speech, as it assists the patient in bringing the force of instincts into words adequate to bear and transform them, as well as bringing the force of the instinct into that poetics of telling that is in itself a derivative of sexual life. [p. 366]

In the analytic setting, the use of words to talk about erotic longings has a potentially transformative power. In the case of Rachel, however, that transformation was resisted with formidable resolve.

While we generally think of the verbalization of wishes and affects as having the potential to tame powerful feelings, in Rachel's case, the opposite was true. She was deeply conflicted about verbalization of sexual desire. On one hand, she longed to share her feelings with me, but on the other, she feared that giving words to her desire would result in unbridled discharge of her impulses that would either destroy my career or lead to her humiliation. For her, sexual longing was embodied more in the voice than in the written word, making Internet communication relatively safer.

In a discussion of the use of writing by adolescents, Litowitz and Gundlach (1987) described an important developmental aspect of writing, as follows.

As there is a lessening of affect through mediation from experience to speech, there is a further weakening of affect in writing. Writing can therefore serve to tame and control emotions that threaten to overwhelm the subject. Writing, serving as a substitute action, can inhibit another action. [p. 86]

For Rachel, the medium of cyberspace was less affectively charged, and thus less likely to precipitate a sense of grief at having to give up the treasured but secret internal object relationship associated with incestuous sexuality.

Rachel's difficulty in using words to symbolize was also reflected in her perception of the frequent collapse of the analytic "play space." The loss of the "as-if" nature of the transference was particularly striking in her insistence that if we made love, I would not be her father or her brother—I would simply be myself, "uncontaminated by transference."

Other analysts have commented on the role that writing may play in analysis. Figueiredo (1998) noted that spoken language has more immediacy than written language, where a certain amount of distance is possible. Putti (1998) shared my view that the analyst must bring written messages into the analysis for discussion. While she noted that motives for writing can include fear of the analyst's reaction and fear of the patient's own emotionality, she also stressed that trust in the analyst may be increased when the communications are read through together. Bertrand (1998) emphasized that a written narrative is a solitary act that involves no interactional risks. But how solitary is writing? Litowitz and Gundlach (1987) noted that the privacy of writing creates distance and the *appearance* of solitude, but that there is always an imaginary audience; hence, writing is always social and dialogic. They also suggested that writing differs from speech in that it leaves a visual trace that endures over time and space, while also allowing greater control over the consequences of the expression.

For Rachel, the physical absence of the analyst while she typed e-mail messages created a sense of space in which to find herself, apart from the analyst's immediate influence. She commented at one point, "When you say something in here, I have to pull back

and decide if I really agree with what you're attributing to me, or if I am simply thinking it because *you* thought it. I used to think Mom was omniscient and could make me think what she thought. E-mail helps me think my *own* thoughts." Freedom of thought is a major goal of analytic work (Symington 1990), and communication via e-mail helped Rachel to achieve that goal.

Unique Aspects of E-Mail Communication

While e-mail writing has much in common with other forms of writing in analysis, it also has some unique properties. Lear (2000) pointed out that the physical use of the fingers is closely related to the discharge of impulses. He noted that many people regret having hit the "send" button on their computers too soon, wishing that they had delayed the impulse with greater thought and anticipation of consequences. Indeed, the Internet disinhibits one's defense mechanisms and allows for greater disclosure than in ordinary discourse (Uecker 1997). As demonstrated by Rachel's case, e-mail communication allows one to overcome shame and other inhibiting factors that prevent direct expression of embarrassing feelings in person.

Furthermore, the use of passwords and online identities allows for the illusion of a secret, forbidden relationship with an e-mail pen pal. Rachel told me in one of her e-mails not to hit the "reply" button if I responded, because her lover might see what she had written. She very much conveyed the sense of hiding an affair. Of course, such privacy is only illusory because the confidentiality of e-mails is roughly equivalent to the confidentiality of a postcard; after an e-mail is sent, it does not disappear, but is traceable and identifiable. After the message is read, a copy usually remains behind on the Internet service provider's computer or on the online service's computer (Labruzzo 1997). Even deleted messages can be retrieved. Finally, messages are frequently sent to the wrong person, with the potential to cause great embarrassment.

These considerations raise profound concerns about the trend toward conducting psychotherapy over the Internet. Case law is still

evolving in this area, but in Rachel's case, I had serious reservations about sending any kind of significant communication via e-mail because of the potential for a breach of confidentiality. I generally limited my replies to her to an acknowledgment that I had received the message.

The use of a screen persona reflects another unique phenomenon associated with cybercommunication: permission to develop a playful expansion of the self. In the case of Rachel, the screen persona was her, but at the same time, not her. As Turkle (1997) put it, "You can have a sense of self without being one self" (p. 258). Turkle (1984) reinterpreted the story of Narcissus by noting that the mythological subject did not really fall in love with himself—he fell in love with an image that appeared to him to be someone else. Similarly, while looking into the computer screen, we can play with the idea of becoming someone other than who we are. Indeed, we may be searching for our selves as we look into the computer screen and try on different identities to communicate with others. Virtual space has a lot in common with transitional space, in the sense that it is not truly an internal realm, but lies somewhere between external reality and our internal world. When we sit at a computer, we are both real and not real. Using e-mail, Rachel was able to try on a new version of herself that included the ability to directly express passionate sexual desire, an ability that she ultimately integrated and made a part of herself.

A similar paradox exists around the nature of the object to whom one is writing. The person sending an e-mail message is alone, but not alone. The apparent privacy allows for freer expression, but the awareness of the other receiving the e-mail allows for passionate attachment and highly emotional expressiveness. The Internet has led to new definitions of privacy as well as of intimacy.

Rachel's cybercommunication expanded the boundary of the analytic experience. As I struggled with matters of confidentiality, sexual excitement, and the feeling that I was colluding in some form of secret cybersex, I was aware of my own anxieties about expanding and redefining the boundaries of analysis. Was I transgressing a boundary by incorporating e-mail communication into analysis, or

was I breaking new ground on the analytic frontier in a constructive and creative way?

CONCLUSION

The use of e-mail communication in the course of an analysis can have multiple meanings, just as can any other form of enactment. In the case of Rachel, it re-created a forbidden relationship that had allowed her to survive a childhood dominated by a stifling and intrusive mother. It also provided a medium in which to express burning passion that could not be put into words. It simultaneously provided a sense of omnipotent control over her analyst, since in her fantasy, it would keep me from acting on her provocations while also providing an attenuated sadomasochistic interaction—one in which I “forced” her to analyze what she had written. E-mail communication also maintained a connection between us during my absences, thus serving to deny our separateness. Paradoxically, it created a separate space for Rachel to define herself apart from me. The typing of e-mail messages created a transitional space for her in which she could play with new versions of herself.

Turkle (1984, 1997) compared the cultural impact of the computer to that of psychoanalysis. Freud offered new ways for people to think about themselves, which included helping them to deal with guilt about sexual aspects of the self. Turkle suggested that cybercommunication is expanding the self in new ways, since ultimately, it forces us to take a hard look at what it means to be human. If Sam Shepard (Weber 2000) is correct that the new frontier lies in the realm of the imagination, we psychoanalysts should be around for a good long time, since that territory is one of our favorite stomping grounds.

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ON BEING FORGOTTEN AND FORGETTING ONE'S SELF

BY SHELDON BACH, PH.D.

This paper assumes that evocative constancy, the ability to evoke reliably good-enough images of self and object in times of stress, underlies not only self and object constancy, but also the development of memory and the symbolic processes. It is suggested that a crucial element in this development is the mother's ability to construct and retain a vivid, cohesive, and reliable memory of her child, and to engage—in a multitude of implicit ways—in a process of mutual holding in memory. Where this process is deficient, the child, and later the adult, may experience discontinuities of the self, which find expression in profound anxieties, phobias, and problems of memory and learning. As these discontinuities are revived in the transference and the countertransference, both patient and analyst must work together to keep each other reliably alive in memory.

But were I granted time to accomplish my work, I would not fail to stamp it with the seal of that Time, now so forcibly present to my mind, and in it I would describe men, even at the risk of giving them the appearance of monstrous beings, as occupying in Time a much greater place than that so sparingly conceded to them in Space, a place indeed extended beyond measure, because, like giants plunged in the years, they touch at once those periods of their lives—separated by so many days—so far apart in Time.

—Marcel Proust (1957), p. 2

This paper is dedicated to the loving memory of Dr. Lester Schwartz.

Although in the real world, our experience of seeing, hearing, smelling, and touching people guarantees their existence for us, their continued existence when not within the grasp of our senses is guaranteed only by our memory of them. And just as we keep people alive by remembering them, so we sustain feelings of our own aliveness not only through the ongoing awareness of our actual physical beings, but also through feeling that we exist and are remembered in the minds of others (Stern 1985; Winnicott 1958). This paper deals with those who cannot feel continually alive in the present because, as children, they did not feel continually remembered and alive in the minds of their primary caretakers.

I first became interested in this topic when a patient, Jeffrey, told me that as a child, he was well known at Macy's Department Store because his mother would regularly come to the lost-and-found area to retrieve him after she had lost him while shopping. Although Jeffrey recounted this story in an amusing way, it turned out to be only the tip of an iceberg of isolation and despair, of which he had been largely unconscious.

From the beginning of the analysis, I had noted that, after mentioning some name or incident, Jeffrey would casually ask, "I've told you about him, haven't I?" or "Have I told you about that?" My countertransference anxiety alerted me to the importance of these questions, but it was a while before we could discuss his expectation that I really would not remember what he had said yesterday or the day before. It took even longer to clarify that when he talked about something, he often unconsciously tried to remind me of what had happened, in a subtle way, so that I would be filled in even if I had forgotten it.

The *Oxford English Dictionary* (1989) defines forgetting as "to miss or lose one's hold" on something or someone (p. 70), and Jeffrey's conviction that he would be forgotten had led him to lose his hold on many things in his own life, most notably on a firm sense of himself. Jeffrey presented with many phobias, one of which was a fear of flying. Since his executive position required him to fly on a fairly regular basis, he was constantly living with anticipatory fear, which at times was so severe that he had walked off an already-boarded plane.

After an appreciable time in analysis, when the transference had entered an early maternal phase, he began to get frightened on the couch, to feel that he was drifting, had no direction, and was unable to think or talk. As these moments increased in intensity, he would often feel the necessity to sit up and look at me, which usually relieved his anxiety. Eventually, it became clear that he was terrified of "losing his connection" with me, and that sitting up and looking at me reassured him that I was still there and thinking of him. For many months, we explored his anxiety about drifting without direction, and we learned that this anxiety culminated in a terrifying fantasy of falling endlessly into empty space. But we were still not sure what this was about.

When Jeffrey took business flights, he was usually accompanied by Matthew, a young assistant whose career he had mentored and to whom he had a close attachment. Jeffrey and I both assumed that being accompanied by someone helped to reduce his anxiety, and indeed, when frightened on the plane, he had often turned to Matthew for some kind of reassurance. But one day, Matthew suddenly became ill, and Jeffrey, on last-minute notice, was obliged to fly without him. Much to his surprise and my own, he discovered that he felt much better on the plane when Matthew was not with him, "because I suddenly realized that even if I died, there would be someone alive out there who would still remember me."

It thus became increasingly clear that at the center of Jeffrey's multiple phobias and anxieties lay a primary anxiety of being forgotten, a wordless fear of falling in an endless tumble out of his mother's mind and into the oblivion of nonremembrance. This primitive anxiety, which has been touched on in diverse ways in my work (Bach 1985, 1995), as well as in that of Modell (1993), Ogden (1986), and Winnicott (1958), among others, seems to be related to a disturbance in the capacity for evocative constancy and a consequent difficulty in the establishment of stable representations and reliable self and object constancy (Auerbach 1990, 1993). While the importance of a reliable maternal presence for the development of evocative constancy has often been noted, Jeffrey's case emphasizes

the importance not only of the mother's physical presence, but especially of her psychic construction and holding of the child in memory. I have elsewhere reported from the other side, as it were, the case of a mother whose repeated suicidal threats and attempts were only finally resolved when she became able to retain the memory of her children-with-herself-as-mother as part of an enlarged state of consciousness (Bach 1998). So this mutual holding in memory may well have life-and-death implications for both child and mother.

To return to Jeffrey's analysis, it became apparent in our work together that, in addition to his fear of flying, he also suffered from an elevator phobia, a claustrophobia associated particularly with bathrooms, a fear of public speaking, and a generalized social phobia. As we analyzed each of these phobias in detail, we learned that they formed an interconnected network centering on the same fear of being forgotten. Although we later began to use the concepts of *being forgotten* and of *not being remembered* interchangeably, the phenomenological experience of Jeffrey's fear was specifically of not being remembered, as if the act of being remembered by someone was very literally what was keeping him alive. And indeed this seemed accurate enough, because—at least for Jeffrey's mother—the state of not remembering her child seemed to be the more frequent and natural one, whereas forgetting him was often linked to a more deliberate but unacknowledged withdrawal, which served as a punishment when Jeffrey had crossed her in some way.

Who actually was this mother who appeared to be—both in Jeffrey's memory and in our analytic reconstructions—not remembering her own son? Here I should mention that I am not unaware of current controversies about childhood amnesia and reconstruction of the past (e.g., Fonagy 1999), and I recognize that for a long time now, it has been out of fashion to attend to Freud's (1919) admonition that "analytic work deserves to be recognized as genuine psycho-analysis only when it has succeeded in removing the amnesia which conceals from the adult his knowledge of his childhood from its beginning" (p. 183). Nonetheless, my clinical experience has repeatedly led me to believe that in many cases, it is possible to reconstruct a patient's childhood with a reasonable degree of cer-

tainty, and moreover, that often the very process of this reconstruction is of great therapeutic importance.

In Jeffrey's case, his mother was someone he saw frequently as an adult, so that the material we worked on came from present-day telephone conversations or other interactions, often only a few hours or days old. Furthermore, Jeffrey's reports of his mother's current behavior and his recovered memories of her as a child retained a remarkable consistency over many years, and our eventual understanding of her behavior allowed us to consistently predict her actions in novel situations whose outcome would not be obvious. As is quite typical in such cases, Jeffrey's initial conviction was that he had experienced the most normal of childhoods, that his siblings were all wonderfully content, and that his own symptoms and emerging memories of early confusion, pain, and despair were proof that there was indeed something terribly wrong with him.

Over the course of the analysis, I developed a fantasy that I would be able to recognize Jeffrey's mother if I met her, and that I would understand her psychology. One of the many aspects of this fantasy was my growing confidence in the convergence of our two primary sources of information: Jeffrey's emerging memories of the interaction between his mother and himself, and our own reenactments in the transference and countertransference during the course of the analysis. I found it significant that I thought I would be able to recognize Jeffrey's mother, first because the analytic process involved a good deal of work by Jeffrey and me, and second, because a correlative was that Jeffrey now believed that he understood his mother's mind, which I took to be an essential part of his understanding his own mind. Before that point in the analysis, Jeffrey had usually felt confused by his mother's mental operations, and indeed quite hopeless about ever comprehending them. But I strongly believe that understanding how one's mother's or father's mind works is an important task of growing up, and one that has gone awry for many of our patients (Bach, in press).

For example, when Jeffrey developed a serious medical condition that called for a complicated decision about whether to opt for drug treatment or surgery, his mother urged him to undergo sur-

gery without even fully listening to an explanation of the issues. By this time, Jeffrey was able to see that she could not tolerate either complexity or ambiguity, and he could comment as follows: "That's the way she is—she just does things and doesn't think about them, and that way, she can actually deny that anything really bad has happened."

And indeed his mother, although an educated and intelligent woman, seemed to live in a world of superstitions, primitive beliefs, and magic, a world in which Jeffrey had been immersed to an extent that he had not fully comprehended. In his mother's either-or world, things were either good or bad, right or wrong, smart or stupid, friendly or dangerous, and nothing existed between these extremes. Furthermore, her children could find themselves in the smart or good category one day, and in the stupid or bad category the next, without their having any idea what they might have done to warrant this shift. What Jeffrey had experienced throughout his childhood, and what he conveyed to me via transference enactments, was that *his mother had given him no real concept of process*. In practice, this meant to Jeffrey that if you let anything get even a little bit out of control, it could turn into its opposite—i.e., if you sneezed, that meant you were sick and going to die, or if you asked a question, that meant you were stupid and did not belong in the present company.

In paying attention to and reflecting on this world of superstition and magic that Jeffrey inhabited with his mother, we slowly came to realize that one of its main characteristics was this pervasive lack of a sense of process. One day, Jeffrey said, "It seems to me that each time I meet my mother, it's like having a new experience . . . as if we were starting afresh. I don't think I feel that way with most people. . . . Sometimes I have a good conversation with her and I feel connected, but then I'll meet her again and it's almost like meeting a different person. I think that it's very upsetting to me . . . there's no continuity. . . ."

"When I was a kid, I used to take karate class," he continued, "and I liked it a lot. The instructors there thought I was very good, and they always picked me to demonstrate to the other kids. So I would be coming out of karate, where they thought I was wonder-

ful, and then I would be expecting my mother to pick me up, and she didn't come, and I was waiting around, wondering if she would come or not. And then I would start to have these fantasies about meeting some big guy on the street who insulted me and said I was only a kid, and then I challenged him and used my karate, and he was really amazed when I laid him out flat! . . . I guess I must have been really angry at my mother, but that never even crossed my mind. . . .

"And I used to dream about coming out of karate class, where everyone thought I was so wonderful, and my mother would be there, and I would jump into the car and tell her how great the class was, and she would be excited along with me. In my dreams, it would all come together: the excitement of the class, my mother's excitement, and everyone thinking I was great. But in reality, it was always split apart."

And it was in just this way that we learned the details of the discontinuities in Jeffrey's life that had never been repaired—the ruptures that had never been mended, the rents in the fabric of his ego that brought him to a halt in whatever he might undertake, whether in work or in love. It seemed that he could never count on feeling that the past was connected to the present and would flow into the future, or that each little fragment of daily experience fit into an overall pattern that gave a meaning to life. On the contrary, when he first came to analysis, Jeffrey lived his life in discrete and fragmented moments, which he experienced as unconnected to each other in any meaningful or unified way. Although he desperately felt the urge to contact other people, he could neither figure out how to do this, nor manage to pull together the scattered segments of his life experience. Thus, his memories of his life were split off from each other and stereotyped in such a way that living memories were shielded by a screen of words. Emotional memories from his early years were almost entirely absent. One could say with some legitimacy that Jeffrey had forgotten his childhood.

I puzzled over this to myself for many months, until one day when Jeffrey came in angry with himself. He began by saying, "I

called my mother again . . . but why do I call her? Out of guilt or some other kind of obligation? She kept asking me if I had written a thank-you note to this person I hardly know who did something or other for my brother that has nothing to do with me. . . . She's so concerned that I should do the right thing, but she doesn't seem to have any idea about who I actually am. I can't understand why I keep calling her!"

I commented, "You keep calling her to make sure that she doesn't forget you."

Jeffrey seemed taken aback. "That makes a lot of sense," he said. "I never thought of it that way, but it's true. Did I ever tell you that I always say, 'Mom, it's Jeffrey'—as if she wouldn't recognize my voice, wouldn't know who I am . . . ?"

In fact, he had never told me this, but it dovetailed perfectly with his transference expectation that I would forget what he said, and also with his subtle attempts to remind me about what had happened in our previous sessions. So it made sense that Jeffrey would keep reminding his mother who he was—and, expectably enough, at the height of this transference paradigm, I occasionally found myself forgetting who my next patient was, when the next patient was Jeffrey, whom I had been seeing at the same hour for years.

It was at this point that I began to more fully realize how we are all bound together in time by a network of expectations, of which we are only dimly aware and which become clearly visible only when they are disrupted by dysfunction or pathology. I was reminded of a patient I had seen many years before who would constantly ask me, "When you come into the waiting room, how can you be so sure that it's me who will be there, and not another person, or some giant insect or a plant?" Although at that time, I had been able to respond in an appropriately analytic way, it now seemed to me that I had not fully appreciated the lived experience embedded in this poignant cry from the patient's heart.

While I had assumed from early on that there must be some kind of projective identification going on between Jeffrey and his mother that made her forget him, over time, we began to learn things

about his mother that made her own part in this equation loom even larger than expected. For as Jeffrey began to feel less need to call his mother frequently, it became evident that she felt no need to call him at all. And so they went from having spoken to each other several times a week to not talking to each other for weeks on end—until Jeffrey called her, at which point she would reproach him for not having called earlier. Mother was apparently unable even to entertain the possibility that she could have called him.

I now learned that while Jeffrey was at college, his father had died, and his mother had not even notified him beforehand of his father's illness, in order "not to disturb his studies." Instead, she had notified him of the funeral at the last minute. In the period of mourning following his father's death, she had spoken only of her own loss, never once acknowledging that Jeffrey had lost someone important, too. And when it came time to distribute his father's legacy (which had been left entirely to her), she divided it in such a way that Jeffrey was objectively deprived of his fair share.

So it seemed that there were actual events in the past and particular attitudes of his mother's that formed an important part of the reasons why Jeffrey felt himself to be a forgotten person. Of course, the most significant result of his feeling not remembered by his mother was his pervasive sense that *he was a stupid and unmemorable person*, in addition to his total inability to vividly remember his childhood. For by not remembering it, he was forgetting a very important piece of himself—one that existed not only in the past, but that was also unconsciously affecting his every thought and action in the present, as well as his hopes and aspirations for the future.

In his repeated references to the concept of *Nachtraglichkeit*, Freud (1896) insisted on the ongoing two-way interaction between past and present. He noted not only the possible delayed effects of an earlier trauma, but also the mind's capacity to retrospectively attribute a causal meaning to an earlier event at a later time. In this way, both the past and the present are constantly rearranging or retranscribing each other in human memory, and this rearrangement affects our expectations for the future as well. Proust, also, showed how the human being is in a constant struggle to recapture his or

her past, and emphasized that true memory is not merely a dry register of occurrences, but rather a total evocation of an experienced sensory and phenomenal world (Poland 1992).

It was this submerged phenomenal and sensual world of his childhood with which Jeffrey was out of touch, and it only began to emerge in bits and fragments as the analysis proceeded. And in the course of our explorations, I repeatedly sensed that Jeffrey's lack of memories from the past was in some way connected in his mind to the experience of not being remembered by his mother, and, conversely, that the memories he was recovering in analysis—of both the past and the present—were continually rearranging themselves around his experience of being remembered by me.

It was then that I realized that a person's specific memories and experiences are like individual beads that can achieve continuity and gestalt form only when they are strung together to become a necklace. The string on which they are assembled is the child's continuous existence in the mind of the parent, which provides the continuity on which the beads of experiences are strung together and become the necklace of a connected life. We know, for example, that many people whose parents were actively involved with them, but took a primarily negative view of things, tend to string their experiences on a negative filament, so that each new event is assembled and viewed from its negative aspect—just as was the parents' habit. But the most difficult therapeutic issues arise in those cases in which the parent was emotionally absent or uninvolved, for then the string of continuity on which to assemble experience is missing, and the child is left clutching a handful of beads or memories that form no discernible pattern. This feels similar to the momentary experience many of us have had when a necklace or bracelet suddenly breaks, and what had been a coherent pattern or gestalt a moment before suddenly becomes a confusion of separate elements, rolling every which way on the floor.

This was the way that Jeffrey had consistently experienced his childhood, for he said about his mother: "It's not that she wasn't there, but I just couldn't feel any real connection to her." It then became clear to me that what was missing was the string of emotion-

al connections and the continuity in time on which the beads of his experience could be strung.

So it seems that the mind creates our experiential world by both connecting and transforming stimuli across time. If, for example, we project a motion picture strip at ten frames per second, we see a series of static, disconnected images, but when we project it at twenty-four frames per second, these discrete images suddenly turn into a flow of continuous, connected movement. While this may tell us something about the processing speed of the brain center that establishes visual motion, it also suggests that a certain frequency over time is necessary for a visual sense of continuity to become established.

This phenomenon coincides with the experience of many analysts that a certain frequency of sessions is essential for the establishment of a deep transference, especially with those patients in whom problems of attachment, separation, and continuity are foremost. I have also come to believe that with such patients, it is primarily the analyst's faith, trust, hope, and expectations—that is, his or her emotionally charged remembering of the patient—that keeps the patient connected to the analyst. By this, I mean that in order for a dismembered life to come together, the analyst must keep the patient alive in his or her own mind in a continuous way, and the patient must believe that the analyst holds the patient and keeps him or her alive in memory. Reciprocally, of course, the patient must learn to keep the analyst consistently alive, and the analyst must feel that he or she remains alive in the mind of the patient.

Now, by reaffirming the importance of this mutual holding in memory, I do not mean to slight the importance of the multiplicity of defensive operations, denials, withdrawals, and attacks on linking that figure so prominently in all patients—and also, I believe, in all analysts. As I have discussed elsewhere (Bach 1985), these defensive operations are often most clearly visible at times of separation or reattachment, such as at the end of a vacation, when the patient's reluctance to closely reengage may often be paralleled by the analyst's difficulties in doing the same. For it can also, among other things, be a burden and a worrisome responsibility for parent and

child to hold each other closely in mind, as witnessed by the presence of not only pain, but also mutual liberation, when children finally do grow up and leave home.

For these and many other reasons, along with the need and desire to be remembered by the parent, there is also almost always a need to be left alone, to be disconnected, to soar into solitary freedom or sink into oblivious sleep. This need to be left alone was not absent in Jeffrey. His pervasive fear that I might forget him was, at another level, countered by the compulsive wish that I would completely forget him, leaving him alone and unencumbered by my insistent presence. In the first few years of treatment, he would sometimes sink into a state in which he would stop talking, responding to me by saying that there was nothing on his mind, unable as he was to locate any feeling except apathy and a painful sense that he was utterly disconnected from everyone. These silent and disconnected states persisted for a long time, and it was very difficult either to attach them to what had been going on moments before, or to otherwise help Jeffrey deal with them. Over time, they slowly began to shorten in duration, so that a silence that might have lasted fifteen minutes in the first year eventually became only a momentary lapse in the continual stream of consciousness.

During these silences, I at first experienced a kind of apathetic disconnection myself, so that it seemed that the countertransference was failing to provide its usual cues as to what might be going on. In the available time—of which I had plenty—I would force myself to entertain hypotheses about concealed rage, murderous intent, attacks on linking, reunion with the dead mother, and other interesting thoughts, but eventually I came to believe that I was simply trying to keep myself and Jeffrey artificially alive with these speculations, and that I might do better to join him in the land of the dead. This was not an easy task because it felt very uncomfortable there, but it gave me some experience of what it must have been like for Jeffrey to exist for most of his childhood in this desolate terrain of unconnected beings. Indeed, in this Dantesque landscape, momentary outbursts of anger seemed like a welcome relief, which led me to believe that Jeffrey's whole family system had

achieved this degree of moribundity only by draining itself almost entirely of aggressive and libidinal energies.

So, although Jeffrey's stuporous states were in one way a simple repetition of the disconnection that had existed between his parents and himself, they were in another way a participatory re-enactment of the family defenses against the anger and violence that are necessary for separation and individuation. It seemed that, just as his mother had held the power of psychological life and death over Jeffrey throughout his childhood, he was now, through his silence, enacting that power of psychological life and death over me and over the analysis. But finally, and perhaps most important, these silences constituted an avoidance of the mourning and reparation that might have led to more mature and more real experiences of connection.

Thinking about all this, it seems to me that one way of summarizing what I learned is to say that *a parent may actually destroy a child, both psychically and even physically, by not constructing or holding that child's memory or representation in a particular way*. Conversely, as the child becomes an adult and the generational power reverses, the adult child may now destroy the parent by not carrying that parent's memory in a particular way. For while coming of age always involves some form of parental destruction, as Loewald (1980) has emphasized, it makes a huge difference to the parties concerned whether the parental psyche is left fragmented and dislocated in the universe, or whether the parent can mourn his or her own aging while nevertheless rejoicing in the string of continuity in which the parent's own life now finds a diminishing place.

So it seems that in normal development, there is, from the beginning, a kind of mutual holding in memory that is of greatest importance to both parent and child—as evidenced by the mother's jubilation when the child first seems to recognize her, and her disappointment when the child does not do so. We now know that a newborn infant can recognize the mother's smell within twenty-four hours of birth, so that this mutual recognition and holding seem to be in place from very early on. And we can imagine that, with a normal baby, the mother's *expectation* of being recognized

and her ability to provide appropriate stimuli play an important role in bringing this about, and that an apathetic mother might take much longer to engage this mutual memory system. Somewhere along this continuum lie the intermittently engaged mother, the depressed mother, and, at the extreme, the missing mother and Spitz's (1965) marasmus and infant death.

Marasmus can be viewed as a demonstration that the infant's need to mutually hold and be held in memory can be life sustaining; and, with a stretch of the imagination, one might view Jeffrey's plight as an intermittent and very diminished kind of marasmus. But what I want to emphasize is that this mutual carrying and holding of memory representations is an important developmental function, and that impediments to this process can lead to psychological and even physical destruction.

Of course, even in normal development, a certain kind of destruction is not entirely avoided; such controlled, specific destruction must take place over and over on higher developmental levels for mature object relationships to develop. That is to say, connection cannot exist without the disconnection that destroys it, and normal remembering cannot exist without forgetting, as Borges (1962) so beautifully demonstrated in *Funes, the Memorius*, his story about a man who was unable to forget anything.

Cognitive researchers have recently begun to demonstrate a similar phenomenon (Nader, Schafe, and LeDoux 2000). It has been known for some time that memory formation, which is fixed by protein synthesis, can be disrupted if a drug that inhibits protein synthesis is given within six hours of the memory stimulus. But apparently, even after a memory has become fixed, if the stimulus to recall it is reproduced and the memory reactivated, it returns to a malleable state and can once more be disrupted if protein synthesis is inhibited. What this seems to mean is that fixed memory is capable of becoming malleable again when exposed to the original memory stimulus, and thus events in the present can become capable of influencing even fixed memories of the past. Of course, this latest scientific discovery can be seen as a confirmation of Freud's (1896) concept of *Nachträglichkeit*, and of the continual flux and

interchange he postulated between the past, present, and future, and between remembering and forgetting. But how does this influence the problem of Jeffrey's difficulties with his sense of process, continuity, and being remembered?

We know that in normal development, the mother is the keeper of the child's memories, and that she normally inserts little bookmarks into the memory stream by making such remarks as "Yesterday we went to the playground and saw the little black dog," or "Do you remember last month when we went to Grandma's house? Well, tomorrow we're going again." Thus, she becomes the muse of the child's past, present, and future, helping to reintegrate memories at each higher level of development. By stringing these events on the filament of the mother's continuity, the child creates an ongoing sense of him- or herself as a continuing and expanding existence over time. Simultaneously, the child is influencing the mother's memory, quickening it with the vivid verbal and sensual details that are so characteristic of the normal mother-toddler dyad.

In this normal experience, the child is incidentally learning concepts such as the simultaneity of events and the succession and duration of time, which will form the very fabric of the child's working ego. The importance of this implicit knowledge is hard to overestimate, given that we take it so much for granted, but it becomes highlighted when we turn to pathology such as Jeffrey's in which the interaction with the mother, instead of having led to the synthesis and integration of events over time, has instead resulted in experiences of fragmentation.

For example, Jeffrey was very prone to losing or misplacing things in everyday life. He would finish a report at work and then not be able to locate it, misplace his keys or his wallet, lose an important letter, or mislay the television remote control. His work assistant spent a considerable amount of time searching for the many things he had lost or forgotten. Repeated analyses of these parapraxes, as well as of similar ones in the transference, always brought us back to some real or fantasied lack of connection with his mother or me, thereby confirming Anna Freud's (1967) dictum that children who are chronic losers "live out a double identification, pas-

sively with the lost objects which symbolize themselves, actively with the parents whom they experience to be as neglectful, indifferent, and unconcerned toward them as they themselves are toward their possessions" (p. 16).

But this pattern of losing things and the experience of feeling lost were only the more visible aspects of a state of delimited inner fragmentation with which Jeffrey had lived from early childhood. I often puzzled about how he could have reached such a high executive position and achieved a certain maturity, while at the same time feeling so lost and experiencing himself as so insignificant. He was very intelligent, his chronic feelings of stupidity notwithstanding, but he was definitely an underachiever in many areas. He had successfully walked through all of his schooling in a state of mental fog, and had immediately forgotten most of what he had learned. He seemed to have excellent instincts for doing the right thing interpersonally and on the job, but he lived in constant terror of being asked to explain why he did what he did, for he could not seem to get an overview or to link things together in a logical or theoretical way. Thus, despite his intelligence, learning something new in any area filled him with dread because he lacked the ability to conceptualize it, to connect it with previously learned information, or to imagine a learning process over time.

What I came to realize about Jeffrey and the many other patients like him whom I have seen was that his sense of time had become fragmented, so that at certain moments or in certain states, the whole world was experienced as consisting of bits and pieces, none of which had any meaning. For such a sense of meaning arises out of the connectedness of things and their relationships to each other in time, and when the links of this connectedness in time are broken, we are left with only empty moments in a frightening and meaningless void. And I knew then that Jeffrey had been driven into his stuporous states as an escape from this terrifying sense of meaninglessness. A phrase from Shakespeare came to my mind, about Macbeth murdering sleep; and it occurred to me that, by not constructing or holding a child's memory or representation in a connected way, a parent can actually murder time for that child,

with the resulting cognitive and emotional difficulties that I have tried to describe.

This particular story had a happy ending, for Jeffrey did eventually learn how to learn, how to connect without too much fear, and how to overcome certain of the deficits with which he had been left. And it is only as I write this that I realize the significance of the fact that, after many vicissitudes had taken place, when Jeffrey was engaged to be married, the first present he gave his fiancée was a watch—a significance that completely escaped me at the time.

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EROTIC OVERSTIMULATION AND THE CO-CONSTRUCTION OF SEXUAL MEANINGS IN TRANSFERENCE- COUNTERTRANSFERENCE EXPERIENCE

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This paper attempts to explore the ways in which Western child-rearing practices do not provide an early interpersonal experience in which infantile, sexual, or sensual-erotic experience is held, contained, and given meaning within a safe parent-child dyad. It is the author's basic premise that this normative developmental process fosters a dissociation of unformulated aspects of early sexual and sensual-erotic experience, leaving much of the experience ensconced in unsymbolized and therefore relatively inchoate image, sensation, and affect. The impact of such a dissociation on the patient-analyst relationship is explored, specifically at times when sexual or erotic material begins to impact upon transference-countertransference processes. An extended clinical example is provided.

Over the past five years, I have written and presented a series of papers and discussions on the psychoanalyst's use of his or her subjectivity as a potential facilitator in opening up disowned, and therefore prematurely foreclosed, areas of the patient's sexuality (Davies 1994a, 1994b, 1998a, 1998b). I have suggested that in cases in which the patient's sexuality is disowned, dissociated, or projectively evacuated into the analyst, the analyst's more active interventions, including partial self-disclosures and/or open recogni-

tion and affirmation of the patient's sexual emergence, may become important aspects of therapeutic change.

In articulating my position, I have challenged the almost universal assumption that in making clinical choices with regard to erotic transference-countertransference issues, the analyst always stands in the role of oedipal parent; likewise, I have challenged the notion that the operative clinical choice always lies between the gratification and nongratification of incestuous oedipal wishes. I have attempted to deepen my own understanding of adult sexuality as it may appear in the clinical situation, and to differentiate these processes from the more infantile sexual manifestations that we have grown used to considering. I have tried to demonstrate that successful analytic work must often bear witness to the passage from the more infantile form of sexual relatedness to its more adult embodiment.

In my earlier works mentioned above, the patients discussed struggled with sexual inhibitions and insecurities, having come to analysis for help with just these issues. Open discussion of sexual interaction occurring in the transference-countertransference took place only in the final stages of the analytic work. The relationship of this aspect of the transference-countertransference work to the termination phase of the treatment was considered extremely important. These papers have occasionally been misread as representing a belief that open discussion of erotic transference-countertransference interactions is always preferable to other forms of containment or analytic inquiry. Since this is not my belief—indeed, since open discussion of the analyst's sexual response is at many junctures clearly inappropriate to the analytic work—I would like to address in the present paper the clinical question of when and why one might draw the analysis of erotic transference-countertransference issues into the here and now of the analytic relationship, and when and why one might choose to deal with these issues first by maintaining a focus on the patient's life outside the treatment setting. I would also like to elaborate on the reasons why I believe that it is the later phases of the treatment process that are more conducive to working with erotic transference-countertransfer-

ence interactions between patient and analyst, and what advantages accrue to moving the focus of analytic attention from the patient's everyday life into the analytic relationship.

THE EROTIC AND THE SEDUCTIVE

One of the advantages of opening up a discussion of erotic transference-countertransference issues is that it brings to the foreground many ideas, issues, and distinctions that could become blurred or foreclosed in a more repressive atmosphere. During the last several years, in my teaching and writing about this subject, it has become clear to me that what we used to refer to as *the* erotic transference is in actuality a complex set of patient-analyst engagements in which sexual feelings, fantasies, or sensations play a significant role. There is no single template for understanding this transference-countertransference experience, and in setting forth clinical theory and recommendations, we must strive to refine our meanings and engage with each other in an increasingly meaningful and nuanced conversation.

Toward such an end, I have become aware that my own work on erotic transference and countertransference highlights a specific area of patient-analyst engagement that is somewhat different from the more stereotypical connotation of the term. I am speaking less of the intense, aggressive, defensive erotization as first described by Blum (1973)—an erotization that oftentimes floods the analytic relationship, threatening the holding and containing functions of the analytic pair; but instead, I am referring more to the gently and gradually evolving experience that can accompany the unfolding of mutuality and intimate relational bonding. I have come to think of the more primitive, aggressively erotized manifestation as a form of what I call *protoeroticism*, and I suggest that it is likely to evoke a countertransference response of increased guardedness, rigidity, and formality, responsive to the implicit or explicit, conscious or unconscious assault on the analytic frame and maintenance of appropriate analytic bound-

aries.¹ Paradoxically, I believe that it is most often the gentler and more subtle forms of erotization that result in countertransference responses more genuinely loving and potentially erotic. These countertransference reactions can be disturbing to the analyst in an entirely different way, and may raise management issues distinctly different from the more aggressivized forms of erotization.

I think most of us would agree, regardless of our individual theoretical orientations, that psychoanalysis, especially when it works, is both a deeply penetrating and implicitly seductive process. As we wend our ways into the deepest recesses of people's most intimate and private experiences, whether we see ourselves as revealing and uncovering, or constructing and cocreating, we clearly work from a position of influence well within the patient's most private interior spaces. We speak of being "taken in" by patients, of "getting through" to them, of "piercing" defenses, of "digging deeper," of "delving," and of "true" or "core" self-experience. Indeed, I could make the case that one implicit, though often unattended to, element of most transference interpretations is that aspect of the analyst's statement that suggests, regardless of specific content, the following: "I am now inside of you . . . and that has important meaning for you . . . for us." Such interpretations are often regarded by patients as a particular form of symbolic, psychic penetration, a therapeutic movement beyond the more typical narcissistic defenses that seek to make the other nonessential. Previously, I wrote:

Ultimately to know and to recognize, to be known and to be recognized, are to penetrate and to be penetrated. Such penetration can be gentle and loving or aggressive and exploitative; exquisitely intimate, deeply revealing, it can nourish or humiliate by equal measure. [Davies 1998b, p. 809]

That we want to know our patients; that we consistently make determined efforts at enhanced intimacy; that we offer certain es-

¹ For more about this kind of transference-countertransference situation, see Davies (2000).

sential provisions missing in their earliest object relationships; that we promise a kind of understanding and enlightenment, where confusion and mystification have always held sway; that we attempt to do this in an intersubjective place in which there is sufficient holding and containment to fend off fragmenting, traumatizing levels of anxiety and terror—all this and more can render us objects of intense excitement and allure. To promise such achievements, both implicitly and explicitly, draws on the most primitive hopes and fantasies imaginable, and makes, I believe, the concept of a “non-seductive” psychoanalysis almost inconceivable. In my opinion, therefore, it is most important that we recognize this aspect of the therapeutic process, and bring this expanded awareness and understanding into our account of the therapeutic choices and processes of analysis.²

That such symbolic processes may come to have, for many patients and analysts alike, an implicit, conscious, or unconscious sexual component should, I think, go without saying. Recognition of these implicit erotic processes is oftentimes crucial in untangling transference-countertransference enactments that threaten to overwhelm the analytic process. In addition to recognizing the potential unconscious erotization of psychological penetration and the analyst’s inherent seductiveness, the more relational analyst is required to ask two questions: (1) To what extent and to what effect is the patient penetrating into the analyst’s more private interior realms? and (2) To what extent and to what effect is the analyst’s role as “penetrator” and “penetrated” accruing unconscious erotic significance to him- or herself?

² Previously (Davies 1998b), I distinguished what I regard as benign seduction from malignant seduction. In that context, I defined malignant seduction as:

... any disowned behavior, attitude, or action undertaken by one participant in a relationship in order to incite, elicit, or arouse a sexual or desiring response in the other. Here, the seducer’s disowning of desire, “placing” it in the experience of the other, is essential to its definition. [p. 810]

In the present context, my comments about the inevitability of analytic seduction refer only to the more benign forms of this process.

These are clearly complex, multifaceted issues that could become the subjects of several different papers. But the questions provide a certain backdrop, a fundamental set of assumptions and questions about the potential erotization of deep mutual engagement, which I would like us to hold in the background while focusing on the broader agenda of this paper.

CONTAINING AND SYMBOLIZING INFANTILE SEXUALITY

I believe that much of our anxiety about the handling of frankly sexual material in the course of psychoanalytic work stems from a failure to consciously recognize and theorize about a basic paradox at the core of our psychic structure, a paradox that makes the analysis and demystification of childhood sexuality an intrinsically destabilizing and disorganizing process. Let me offer the hypothesis that infantile sexuality represents a course of experience that almost always overwhelms the child's cognitive capacities to understand; and that furthermore, it involves bodily processes that are often intense, potentially disruptive, and almost always elude the child's developmental capacities for comprehension, meaning making, and cognitive symbolization. In addition, our children's erotic experiences are in large measure the one area of intense emotional and physiological arousal that we as parents do not help them to process and contain.

We talk to our children about their rage; we sit with them through temper tantrums, helping them to contain the physiological experience of rage, and giving them a word—*anger*—to help hold and symbolize it. We talk to them about what it is that they are feeling, what interpersonal situations elicited it, and what they might ultimately do with the feelings. We do the same with experiences of love, jealousy, and competitiveness. As parents, we help our children to understand those intense affective physiological self states that threaten their psychic equilibrium; we normalize the experience and give them language with which to contain

and symbolize it. In short, we contextualize the feelings within the interpersonal realm and make the experience something safe to feel and talk about.

My point, of course, is that—at least within Western cultures—this containing, contextualizing, symbolizing activity rarely occurs around the child's ongoing erotic experience. Although it is commonplace for us to witness our three-, four-, or five-year-old children masturbating, or to see them in other states of sexual arousal, it is indeed rare to engage with them in the kinds of elaborate explanatory conversations we are wont to have around the explication of anger or other intense emotions, described above. Perhaps we make a discreet mention that masturbation should be a private thing, ideally adding an occasional word about how nice the accompanying feelings might be, but rarely anything more. We grow up, then, within our culture, lacking the language to capture, describe, and hold our early erotic experience—and perhaps more important, lacking as well an internalized relational context that informs us, even later on, that such shared containment and gradual explication of erotic interpersonal experience is even possible to accomplish.

Let me be perfectly clear that I am not challenging the way in which we rear our children. There may be perfectly correct constraints leading to our reluctance to engage in these kinds of discussions of early erotic sensations. There is, indeed, something about the erotic, something about the sensual, that by its very nature eludes clarity, linearity, and linguistic codification. It is something, perhaps, that must remain shrouded, mysterious, and beyond the reach of interpretive lucidity—something almost unknowable, which locates itself in our bodies and challenges our minds to let go, to surrender to the physical and the fantastic, if only for a moment (Ghent 1989). With this in mind, my goal is to look at the developmental and intrapsychic consequences of what has become more or less normal child-rearing practice in our culture, without necessarily encouraging change in the practice itself.

I wish to emphasize that in learning to experience, contain, and understand their states of intense sexual arousal, our children are

given relatively little parental input, especially when compared to the input they receive about other experiences. I would like to introduce into psychoanalytic discourse the idea that, as products of Western child-rearing patterns, we—all of us—have matured without an internalized experience or procedural memory of an interpersonally based containment and holding of early erotic sensation. Such states of arousal are not jointly held by parent and child, and are therefore not afforded the cocreated intrapsychic space in which to become symbolized and integrated.

To the extent that the child's infantile sexual experiences lie outside developmentally appropriate cognitive capacities to understand, organize, and symbolically encode, and to the extent that such experiences are not embedded in procedural memories of interpersonal safety and containment, they reside in large measure in unformulated, oftentimes dissociated realms of image, sensation, and affect—unprocessed, unmetabolized, and as yet relatively meaningless.³ In this sense, the intrapsychic structure—or, more aptly, “structurelessness”—of certain aspects of childhood sexuality might be compared to, and have something in common with, the verbally unencoded, unmentalized qualities of certain traumatic experiences. Of course, I am not suggesting that all childhood sexuality is “traumatic” in nature, but I am putting forth certain similarities of experience and internalization that could account for the fact that the expression of some forms of infantile sexuality within the analytic relationship may bear certain similarities to the evocation of other forms of traumatic transference-countertransference processes.

³ My distinction here refers to the fact that experience can be “unformulated” for a variety of reasons. Oftentimes, events are simply too complex, too multifaceted and nuanced to be linguistically encoded and psychically represented in their entirety (see Stern 1983). I refer to experience being *dissociated* specifically when the failure to fully encode and represent occurs and is motivated by defensive and/or dynamic concerns. Dissociation itself exists on a continuum from more “normative” defensive concerns to the more truly “traumatic”; but the process always implies an incompleteness to the linguistically encoded psychic representations, as well as a relative paucity of conscious and unconscious psychic fantasy and elaboration. (For more on these distinctions, see Davies and Frawley 1994.)

How does a child process and make sense of the early sexualized "messaging" that represents a normal part of family life, but that developmentally exceeds the child's cognitive capacities for organization and containment? How do such emotionally powerful, unformulated experiences become unconsciously imbued with meaning and relational significance? I would like to suggest that the child's earliest erotic experiences, being to a significant degree too cognitively overwhelming for personal constructions, come to be in large measure shaped by the parent's signification of his or her own idiosyncratic sexual history. That is to say, because parents rarely speak of their own sexual experiences or assist their children in understanding and formulating their complex erotic-physiological experiences, children's internalizations of sexual meaning are in large measure structured by unconscious identifications with the parents' enacted (rather than consciously formulated), unconscious meaning schemas. In short, the reality of the child's earliest sexual experience is firmly implanted in the transplanted parental unconscious.

Such a conceptualization is located somewhere between McDougall's (1982) assertion that the baby's first reality is the mother's (parent's) unconscious (p. 251), and Laplanche's (1976) recognition that infantile sexuality "appears as implanted in the child from the parental universe: from its structures, meanings and fantasies" (p. 48). Indeed, Laplanche referred to infantile sexuality as the "alien internal entity" (p. 48). To his way of thinking, this alien internal entity represents the core of repressed infantile sexuality.⁴ According to Laplanche:

The "break in" of sexuality from the other implies a biological focal point, but of a very special sort. Far from the vital order resulting in sexuality through its efflorescence, it is through its insufficiency that it provokes the intrusion of the adult universe. [p. 48]

⁴ For a somewhat different, though compatible, understanding of Laplanche's comments on this topic, see Benjamin (1998).

Here I would like to suggest an alternative formulation. To the extent that such early sexual processes overwhelm the child's capacities for personally constructed meaning schemas, and to the extent that their internalization therefore rests on transplanted significations—the psychic penetration of a more powerful other—we might well conclude that a significant piece of infantile sexuality is actually inherently unformulated, significantly unmentalized psychic content. Thus, it is not repressed, as was suggested by Freud and Laplanche, but indeed unformulated and oftentimes dissociated in a manner that involves being imagistic, physiologically based, and symbolically unmediated. Infantile sexuality, therefore, lies well outside the realm of linguistically encoded experience; its derivatives are tactile, olfactory, visual, and auditory in nature. It cannot be remembered as having been “once known,” as is other repressed content; it is reproducible only as enactment.

Included in this dissociated infantile sexuality, then, is the full breadth of intensely pleasurable, bodily based erotic-sensual experience, in addition to all forms of unmetabolized, unsymbolized parental sexuality; meaningless anxieties; physical symptoms and unarticulated inhibitions; irreconcilable identifications; perverse fetishistic and sadomasochistic scenarios; and traumatically severed internal representational systems. In essence, infantile sexuality is an infinite, unformulated, and unmentalized intergenerational regress, a legacy of unconscious, unsymbolized psychic process, both intensely pleasurable and anxiety laden.

Within our own culture, we must add the frequently invasive, penetrating, and yet unconsciously organizing impact of sexually laden and sexually suggestive television, movies, and popular music. Our children grow up in a society in which they are constantly buffeted by cognitively unmediated images from the media, as well as by the consciously expressed and unconsciously enacted responses to this input by parents and friends. Here unconsciously held meaning schemas deriving from such early procedurally encoded experience provide a fertile ground for the importation and inclusion of the often sexist and dehumanizing imagery ubiquitous in our society, and for the fusion of personal or relationally orga-

nized meaning schemas and more culturally determined ones, in a space devoid of self-reflection or cognitive mediation.

Given the extent and nature of such unconsciously transplanted significations, we might assume the existence of a range of dissociated content, from sensual-erotic pleasure in the more benignly unformulated, to the more disruptively traumatic, depending on the content, degree of cognitive mediation, and pervasiveness of enactment between parent and child. We might also assume that when parents are able to express their own sexuality and eroticism more pleasurably and more appropriately, when their interactions are embedded in intimate, mutual exchange and affection, and when there is relatively little observable contradiction between what is expressed by the parent and what is observed and unconsciously taken in by the child, then the relative lack of symbolization and cognitive mediation will not seriously disturb the ongoing development of relatively healthy sexual meaning schemas for the child. That which is unconsciously taken in and enjoyed by the child, in the relative absence of apparent contradiction (and at times extreme dissociation), will come to have meaning, and will also come to be psychically elaborated and diversified in fantasy as development proceeds.

Thus, increasingly sophisticated knowledge and understanding of sexuality, as well as an increased openness in certain optimal parent-child communications, and an increasing network of peer relationships, will all serve necessary developmental functions. On the other hand, when parental sexuality is expressive of internal contradiction and unmediated conflict; when distress and anxiety are palpable but unarticulated or unrecognized; when aggression, violence, shame, or humiliation infuse sexual or erotic parental interactions; when projective identifications confuse boundary issues and bodily coherence, either between partners or between parent and child—then the unformulated, unsymbolized, uncontained, and unrecognized aspects of childhood sexual development come to have a particularly disturbing and disfiguring effect on the way in which these processes are understood, fantasized about, and imbued with meaning over time.

Clearly, there is a continuum of developmental experience. However, I believe that it is important to note that even in the most optimal situations, the containment, symbolization, and interpersonal contextualization of early erotic experience is significantly different—in ways that have particular clinical significance—from the containment, symbolization, and interpersonal contextualization of other types of intense affective-physiological experience.

Some Hypothetical Case Examples

Consider some clinical examples, beginning with the more pathological end of the spectrum: (1) A father forbids sexual expression and shuns his daughter's developing sexuality, but openly reads and displays frankly pornographic material in the home. (2) A married couple seemingly has a "perfect" marital relationship, until it is revealed that one or both are or have been involved in ongoing extramarital affairs. (3) A father is always the one who takes his daughter shopping, rather than the mother—including for the purchase of the daughter's bras and other intimate attire. (4) A mother is biting critical of her son's girlfriends, finding fault with all of them, while showering the son with a kind of erotized adoration that she cannot muster for her husband.

Consider now the same examples, constructed with a less obviously pathological slant, but still revealing internal contradictions and discontinuities: (1) A father is uncomfortable with sexual expression, and is made mildly anxious by his daughter's developing sexuality, but quietly reads and saves sexually explicit magazines. (2) A married couple seem to have a loving and intimate relationship, although one or both engage in excessively flirtatious interactions with others in situations observable by their children. (3) A father is excessively invested in his daughter's physical appearance, weight, or style of dress. (4) A mother is consistently critical of her son's girlfriends, attempting to create conflict for the son and to "hold onto him" for too long.

Each of these examples represents an unconscious split in the parental experience of the parent's own sexuality, a split between

what is consciously expressed and what is unconsciously enacted, and one that finds its way into the child's unconscious internalization of sexual and erotic meaning schemas via identification. The differences between the more and less pathological ends of this spectrum can be found in the extent of unrecognized contradiction and discontinuity; in the intensity of aggression, shame, humiliation, and so forth that are expressed but unprocessed and unarticulated; and in the distorting and disfiguring effects of projective-introjective processes that are implicit in certain enactments, which unconsciously color, inhibit, and shape what can be consciously experienced and expressed by the child. For instance, in looking at my clinical scenarios above, we might initially assume that the father's fetishistic overinvolvement with his daughter's intimate apparel lies closer to the traumatic range of experience than does the mother's rejection of her son's girlfriends and her enactment of a cognitively unmediated but more typical oedipal scenario. However, this judgment would be affected by the pervasiveness of the enactments, the extent of parental dissociation, and the unconsciously coercive impact of the enacted parental unconscious on the child's evolving experience.

In accord with contemporary relational psychoanalysis, and specifically with a relational analytic approach to traumatic dissociations, one might well conclude that the solution to such problematic situations lies in allowing these unsymbolized, dissociated processes to manifest themselves in transference-countertransference experiences enacted in the potential psychoanalytic space—thus rendering them knowable and giving language and symbolic order to that which has eluded representational solidity. Indeed, much of my previous writing on work with traumatized patients has rested on just such a formulation (Davies and Frawley 1994). However, while I believe that this unconscious enactment and the therapeutic explication of traumatically dissociated experience is our most ameliorative course of action, in the case of infantile eroticism and sexuality, the enactment, demystification, and integration of these unconsciously held experiences may prove particularly problematic, in a manner somewhat different from that seen with other forms of traumatic working through.

FROM INFANTILE TO ADULT SEXUALITY

In an important explication of Laplanche's (1976) "internal alien entity," the "enigmatic message" (p. 48) of parental sexuality, Stein (1998) suggested that "the enigma [of parental sexuality] is itself a seduction" (p. 263), simultaneously mystifying the child while exciting and attracting him or her. Stein stated that "eroticism . . . has something so extraordinary to it, something so much beyond the pale, that adults keep it a secret from children, as if pre-consciously sensing the disruptive emotional power it encompasses" (p. 258).⁵

Unstated in Stein's formulation, but implicit, I think, is the essential recognition that when it comes to sexuality, the very enigma that mystifies and seduces also ensures parental authority and early psychic structuralization. It is this sense of mystification on the part of the child, the sense that he or she lacks some essential knowledge possessed by elders, that imbues those elders with a kind of immutable, phantasmic power, ensuring their idealization and the child's psychic compliance. There are things that the child is not supposed to see, things the child is not supposed to understand; ultimately, Oedipus is blinded, the sphinx holds a riddle, and the primal scene occurs behind closed doors.

As I have suggested elsewhere (Davies 1998a), it is the very impenetrability of parental subjectivity that encourages oedipal idealization and the illusion of romantic perfection. On an individual level, I am suggesting that the psychic stability of childhood rests upon a partially dissociated, potentially traumatic system of fault lines, held in place by a borrowed parental psychic structure, whose impenetrable authority bolsters and supports its otherwise fragmented foundation. A personally constructed system of conscious and unconscious meaning schemas must ultimately come to replace that which has been borrowed whole cloth from the parental unconscious, and such a deconstruction and personal reconstruction necessitates the slow undoing of the very structure of hi-

⁵ In this context, see also Hoffman (1998).

erarchical authority that has sustained the psychic resiliency of childhood.

Let me suggest that the passage from infantile to adult sexuality involves just such an enactment, explication, and consequent undoing of the parental, alien, internal sexual entity, alongside a parallel process by which the child or patient begins to construct a more personally articulated set of sexual and erotic meaning schemas. Robotic enactment is replaced by personal sexual agency. But such a transition implies the gradual relinquishing of a borrowed but entirely necessary, indeed critical, internal structure—a necessary but potentially fragmenting deauthorization of the parent. Perhaps here we can begin to understand the passionate rebelliousness and often wild sexual explorations and exploitations of adolescence in a new and enhanced light. We might come to better understand as well the intense peer relationships through which so many adolescents reject parental meanings and values, relying instead on strong peer bonds that can serve as psychic supports during periods of particularly vigorous parental deauthorization.

When these more developmentally normal processes of parental deauthorization and personal meaning construction fail, we are left with something of a conundrum—that is, all that remains is the parental erotic unconscious, transposed and translocated into the child's internal experience, excessive and enigmatic, according to Stein (1998), and disjunctive, unsymbolized, and dissociated in my own understanding of the potential structural vulnerability of such protoeroticism. The parental erotic unconscious, the erotic mystification of infantile sexuality, comes to hold a piece of the social order, the hierarchy of parental authority and childhood compliance.

Our dilemma, then, is this: The very enactment, representation, and symbolization of the alien parental sexuality, which is enacted and worked through in transference-countertransference processes, implies—indeed, requires—the deconstruction and undoing of the parental authority that it has required, transferentially and developmentally, to help contain the potentially overwhelming and fragmenting psychic contents. Put more succinctly, the

solidity of oedipal psychic structures may be required in order for the individual to tolerate the anxiety of deconstructing and analyzing infantile sexual contents. The deconstruction of the parental erotic unconscious (which must be deconstructed in order to liberate the patient's own agentive, constructivist articulation of adult sexual meaning) carries the potential for traumatic levels of fragmentation and disorganization, particularly when that parental erotic unconscious begins to infuse the transference-countertransference process.

In case this is not complex, confusing, and paradoxical enough, let us now return to the analyst's inevitable role of transference-countertransference penetrator and seducer, and of one who is also penetrated and seduced. Of course, we must carefully keep in mind that the analyst is not merely a container, but is also subject to the affective, bodily, erotic ebb and flow of all forms of his or her own dissociated, infantile, unsymbolized, and unarticulated sexualities. In short, the analyst is the product of the same socially mediated upbringing as is the patient, and is therefore subject to formidable vulnerabilities deriving from his or her own early erotic chaos. If we stand for a moment, then, at the intersections of enigma and excess, disjuncture and dissociation, structure and change, parental certainty and parental authority, the development of agency and the construction of personal meaning and values, and if we contemplate the analyst's role in drawing out enactments that carry the hope of symbolically capturing the child's unconscious, unformulated experience of parental sexuality, we may then perhaps begin to apprehend the extraordinary complexity of any moment in which the analyst—as both transferential parent and subject of his or her own erotic “unclearities”—contemplates uncovering even a small aspect of his or her sexual subjectivity. From within such a perspective, the parental erotic unconscious, represented in the analyst's subjectivity, becomes that which contains the potential to liberate or annihilate, depending on the tact, timing, and sensitivity of analytic work.

In what follows, I will discuss the ways in which erotic overstimulation can sometimes threaten to flood the analytic endeavor

with all forms of perverse infantile enactment. Such enactment can be a form of protoeroticism that brings otherwise unformulated or unsymbolized aspects of the traumatic infantile experiences of both the patient and the analyst, the “alien entity,” into the analytic relationship. I will show how the explication, containment, and ultimate symbolic articulation of such potentially traumatic, infantile sexual protoeroticism always exists in counterpoint with the very gradual analysis and deconstruction of analytic-parental authority and impenetrability, which is endemic to moments of analytic self-disclosure or revelation in analytic work. I postulate that careful analytic explication of historical antecedents to current sexual symptoms, anxiety, and inhibition, leading to analytic understanding by patient and analyst alike, creates the very experience of interpersonal containment and holding of the intensely erotic that was missing in childhood development, and that this experience establishes a safe context, in the optimal situation, for working with this material, symbolizing and representing it within the transference-countertransference relationship. In this sense, a psychic scaffolding is built between patient and analyst, one that provides between them and for each of them the support necessary to work in a realm of potential destabilization, disregulation, and fragmentation.

CLINICAL ILLUSTRATION

Consider the following clinical material.⁶ A new supervisee, Dr. A, began the consultation process with a guilty confession. She was in serious trouble with a difficult patient, in that erotic transference-countertransference issues felt decidedly out of control. She felt deeply humiliated and ashamed at the prospect of discussing cer-

⁶ Although I maintain that the dissociation-based structure of infantile sexuality and the absence of any procedural memory of an interpersonally constructed “holding” of early sexual experience are endemic in our culture’s child-rearing practices, as described above, I have chosen to present clinical material that lies toward the more pathological end of what I view as a continuum. In this sense, my choice may not be ideal, but as always, the clinical situation tilts our available options for description in the more “pathological” direction.

tain of her countertransference responses in supervision. But she was determined to do so, bringing honesty and integrity to bear on the supervisory process.

Dr. A described the patient, Mr. B, as a charming, attractive, successful author and professor, married and the father of two. He had come for analysis because of his deep immersion in all forms of perverse, sadomasochistic acting out—engagements that constituted a secret “second life,” one he felt addictively drawn to, unable to resist. He was irresistibly drawn to the role of “torturer,” inflamed by his hidden power to seduce, penetrate, control, overwhelm, and ultimately to inflict real physical pain on another who had yielded to him completely.

Dr. A was ashamed of her failure to control the process and of her inability to elude Mr. B’s exquisitely articulated scenarios of unconscious control and domination. She feared that the analysis had become simply a perverse reenactment of the patient’s secret world. As the supervision deepened, however, Dr. A revealed her own erotic excitement whenever she felt that she had fallen prey to Mr. B’s various forms of sadistic control. Her deepening terror that her patient was “on to her” was intensified by his growing demand that she acknowledge her own participation in their sadomasochistic enactment. “You love this,” he insisted. “It would be so much more therapeutic for me if you could just acknowledge it . . . I’d feel so much less like a freak.”

Although Dr. A could privately acknowledge a certain “truth” in the patient’s perspective, she intuitively understood that any form of self-disclosure would represent a symbolic participation in the perverse scenario. Therefore, the more controlling and sadistic Mr. B became, the more sternly and rigidly she attempted to maintain boundaries by focusing exclusively on his unconscious process, guarding against access to her own internal states with unusual determination. She never shared with him her own reactions to his questions, for she was convinced that any “softening” of her stance would be interpreted as an invitation to full-scale psychic invasion. Although consciously attempting to control potential overstimulation in the transference-countertransference process, Dr. A

had unwittingly, and perhaps unavoidably, become the patient's "analytic dominatrix"—severe, impenetrable, and rigidly controlling. Her attempt at limiting the potentially destructive sadomasochistic enactment between them had served only to ignite Mr. B's unconscious masochism—intensifying, rather than reducing, the overstimulation and hyperarousal of his overt sadism within the treatment setting.

Dr. A thus found herself in an analytic double bind. Any attempt to call attention to the patient's erotic response to the analyst's increased rigidity and control left him more anxious and out of control than before. And any attempt to further interpret this anxiety as tied to an unconscious, masochistic, erotic response to his perception of analytic sadism put him quite close to the edge of traumatic fragmentation, and became a countertransference enactment of the very sadomasochistic reversal it sought to elucidate. Mr. B's insistence on knowing Dr. A's countertransference responses threatened the very authority structure he required to safely work his way through the overwhelming and potentially fragmenting content of his own childhood sexual experience, but the withholding of what he demanded took on an unconscious meaning itself. It became one of those situations in which the analytic work felt maddeningly impossible. It was as though treatment had been reduced to complementary sadomasochistic enactments that foreclosed all self-reflective potential, or perhaps to a projective identificatory response to the ever-present danger of transference flooding and fragmentation.

My own vision of this stalemated process involved the belief that the unconscious aspects of infantile sexuality being enacted in the transference-countertransference relationship between Dr. A and Mr. B represented aspects of both the patient's and the analyst's sexual-erotic history of responsiveness and engagement that had been traumatically dissociated by each—aspects of their sexuality that had consequently remained unsymbolized, unmodulated, and unelaborated. As these sadomasochistic processes infiltrated transference-countertransference enactments, they had to be individually understood and contextualized within each participant's

psychic history before any exploration of their interpersonal significance could be carried out, playfully and empathically, in an analysis of transference—and especially countertransference—processes. Of equal importance, the analytic dyad had to develop a history between them of being able to hold, contain, and sustain the exploration of such potentially fragmenting contents. For although these reenactments became necessary signals of as-yet unarticulated aspects of unconscious engagement, they had to first accrue symbolic meaning and be placed in historical context, before their elucidation as aspects of the interpersonal, here-and-now relationship between analyst and patient could be safely explored without overwhelming dread of psychic fragmentation. Dr. A, therefore, had considerable self-analytic work to do, and the treatment began with an emphasis on Mr. B's understanding of his sexual history in the foreground of the therapeutic process.

This patient was able to come some way in articulating his own story and in understanding his own erotic-sexual responses. He was able to slowly transition from enacted, traumatically dissociated, transplanted parental meaning schemas to ones that were personally, meaningfully, and creatively constructed. Along this journey, however, he had not as yet incorporated any personally meaningful sense of his own unconscious erotic masochism. He understood his sadistic enactments as growing out of an experienced need to disidentify with a father who had always seemed both infatuated with and dominated by the patient's overtly sexual, seductive, and controlling mother. Mr. B was able to contact his rage at and fear of a mother who seemed so penetrating, so invasive, and so able to control and disempower the men she loved. He understood his often sadistic attempts to control Dr. A as transferential reenactments of his need to dominate her sexuality, in order to diffuse her ability to invade and control him.

Still existing only in the realm of the traumatically foreclosed and unsymbolized, in the realm of the vaguely physiological and imagistic, was the intense shame and mortification with which Mr. B had borne witness to his father's erotic surrender, and at the same time, dissociated his own unconscious participation in these more

submissive, masochistic passions. Unavailable as well were the ways in which his masochistic sexual partners represented these evacuated aspects of his own responsiveness. Ultimately, Mr. B's relentless demand for the analyst's disclosure of her own erotic responses was a traumatic reenactment that contained the potential to explicate aspects of his unarticulated childhood sexuality, but also to undo the analytic authority that was a necessary precondition for this articulation to occur. Via projective identification, this relentless demand created the sadistic foil (in the person of Dr. A) necessary to sustain his masochistic arousal while keeping it unconscious.

Of equal importance in the analysis was the way in which Dr. A's shame over her own sadomasochistic participation involved a deep immersion in an enacted, rather than a spoken, process—a process in which she unconsciously employed as-yet unintegrated, unsymbolized, and unelaborated aspects of both her own and the patient's disowned infantile sexual affects, desires, and bodily states. It became apparent that, in attempting to set clear limits on Mr. B's overt sadism, Dr. A was running headlong into her own more unconscious masochistic traits, while the attempt to contain and symbolize his unconscious, erotic masochism brought her face to face with unconscious fears of enacting her own sadistic responses—an area as yet unarticulated and unsymbolized for her, and an arena that she anxiously and shamefully avoided.

It was only in the context of the supervision that dissociated, alien, and transplanted aspects of Dr. A's sexuality could be brought to light as heightened countertransferential responses to Mr. B's more overt sadomasochistic organization. These issues could then be brought into Dr. A's own analysis, allowing them to be contextualized within her history, thereby making them safer and less potentially fragmenting when explored with Mr. B. In turn, Mr. B was then able to address more fully the unconscious masochistic underbelly of his overt sadism—a masochism that was evacuated, but which nonetheless helped to sustain his sexual addiction. Analysis could proceed without fear of traumatic overstimulation and fragmentation only after both pieces of this work were accomplished—that is, examination of the analyst's masochistic response

to the patient's conscious sadism, and of the patient's masochistic response to an unconsciously provoked sadistic analytic stance.

But why was this the case? In both supervision with me, and in the deepening of her own analytic work promoted by this treatment and supervision, Dr. A was able to find precisely the kind of experience of being "held" by another, contained and assisted in exploring the potentially disorganizing, inchoate, erotic, sensual, sexual sensations and meanings that I believe to be typically missing in our developmental histories. She could both discover and create the meanings that allowed her to tolerate previously foreclosed aspects of her sexual-sensual response, and in the very process of doing this work, she could immerse herself in an entirely new relational experience that addressed the specific, more or less universal (at least in our culture) developmental lacunae described above. Bolstered by both the insights gained and by the interpersonal experience as lived in supervision and in the treatment, Dr. A could feel much safer in her efforts to provide Mr. B with the same kind of reopening, reexperiencing, and rearticulating of personally derived sexual meanings, in the context of interpersonal containment and ongoing relatedness.

Discussion

I hope that this clinical example has clarified that, optimally speaking, action should accrue meaning that is symbolized and historically meaningful to both patient and analyst—that is, meaning that has been discovered or created in the context of interpersonal engagement and containment—before that same action can be afforded prominence in the explication of transference-countertransference processes. Although enactment can be used by the analyst (especially when the supervisory process helps him or her to tolerate intensely overwhelming evacuated experiences), and although enactment can bring to the fore previously foreclosed, unarticulated aspects of the analytic work, it must first be taken out of the realm of the potentially fragmenting by being inter-

personally shared and contained, and then given symbolic shape and meaning, before it can be tolerated as an analytically viable piece of the here-and-now, transference-countertransference work.

In the absence of such holding and of any historical context, the patient cannot normalize his or her responses sufficiently to accept them (rather than projecting them), nor can the patient give meaning to those responses or articulate their signification within the interpersonal world in which he or she was raised. Until these dissociated experiences are owned, they cannot be symbolized; and until they are symbolized and given meaningful interpersonal significance, their entrance into the transference here and now will always carry the potential to become a deeply confusing, overwhelming, and overstimulating experience of terrifying fragmentation and retraumatization—in effect, an unleashing of the “enigmatic alien entity” into a world devoid of the authority, boundaries, and structure needed to contain, tame, and articulate it.

Clearly, there are long periods of analytic work in which we hold and contain our own subjectivity (in my clinical example, sexual subjectivity) and do not share it with patients. Optimally, we neither disclose nor foreclose the examination of erotic transference-countertransference processes in a dogmatic way or in the absence of serious self-reflection. In my previous writing about the analyst’s partial disclosures and acknowledgments of erotic countertransference (Davies 1994a, 1994b, 1998a, 1998b), I have been careful to locate such occurrences in the later phases of the treatment process. Some have asked why I have confined my attention to these stages. Aren’t these phases subject to the same—or even intensified—transference-countertransference enactments of all forms of interpersonal defensive compromise solutions? Of course, this is true. However, psychoanalysis is not linear. It proceeds in ever-deepening, concentric circles, in which we return again and again to the same material, expanding our awareness of its implications, exploring its textures and interpersonal nuances. It is a process of ongoing self-reflection, meaning construction, and symbolization—a symbolization that is increasingly more subtle, variegated, and expressive as the work progresses, and a symbolization

that involves not only the potential to explain but also to create and transform.

If I identify a piece of my own subjective experience that I believe may enhance and potentially deepen the analytic process, I want to introduce this potentially disruptive and destabilizing bit of information into an analytic space in which there is a sense that the analytic relationship has been able to “hold,” survive, and indeed even benefit from other such potentially disruptive experiences. I want to introduce this aspect of my experience into an analytic relationship in which a shared matrix of metaphor and meanings has evolved. Within this matrix of meanings, my patient and I should be able to locate and contain multiple interpretive possibilities with regard to potentially iatrogenically intensified transference-countertransference reactions. Indeed, this matrix will serve as a scaffolding to shore up a challenged internal structure and provide the necessary support for ever-more-creative expressions of transformational interaction.

If, as I have come to believe, infantile sexuality is in large part unformulated and partially dissociated, then I would wish to challenge analytic authority and boundaries only when personally articulated meaning schemas begin to replace borrowed and transplanted parental ones. I would consider introducing aspects of the analyst’s subjectivity only when I have the sense that the strength of the analytic relationship, and the personal self-possession and agency that have grown out of that relationship, have the potential to stand firmly against experiences of psychic penetration and invasion that could potentially be precipitated by such revelation.

Of course, one might well argue compellingly that such control and pacing of the analytic process is not always possible. Enactments in the transference-countertransference arena often have the “damned-if-I-do, damned-if-I-don’t” quality described in Dr. A’s sadomasochistic entrapment. Some patients propel the analyst to “choose” more emphatically, and some impel the analyst to action more aggressively than did Mr. B. Enactments tend to make the concept of “clinical choice” an oxymoron, and to derail the best-laid therapeutic strategies.

My intent, therefore, is not to prescribe a formulaic course of events, or to suggest that as analysts, we can always plan the sequence of therapeutic aims. But rather, I would like to show that we can, in our therapeutic decisions, keep certain counterbalancing tension states as a backdrop against which we evaluate our options. In contemplating the possible disclosure or affirmation of erotically tinged countertransferential participation, I am suggesting that one highly relevant dimension of clinical consideration should be the extent to which patient and analyst are still mired in the murky, unsymbolized, potentially overstimulating arena of infantile protoeroticism, and the extent to which self-reflection and linguistic consolidation have contributed to the emergence of more personally constructed, historically and interpersonally contextualized, and verbally articulated meaning schemas. That such personally constructed schemas may include various forms of neurotic distortion and preoccupation goes without saying; however, the movement out of what Stern (1983, 1997) has called "unformulated experience," into the symbolic order, permits the kind of self-reflection, inquiry, and interpretation of intensified transference-countertransference meanings that might accrue to such a therapeutic move. The more traditional analytic work and reliance on analytic authority, reflected in the creation of such symbolic processes, also creates a potential space, a symbolic scaffolding, for the partial deauthorization of the analyst's role, a deauthorization that is often a consequence when some form of self-disclosing activity is deemed beneficial by the analyst. This scaffolding supports the patient while internalized "alien states" are replaced by more personally constructed ones.

Loewald (1978) reminded us that the transformation from infantile dependence within the hierarchical authority structure of the traditional Oedipus complex to adult autonomy, authority, and responsibility always includes some act of symbolic parricide. He wrote:

In an important sense, by evolving our own autonomy, our own superego, and by engaging in non-incestuous object relations, we are killing our parents. We are usurping

their power, their competence, their responsibility for us, and we are abnegating, rejecting them as libidinal objects. In short, we destroy them in regard to some of their qualities hitherto most vital to us. Parents resist as well as promote such destruction no less ambivalently than children carry it out. What will be left if things go well is tenderness, mutual trust, and respect, the signs of equality. [p. 390]

What I am suggesting here is that the analyst should come to understand any disclosure, affirmation, or discussion of erotic countertransference, however slight, as a symbolic form of parental participation in this necessary act of parricide. Consideration of the previous analytic work—the working through of more infantile, neurotic, dissociated aspects of unsymbolized, incestuous fantasy and/or experience, and the establishment of the patient’s emotional preparedness for emancipation from the authoritative hierarchy that held these structures in place—becomes essential in the analyst’s decision-making activity. Such aspects of the treatment most often (and most responsibly, I believe) locate the decision to affirm or disclose any form of erotic countertransference—i.e., the analyst’s decision to deauthorize him- or herself—in the later phases of the treatment process.

I was particularly fortunate as a supervisor in being able to consult on the case of Dr. A and Mr. B over the course of many years; therefore, I was privy to much of the termination phase. It is my hope that presenting a brief clinical interaction taken from the final stages of Mr. B’s analysis will help to give texture and nuance to much of what I have been describing on a theoretical level. Among other aspects, this interaction highlights the substitution of a playful potential space for the concrete, sadomasochistically mired processes that held sway earlier.

A Return to the Clinical Vignette

Dr. A reflected with me on what seemed to her a pivotal moment in Mr. B’s analysis—a moment clearly made possible by her

own impressive self-analytic work and a preconscious sense that her patient could begin to entertain the kind of analytic deauthorization described earlier. There came a time when, under the sway of Mr. B's insistence that she enjoyed his sadistic forays, Dr. A was able to relinquish her usually stern, rigid, and impenetrable stance—a stance marked by compulsive reliance on the kind of interpretation of neurotic distortion that keeps the patient solely responsible for the therapeutic enactment, skillfully deflecting attention away from the analyst's countertransferential experience.

On this occasion, Dr. A was able to respond with a more playful and open-ended response, encouraging Mr. B to speculate about the quality of her pleasures. Rather than interpreting his "need" to see her as masochistically involved, she opened up a transitional space by asking him simply, "What if I *were* excited by this sadism—what would that be like for you? . . . What would it feel like? . . . What would be different for you from believing that I am not excited?"

Here Dr. A was able to feel safe in an indefinite space in which her psychic experience became the subject of analytic inquiry. She believed in Mr. B's capacity to withstand analytic deauthorization and to sustain greater (not total) authoritative symmetry. To be sure, this invitation to the patient that he speculate on the qualities of the analyst's subjectivity was, from a purely technical standpoint, unremarkable, particularly in light of the epistemological paradigm shifts inherent in contemporary analytic practice (Aron 1991; Hoffman 1983, 1998). This invitation was of the type that we might find ourselves uttering many times in the course of a clinical day. What is striking here, however, were the countertransferential pressures and developmental considerations specific to frankly sexual material, those considerations which I have attempted to outline earlier in this paper, that would have made such a response clinically unwise at an earlier point in the analysis.

Pizer (1998) has suggested the subjunctive—the "how might we," "what if we were to," as the best tense to promote the potential, transitional space, a space in which we co-construct meaning and invite the patient to engage with us in a fanciful "playing out

of what might be without losing sight of what is or what was" (p. 44). Although in the most general sense I concur that the subjunctive is the tense of illusion and creative transformations, I am sure that Pizer would agree that in the area of sexuality and erotic engagement, the subjunctive creeps dangerously close to the seductive and traumatic—the "what if I were" lying ever so close to the more concrete "what if I am." Therefore, the opening up of any erotic potential space between patient and analyst should occur, in my opinion, only when the analyst can stand securely in that space, and only when the analytic process has rendered the patient capable of being there more or less alone, without the transferential parent and without the borrowed infantile meaning schemas. The patient must stand there, ready to entertain and associate to the actualization in transference-countertransference space of his or her worst fears and most intense desires.

Within such a context, in the world of the subjunctive, in the realm of "what if I were," "what if you did," and "what might we imagine," Dr. A and Mr. B were able to discuss issues previously foreclosed by the ever-present dangers of overstimulation and traumatic fragmentation. "What if I were aroused by your sadism?" could be asked in a voice no longer terrified of a masochistic excitement, and could be offered to a patient who had developed a healthy sense of the reasons for his sadistic pressuring, as well as the evacuated parts of himself held by his masochistic partners. Dr. A's ultimate questions—"What if you were aroused by my sadism? What if part of your pressuring was motivated by a need to elicit such an exciting sadistic response? What if you are more like your father than you can tolerate believing?"—were posed by someone open to her own sadistic aspects, by an analyst convinced that her sadistic voice was not her only voice or her secret, "true" voice. Her questions were posed to a patient whose unconscious identification with a masochistic father had become tolerable, in the context of having explored additional self-other organizations that were not sado-masochistically organized. These words were spoken as well by an analyst and patient who together had carefully and steadfastly woven a safety net of trust and goodwill, a developmentally mean-

ingful bond that served as scaffolding for the traumatic levels of anxiety and dread that such words could elicit.

CONCLUSION

In this case and others like it, however, the very fact that the subjunctive may edge dangerously close to the traumatic can be used to enormous therapeutic advantage, as it moves the analytic work from a more cognitive, interpretive, and intellectualized process into the immediacy of an emotionally intense, manageably frightening, evocation of affective experiences, anxieties, and bodily states. Thus, an opportunity arises to contextualize the overstimulation of childhood sexuality and arousal in the interpersonal immediacy of its transference-countertransference repetition—a chance not only to contextualize, but also to give words to this physicality and arousal in an interpersonal context that is more developmentally appropriate than the parent–child masturbatory scenario described earlier. Such a breaking down of rigidly maintained defensive complementarities (Benjamin 1988) in patterns of sexual responsiveness and arousal heralds the emergence of a different kind of experience: one of surrender (Ghent 1989), tenderness, and transcendence (Loewald 1978), based on a fluidity of roles and identifications, and an ultimate awareness that the characteristics we most love and hate in our partners are only different manifestations of those we most love and hate within ourselves.

From this same phase of the treatment, Dr. A reported the following interaction with Mr. B:

“We were talking about the way in which sadistic and masochistic patterns had alternated between us in the past . . . It seemed to be going okay, but then he said to me, with a funny smile, ‘I always knew you liked it . . . you know, when I tortured you a little!’ I was taken off guard, again aware of his sadism in the way he had surprised me. But instead of getting angry like I had before, I did the strangest thing . . . I smiled and didn’t say anything.”

"Did that response feel okay to you?" I asked.

"Well, not completely," Dr. A replied. "I knew that my silence and my smile meant offering myself as the object of his sadism, somehow enacting the truth of what he was saying. I was struggling with what to say, but I didn't have enough time because he went on almost immediately after I smiled. He said, 'I guess I'm doing it again . . . but it's okay; we both know that I only knew you enjoyed it because I enjoy it so much myself—the passivity, the being controlled by you. It just doesn't feel so horrible to think about anymore.' "

"So it was okay," I suggested.

"Yeah, it was okay," agreed Dr. A, breathing deeply and seeming to relax—or perhaps to surrender.

In such a way, the dread and horror of traumatic reenactment were relocated out of the realm of the infantile-dissociated and the potentially fragmenting, and into the realm of symbolically transgressive parricide and creative, transformative play. The analyst's containment of her own subjective reactions in the earlier phases of the analysis bought time for her to work on her own issues and resistances, while allowing the patient time to explore the world of his infantile erotic meaning schemas in the context of a safe enough, analytic "holding," in which he was relatively unimpinged by the confusing overstimulation that analytic deauthorization would have created. Dr. A's symbolic murder, tied inextricably to the slow emergence of her subjectivity and penetrability over time, created the potential space in which Mr. B could come to construct his own affective-erotic patterns of arousal and responsivity. The patient had thus been freed from the confines of transplanted parental meanings and from the miasma of projective-introjective cycles of distorted meanings, and was free to engage with his analyst in an atmosphere of enhanced mutuality and creative, transformative imagination and play.

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NARCISSISTIC COUPLES

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When psychoanalysts work with couples, they implicitly recognize a different type of psychoanalytic space in which the dialectic between use of the other as an object and recognition of the other as another subject becomes a new focus of exploration. There is a tension between a search for oneness with a lost object and the inevitable otherness of the partner. In this paper, the author proposes that narcissistic relationships involve a shared fantasy that approaches either of two extremes: denial of difference or totalization of difference between partners. Case examples are used to illustrate this model and to present some of the technical problems of this application of psychoanalysis to couples therapy.

INTRODUCTION

This paper pursues Freud's (1914) well-known conception of two forms of love viewed intrapsychically, expressed in his classic paper "On Narcissism," by extension to the relationship existing within a couple. In general, when examining the dynamics of love, psychoanalytic writings have tended to bypass references to the couple in favor of the private experience of the individual. As we know, matters appear to be somewhat different when we move our focus of observation to the intersubjective frame, which demands consideration of the reciprocal involvement of two partners. When analysts work with couples, they implicitly recognize a different type of analytic space, in which the intricateness of private and shared meanings

becomes the focus of exploration. In what follows, I propose two forms of narcissistic relatedness, which I call the “oneness” and self-sufficient modes, and which I believe are relatively common in conjoint analytic treatment. As the names suggest, these modes represent extreme opposite possibilities for a couple. I argue that a sustainable love relationship exists within a tension or balance between these two modes.

A Short Summary of Freud's (1914) Conception

Freud proposed that two kinds of love are available to human beings: a narcissistic type, in which the person chooses a love object modeled after him- or herself; and an attachment type, modeled after the individual's relationship with the mother. Yet Freud emphasized that all love is ultimately a refinding of the first object—a flowing over of our narcissistic love onto the object. As a young swain, Freud wrote to his fiancée, Martha Bernays, “Love cannot be anything but egotistical” (1960, p. 251). The troubling question of whether there can be a love beyond transference love (which Freud described as wishful and childish) can then be reduced to the yet more disturbing one of whether all love in the end is self-serving and narcissistic—that is, existing without regard to the object itself.

A Brief Review of the Subsequent Literature

In general, the psychoanalytic literature on love has tended to address the internal object worlds of the partners and their projections in lieu of the dynamic of the relationship itself. The lover's quest to refind the internal object is emphasized, for example, in Bergmann's (1982, 1988) important papers, in which he noted the lover's desire for reparation of the wounds of the past, which tend to be repeated in each new relationship. Other major analytic examinations of love have stressed containment of the libidinal and aggressive needs of the participants, as, for example, in the writings of Kernberg (1991) and Person (1988). Terman (1980) discussed

the vicissitudes of loving as an effect of “self-object functions” (p. 360) within a self psychology framework, and Maltas (1991) presented a typology of narcissistic marriages from a similar perspective. In a previous paper (Kirshner 1997), I related these concepts from self psychology to the Lacanian distinction between imaginary and symbolic love. Kernberg is one of the few who have attempted to give a comprehensive account of the forces at work within the couple; in his chapter on mature sexual love (1995), in addition to the role of preoedipal and oedipal erotic longings, he addressed issues of reciprocal bisexual identifications and idealizations, as well as collusive ways of handling superego pressures. In many clinical vignettes, he demonstrated the delicate complexity of every love relationship.

By restricting their attention to the individual psyche alone, as Scharff and Scharff (1987) observed, analysts may omit recognizing that, whatever else is involved in the intrapsychic worlds of couples, every love relationship involves two separate subjects. In the French analytic tradition, notably influenced by Lacan, the philosophical concept of intersubjective relatedness has been given greater priority in understanding human love. Within this perspective, now at least somewhat familiar to North American analysts through contemporary developments in self psychology and relational theory,¹ narcissistic or “imaginary” love refers to a mode of relating in which one person treats the other not as a dynamically unique other person, but as an object. In such cases, the partner is not responded to as a separate subject who retains an intrinsic otherness that is desired and sought after (which permits, as Kernberg [1995] noted, the play of ambivalent and bisexual identifications that compose the subject), but rather as an extension, realization, or embodiment of what is fundamentally a fantasy supporting the ideal self of the lover. In this regard, Modell (1984) described a form of narcissistic object relation in which the object is needed primarily to function as a witness to self-sufficiency or as a magical fulfillment of all needs. The term *narcissistic object relations* was applied to this state of affairs by Faimberg (1988). This mode of relationship contrasts with what might be

¹ The work of Benjamin (1988) is exemplary in this regard.

termed *intersubjective love* (what Lacan [1954-1955] called symbolic love), in which the otherness of the partner is recognized and affirmed, and he or she is loved for him- or herself, as a distinctly separate being.

Integrating this tradition with the results of recent infant research, Benjamin (1988) stressed the importance of actively “being with” the other (p. 45), as opposed to being regulated or transformed by the other in normal development. Sameness and difference, she wrote, can exist “simultaneously in mutual recognition” (p. 47), but she went on to acknowledge the thorny Hegelian phenomenon of two subjects’ pursuit of self-affirmation through domination of the other (as described, for example, in the mythic encounter of master and slave)—a theme that became a major focus of Benjamin’s work in this contribution. Lacan (1966a), influenced by the philosopher Kojève’s seminar on Hegel, devoted many pages to this fundamental problem, which seems inherent in the Western cultural pattern of highly differentiated individual selves, each seeking recognition of their unique value from others. The resulting tendency to transform the object into a mirror that reflects and confirms the narcissistically invested image of the subject creates a tension between exploitative and mutually responsive modes of object use—a tension that permeates the couple’s relationship. “Being with” the other as an expression of intersubjective mutual acceptance clashes with the narcissistic use of the other to affirm an imaginary ideal self, as illustrated by a quip attributed to Oscar Wilde: “A man can be a fool and not know it, unless he is married.”

TWO FORMS OF NARCISSISTIC RELATIONSHIPS

When we observe both members of a couple sharing the goal of merging the self with the ideal self and bolstering identification with the idealized image, we enter the realm of narcissistic relationships, of which I will describe two principal forms. These represent, in essence, alternative pathways to realization of the core fantasy of

an ideal self (a fantasy that itself represents a complex solution to developmental problems). Both forms require willing partners who join together to support the goals of perfection and completeness, either by sharing a wish to achieve oneness in the relationship,² or by its apparent counterpart, the desire for complete self-sufficiency. These structures can be observed clinically in couples in which the individual parties may or may not demonstrate narcissistic character pathology in Kernberg's sense. In general, the goal of oneness must be embraced by both partners, sometimes quite consciously, while the pursuit of self-sufficiency may be either mutual—with each party paradoxically affirming that the other is not needed—or one-sided, with one partner supporting the fantasy of completeness of a dominant other.³ In neither of these situations, however, is the otherness of the love object fully recognized, and his or her role remains essentially that of a mirror or extension of the lover.

These distinctions imply a tension present to some degree in every love relationship. With regard to the first instance, it should be noted that another person who did not promise to share or participate in our own fantasies and internal object needs would scarcely be appealing to us. Developmentally, the young child's love for his or her objects is characterized by this blurring of inner and outer realities, and, in this sense, every love is a refinding, as Freud (1914) insisted. Shared or interwoven fantasies and their accompanying dialogues, which mirror a wish for union or reunion, are certainly the stuff of love. At the same time, relationships that operate exclusively in the register of refinding a lost object are subject to the repetition compulsion, with all its complex implications of deadening a vital bond. Here, sameness and the known replace the risk and spontaneity of an intersubjective encounter with an out-of-time scenario that Freud attributed to a manifestation of the death drive.

² This is perhaps a oneness analogous to what Kernberg (1995) termed "total mutual gratification" (p. 143).

³ Kernberg (1995) described the latter as the most frequent form of the pursuit of self-sufficiency.

Marcel Proust (1927) ascribed an equivalent dynamic to those who lack sufficient self-esteem to believe that a unique, separate other could fall in love with them. Such individuals develop an exaggerated infatuation that seems to have little to do with the other person, and is thus inevitably short-lived and may turn to hate (Anzieu 1986). In order for two partners sharing this goal to form a durable couple (something that Proust's characters usually fail to achieve), each member of the couple must sustain the fantasy of having re-found the ideal partner, which must be a relatively infrequent occurrence. Sooner or later, the infatuation depicted by Proust meets with the reality of the other person. "Why," the author demanded, "should chance have brought it about, when she is simply an accident placed so as to catch the ebullience of our desire, that we ourselves should be the object of the desire that is animating her?" (1927, p. 164). That other is not, cannot be, the embodiment or a twinship double of our fantasies, but is ultimately another person.

To rephrase this crucial point, because each subject is defined in the symbolic universe by difference (a system of differences and oppositions typified by the structure of language), the other (every other subject) is intrinsically different and separate. For this very reason, fusional relationships tend to be unstable, and, contrary to the beliefs of Henseler (1991), are prone to disruption by primitive rage. In Lacanian terms, we might say that the shared blurring of the ideal ego with self and object imagoes, as represented by the oneness fantasy in the imaginary realm, is constantly undermined by the symbolic dimension, which rests upon difference.

At the opposite extreme from union is the equally narcissistic fantasy of self-sufficiency, which may involve a psychic exploitation of the object as the fantasied carrier of unacceptable elements in the lover. Dependency needs, for example, are assigned exclusively to the partner. Here, the lover attempts to sustain a position of total independence and disavowal of connection, which requires the support of the other through a paradoxical recognition that he or she is not needed. For this arrangement to be successful, the partner must be capable of forming a strong idealization of the lover, and/or of accepting his or her negative projections. In exchange for

this self-effacing posture, he or she may gain a reassuring sense of being essential to the other in a specific way that often replicates a childhood role, notably as an extension of parental narcissism. This partner senses—again, often quite consciously—that he or she is indispensable to the self-esteem (based on grandiosity) of the other.

Alternatively, a couple may attempt a pact of dual self-sufficiency, denying any mutual dependency, which may be hidden under a pattern of apparent disconnection and acting out, as in the so-called open marriage. The partners may rationalize their bond as supporting a shared goal of self-sufficiency, superior to the conventional “togetherness” of “ordinary” couples. Sometimes a combination of these patterns, in which both partners use negative projections to support an illusory unity of self and ideal self, may produce an angry standoff that results in apparent stability.

Although fantasies of oneness may produce closeness and passion, as noted above, relationships based upon this mode are extremely vulnerable to the inevitable conflicts of life, as the emergence of differences is poorly tolerated and readily evokes rageful feelings of betrayal. Conversely, relationships emphasizing separateness, while more stable, may be excessively frustrating to the partners because of the lack of genuine reciprocity and affirmation, and because of the cumulative destructive impact of projections. Such bonds are thereby prone to gradual dissolution. More lasting relationships, it would seem, require an equilibrium between the two forms.

Although shared fantasy may play the major part in mutually attracting members of the future couple, the tension of the partner's otherness is inevitably present from the beginning. Of necessity, the couple's successful, ongoing interactions will therefore include both the longing to affirm “we-ness” (“being with”) and the need to establish intersubjective distance. In love, one's partner is inevitably and painfully different, alien in a way that often seems to threaten us, yet with which we must finally come to terms. In fact, a relationship of complete immersion in a shared fantasy with a partner can exist only in the extreme case of a *folie à deux*. Similarly, the converse situation—repudiation of all connection and

shared fantasy with a partner—suggests paranoia. Relationships moving toward this extreme can produce a malignant outcome, perhaps even with violent consequences, as the partner becomes increasingly alien and repugnant. These admittedly dramatic examples illustrate the hypothesis that pursuit of one of the two opposing narcissistic goals of oneness or of self-sufficiency within couples tends to obliterate the individual subjectivities of both partners.

Psychoanalytic marital therapy has as a major objective to help each member of the couple experience and take responsibility for wishes to objectify and use the other for narcissistic purposes, as well as to explore interactions involving projections and shared fantasies interfering with acceptance of separateness—ultimately, to accept and enjoy the otherness of the partner. I characterize the form of relatedness that demands acknowledgment of separateness as a *differentiating dialogue*, one in which both members of the couple clarify their own feelings and intentions in relation to the different feelings and intentions of the partner. The countervailing desire to achieve imaginary unity and sameness of feelings and values produces what I call a *mirroring dialogue*, borrowing a term of Kohut's (1971, p. 134) with echoes of Lacan's (1966b) mirror phase of development. Kohut, as we know, accepted the need for mirroring by self-objects as essential to psychological survival. Likewise, Lacan came to recognize the requirement of an imaginary dimension in human experience (i.e., the importance of fantasy constructions). These two forms of relatedness thus describe complementary dimensions in the life of the couple, which need to remain in dialectic tension in order to support the growth of each partner.

In the clinical examples that follow, I illustrate this interplay by describing two couples, each of whom presented an exaggerated version of one of the two forms of narcissistic relationships.

CLINICAL EXAMPLES

The O'Neills: Casualties of Perfect Oneness

Henry and Mary O'Neill, a childless couple in their late thirties, were referred for consultation after Mary had been hospitalized for

a severe depression. She insisted, however, that her illness had nothing to do with her marriage. She loved Henry, and he was not at fault for her depression. In fact, for thirteen years they had enjoyed a special kind of relationship in which they basically lived for each other as one unit. She was upset by only one thing: that Henry could not understand her depression and tried to prescribe how she should feel and react. Henry, for his part, was very defensive, feeling blamed by the hospital staff and resentful that Mary confided in her psychiatrist, while she ignored his own suggestions and advice. Very gently, Mary sought to reassure him, explaining that her caregivers were simply pointing out the negative effects of his making her decisions for her. She only wished he would listen to her more. To this, Henry sharply demanded to know how he was supposed to listen when she acted crazily—not eating, getting up in the middle of the night, talking about suicide, and so forth.

As I listened to this dialogue unfold, I thought that Henry must be terrified by Mary's illness and possible suicide, which could feel like abandonment to him. Moreover, he seemed angry that she had "done this to him." After a time, I commented on my awareness that Henry did seem to have a kind of difficulty listening to Mary, perhaps because it must be so painful to hear about her depression, and that perhaps this might be worth working on a bit. He replied that he would be interested in learning about this, and asked for examples of his supposed difficulty. How had he not been listening? (In retrospect, this invitation for feedback seems to have been a projective identification of an impinging negative object, mobilized to defend the couple's unity fantasy against any threatening "third.")

I soon learned that Mary's depression had followed her unsuccessful effort to persuade Henry to father their child. At this point in my countertransference, I found myself to be as intrusive as Henry had been, as I reminded him of his frequent interruptions of Mary and of their differing understandings of recent events. "That's interesting," was his reaction, "but you'll have to show me how anything I've said was incorrect. I'm more than willing to listen, but Mary simply repeats the same illogical points, which may

be a product of her illness . . . the idea of pregnancy, for example.”

My conscious intention to help Henry bear the anxiety of his wife's depression obscured a familiar form of countertransference that can occur in work with narcissistic couples, in which the therapist struggles against an invisible barrier to enter the intersubjective dialogue. Rather predictably, I found myself engaged in a fruitless exchange with Henry, perhaps assuming Mary's former position, doubting the ideal couple state that in the past they had both endorsed. This seemed to be confirmed by Mary's comments to the effect that “I know what he means; it's my illness”—a response illustrating the shared nature of the narcissistic defense in the couple, resistive of my efforts to explore differences. This later came into full flower, as toward the end of our planned consultation period, Mary informed me that she found my “attacks” on Henry unfair. Henry confirmed that he *had* felt attacked, but stated that he was skillful at not showing his emotions. Anyway, he concluded, I must have been using some kind of technique to elicit his feelings, which he found intriguing. (It occurred to me that perhaps he realized that he might lose his wife without the mediating efforts of a “third.”) Mary, however, concluded that their pursuit of couples therapy was not a good idea.

Unfortunately, my extrusion from their relationship failed to cement the O'Neills' marriage. Mary was rehospitized, and soon afterward, she announced that she wanted a divorce, initiating a hostile legal process against Henry, who returned to my office in an effort to comprehend this latest turn of events. As one might imagine, he proved to be an extremely concrete, rigid, and angry man who used much denial and projection, seeing Mary in his distress as the carrier of all the hostility and problems in their marriage. Yet it was clear that he was in great pain, as he loved her and felt that she had loved him. They had a special pact or bond, he explained, which she had inexplicably and cruelly betrayed.

Sometimes the therapist can intervene productively at such a level of betrayal, which often evokes an earlier developmental experience of disillusionment that gave rise to a narcissistic mode of re-

lating. When successful, therapy in such cases can foster reparation of these earlier injuries, with a growth of trust between the partners. But in this case, Mary's desire to have a child proved an impossible obstacle for Henry, as he later made clear.

After a lengthy period of mourning in individual treatment with me, Henry initiated a series of new relationships, and subsequently returned with a new partner, Betty, for conjoint sessions. She described an illustrative incident during a recent weekend, in which they had agreed he would participate in a morning rally with his antique sports car. He was then to join her at midday. Upon completing the projected route, Henry found himself feeling so good that he decided to remain for another circuit, leaving Betty to wait almost an hour. While initially not particularly upset by this delay, she became incensed when she learned about the extra miles. Henry was amazed that she was so angry—why was the small time difference so important? They had agreed he would come by when he finished, and so on.

The ensuing theme of their sessions suggested the nature of Henry's narcissistic expectations. Betty was to be for him rather like the expensive restored convertible he loved—totally involved when he wanted to drive it, but otherwise quite content to wait in the garage in its comfortable berth. Since he saw this as a reciprocal understanding, he was able to resurrect the old ideal of oneness in the couple. "If we agree to do something together," he observed, "Betty can choose the activity, and when I'm not around, what she does is up to her. The converse should also apply. We should totally support one another."

Henry's partner seemed barely to be permitted an independent existence, let alone loved for her separateness. Here we see the crucial dimension of narcissistic love: the inability to accept otherness, or—since I wish to define this as a universal dimension of all relationships—that part of our loving feelings that is most infantile, most "ruthless," in Winnicottian terms (Winnicott 1987, pp. 22-24), the part that uses the other almost as a transitional object, like a doll or other toy to be picked up and later thrown aside according to our needs. Narcissistic love may have its roots in the dimension of in-

tolerable helplessness in the infantile situation—for example, in the dangers of the rapprochement phase, when the child cannot tolerate the otherness of the mother who is suddenly needed. The illusion of oneness demands that both partners accept the fantasy that they share one desire.

The Duncans: “Let’s Call the Whole Thing Off”

Kevin and Diane Duncan were a battle-scarred couple who sought help in order to divorce gracefully. When I first heard by telephone Kevin’s brook-no-nonsense proposal for breakup therapy, I could barely collect myself in time to inquire whether Mrs. Duncan was au courant with his plans. “She’ll be there,” he assured me. And sure enough, they arrived as scheduled, in separate cars, a very attractive couple in their early forties who wasted no time in informing me that they had seen therapists before, and that each currently had his or her own. They had decided it would be futile to persevere in a destructive marriage. They had lived apart for the past three years—Diane in the family home with their two children, ages twelve and nine, and Kevin in a condominium he had purchased nearby. He explained to me very firmly and patiently that it was impossible to communicate with Diane because of her emotional outbursts and paranoia. He felt that she had volatile mood swings, making any kind of rational discussion impossible. For her part, Diane stated that Kevin took absolutely no responsibility for any difficulties in the marriage. “Kevin must have his way in all things,” she noted.

Diane, it emerged, was an attorney who held down a full-time job and managed the household with the help of a nanny. She reported that her privileged upbringing had left her incapable of being a housekeeper or cook, which was a continual frustration for Kevin, who wanted her to play this role. His background as the middle child of working-class, alcoholic parents had left him feeling deprived and entitled to being taken care of, while her successful but not very available parents always expected higher levels of achievement of her. This, she said, left her vulnerable to controlling men

like Kevin, who never found anything about her to praise. Kevin, listening attentively, said he felt deeply misunderstood by his wife. The feeling was more than mutual, for this was a couple who insisted on their differences over even the smallest issues.

In the ensuing sessions, I learned that each Duncan harbored a hidden agenda that the partner be correctly diagnosed and treated so that the separation could occur without guilt. Even more covertly, they hoped to reestablish their old equilibrium of a mutually supported fantasy of two completely independent lives, free from the limitations (of guilt, sacrifice, and neediness) that they saw in other marriages. Unfortunately, both spouses were quite satisfied with the help they were already receiving—each, in fact, utilizing his or her own therapist's interpretations to skewer the partner with ever more elegant thrusts. As my own cautious attempts to call a truce and acknowledge battered feelings seemed increasingly ineffectual and inept, I could only acknowledge the successful efforts of each spouse to convince me of the character defects of the partner.

After a time, it occurred to me that a couple who could be so successful at excluding me and so accurate in targeting projections into each other must surely have something pretty powerful holding it together. When I managed to find a way to say as much, the response was illuminating. Kevin said that he felt Diane had latched onto him because she believed in the impression he often gave of being able to take care of all problems without having any needs of his own. He wondered whether he had ever really been accepted by Diane, or whether she had only used him to satisfy an inner need for a strong father. (In actuality, she described a father who had apparently seen her as a superwoman, capable of mirroring his own fantasies of glamour and success—not unlike Kevin himself.) She retorted that her husband lacked any recognition of “my needs and limitations.”

In these confrontations, the Duncans each insisted on their total difference from the spouse's conception of them, while disowning responsibility for the relationship. While in many ways their behavior could be understood as a reenactment of their respective pasts, I wish to emphasize the form of narcissism involved in the massive

complementary transferences and projective identifications that clearly bound them together. The typical (and essentially narcissistic) "battle to define the relationship," which the O'Neills had for a time resolved on the basis of a shared commitment to oneness, continued to rage between the Duncans, even if, at a deeper level, it also functioned in the service of a repetition compulsion. That is, in their insistence on repudiating the images and expectations of them held by the partner, the Duncans unconsciously restaged old relational patterns, bombarding each other with projective identifications that evoked earlier objects. At the same time, this repetition (seen massively in our sessions) implicitly contained and replayed the fundamental demand for recognition of separateness that had been denied in the original childhood situations. "Affirm me as I am," each insisted, demonstrating what I call a *differentiating dialogue*, that is, an effort to be recognized as an individual subject by the other. Bob Dylan described this phenomenon in his trademark song, "It Ain't Me, Babe." Behind this message, later in the Duncans' therapy, lay the latent text from Proust, "Why should this woman . . . love me?" In other words, "Why love me and not the one you wish me to be?"

As the Duncans' case illustrates, the differentiating dialogue in its extreme form can lead to alienating of otherness via the message of "I am completely other than what you think and will not mirror or share a fantasy with you." Such a stance may, of course, function defensively against closeness, supporting a narcissism of total difference by disowning participation in the relationship structure. The Duncans had constructed a mutually reinforcing lifestyle of lonely self-sufficiency—apparently reproducing for each of them a very painful relationship with the opposite-sex parent—which they then disowned, as though this self-sufficiency had been inflicted upon them. Without the capacity to assume responsibility for their own marriage, the Duncans remained locked in a paradoxical impasse, in which they needed each other to deny neediness and from which they could not separate.

At such a point in treatment, the therapist can raise the question of whether it might be possible for each partner to attribute val-

ue to the relationship, independent of their needs for separateness. The relationship itself could then occupy the third position, opening up a symbolic space for each partner to sustain separateness within a total configuration that can contain both. When couples take this step, the therapist's validation of the importance of the relationship may continue to be necessary for a lengthy period. Unfortunately, the partners are not always equally ready or willing to acknowledge the importance of, or to trust, this third entity, and separation may be an inevitable outcome.

The Quinns: "My Analyst Says . . ."

Another source of impasse may be the partners' individual therapists, when the therapists are not attuned to the dynamic of the couple, and instead empathize with the individual patient's attribution of psychopathology to the spouse (who may provide ample evidence for a diagnosis, should it be sought). An example of this situation is the case of Edward and Laura Quinn, successful professionals who shared the "unique and special couple" fantasy. Individually, each presented many classically narcissistic traits—notably, a sense of entitlement, as well as exquisite sensitivity to slights, making them leery of any dependency. A series of difficult life decisions had forced them to negotiate certain trade-offs, a result that seemed unacceptable to both, as it meant surrendering important prerogatives in the uncertain hope of reciprocity.

The Quinns became interested in their couples therapist's positing the value of their relationship, as distinct from their private individual needs, although for a long time, they jocularly attributed this stance exclusively to their shrink's peculiar notions. Each was in concurrent individual treatment, a reality that imposed itself on the conjoint treatment as we learned that Laura's analyst allegedly perceived Edward as "narcissistic and somewhat sociopathic." This clinician had been extremely helpful to her in many ways, and we were obliged to pass through the turmoil of a separation and interruption of our couples work until, after her individual termination, we were able to retroactively understand and work through

in the *après coup* this apparently external or collusive impediment to conjoint therapy. At that point, Laura was able to see her own need for having a relationship and to take responsibility for her part in constructing it. Once such a step is taken, a couple can then begin to explore more openly the narcissistic fantasies that undermine their relationship. As they come to attribute value to a relationship worth preserving and supporting, the two partners can begin to recognize how they create obstacles to its success, and can then make an alliance for work in conjoint therapy.

Since individual treatment often cannot be avoided for participants in such troubled couple relationships, and given the couples therapist's familiar difficulty in developing the necessary therapeutic alliance, external props to resistances or to defensive structures by well-meaning third parties—like the reported opinions of Laura's analyst—are a common problem in conjoint work. There is a temptation for a clinician to accept the portrait painted of a spouse in individual treatment, a lapse to which psychoanalysts are far from immune. Furthermore, the issue of consultation between therapists is far from simple, and lies outside the scope of this paper. Of course, it is equally true that the analysis of projections and misattributions in an individual treatment can be indispensable to the successful treatment of a couple.

CONCLUSION

I have attempted to describe two forms of narcissistic relationships in couples in which the otherness of the partner as a unique, separate being is in different ways ignored or negated, either through an extreme denial of separateness or through a totalization of difference. With the O'Neills, the first case example, the element of separateness was minimized or denied in an attempt to support a shared fantasy of unity, with disastrous results. The eruption of difference, with the inevitable desire to affirm separation, produced an explosion that terminated the marriage. In the second case example, the Duncans, a structure of mutual projective identifications ac-

centuated each partner's stance of nonconnection and difference, which seemed to repeat and contain earlier relational patterns with primary objects, at the expense of obscuring the need for a relationship. These two people could not acknowledge their own unconscious needs to use the other to replay an old struggle for recognition of separateness.

I hypothesize that each of these polar narcissistic positions, illustrated by the marriages of the O'Neills and the Duncans, plays some part in every relationship—that is, needs for imaginary “oneness” and needs for affirmation of uniqueness, which take the forms of *mirroring* and *differentiating* dialogues, are always present to some degree. Kernberg (1995) formulated a similar dynamic as a narcissistic element present in every couple. To maintain a vital relationship, perhaps only a continual interplay between shared fantasy and the pleasurable recognition of difference can provide the necessary affective intensity and emotional space. Recognition of the importance of that mutually constructed and supported space, the “third” entity of the relationship itself, as a valid aspect of the lives of the members of the couple—separate from their private needs—is crucial to this outcome. In my third case vignette, that of the Quinns, the partners were eventually able to take this step. To a significant extent, the goal of the couples therapist is to facilitate the dialectical interplay between narcissistic pressures for sameness and difference, while recognizing the important mutual wishes that bind the couple, as well as helping to disentangle the transferences and projections that negate the otherness of each partner.

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ON THE NATURE OF DISSOCIATION

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Psychoanalysis cannot presently account for the paradoxical nature of dissociation—those states of simultaneous knowing and not knowing in which perceptions are accurate and fully conscious, yet have no credibility to the subject. This paper suggests that dissociation is actually a different way of knowing: the patient constructs self-knowledge only in interaction with another. The subject perceives sensations and states of mind, but relegates to another the job of interpreting this experience. The divided sense of self reflects a division of labor between the subject, who registers sensation, and the other, who names it. Consequently, what the dissociative patient recognizes as “me” is determined by another’s interpretation, and the subject knows him- or herself only as he or she is known to another.

CLINICAL ILLUSTRATION

A married, professional woman, Mrs. F, entered treatment saying that she wanted to tell me something she had never told anyone. She described in vivid detail a single instance of sexual abuse by an uncle when she was a young girl. In the ensuing years of treatment, she pieced together memories, associations, and dreams, first to recognize that she had been raped by her father as well, and then to realize this was not a single event, but a regular and frequent occurrence. Often, especially in moments of remembering, she felt herself to be outside her body in time and space, frightened and

scarcely able to move. Although she spoke also of professional concerns, troubles with her children, and conflicts in her marriage, these were peripheral to a constant struggle to talk about experiences she could not name. This was carried out with feelings of anger, hopelessness, and resigned despair at my being unable—and in her view, unwilling—to help her talk.

Mrs. F was a speech therapist. She worked in rehabilitation, treating individuals—often young people—who had suffered cruel traumas, and who were left with only shattered remnants of their former mental abilities. Many were aphasic. She was adored by these patients, and she wondered why I could not do for her the simplest things she could do for them. Why was I unable to offer her the most basic of human responses?

I felt quite aware of and responsive to her own suffering, and I was puzzled about what she wanted from me. She did not berate me, but worse, she resigned herself forlornly to my inevitable and inexplicable failing in the face of her simple need. In response to my attempts to discern what triggered these silent, hopeless withdrawals, she lamented that if I did not understand, then there was no way she could teach me. It was difficult not to feel extremely provoked and guilty as my sympathetic efforts at understanding were repeatedly exhausted, and my attempts to interpret the situation brought no clarity or relief.

During one hour, in describing the details of her day, Mrs. F mentioned in passing that she had a bladder infection. She was brief, casual, and matter-of-fact about it, characteristically cataloging one of the many troubles of her life, and then went on to talk of other things. Her tone and my corresponding sense of helpless resignation alerted me to a familiar pattern: she was again obscuring something to which she nevertheless wanted a response, and if I let it go, I would find myself caught in a storm of angry silence. I returned to the topic of the bladder infection, the point at which I had first noticed my feeling, and asked if she could say more about this illness. With polite impatience and condescension, the patient told me of her efforts to schedule a medical appointment, the subsequent phone conversation with her doctor, and the antibiotics he

had prescribed prior to seeing her. She assured me that she was very familiar with the symptoms, had been through this often in the past, and had the medication she needed.

I persisted, asking more detailed questions, and learned that Mrs. F had had symptoms for about two days. She had accepted an appointment for the following week, "since I know how to handle it." She recounted for me the drugs she had taken in the past—which antibiotics worked, which did not, how long they took to become effective, and so on. It was a minor issue to her; she implied, annoyed with me for not attending to more serious subjects.

I struggled against some vagueness or ellipsis in her report, a feeling that I could not quite connect with her, and an inclination to let it go. "So," I concluded at last, "you're taking something for the pain now?" As if coming out of a sleep, she replied, "No," looking puzzled. Alarmed, I said that she must be in a good deal of pain. She ventured haltingly, as if discerning something uncertainly and from a great distance, "Yes . . . I think so." With some astonishment, I asked why she had not told me. She was at a loss to explain, and now looked disconcerted and troubled. She had not thought about the pain until I mentioned it. I wondered how she could do that; how could she tolerate this pain without saying anything? She replied that she just did not think about it; nothing could be done for it, anyway.

"And what is this pain like now?" I asked. "Pretty bad, I guess," she answered. I inquired if she had thought to ask her doctor for some Pyridium. No, the doctor had failed to mention it, so she had not asked. Yes, she had used the drug before, and yes, her husband was a physician. But no, she had not thought about medication for pain until I suggested it. The pain had been "just a blank . . . I never thought about that medicine, and I never would have thought of the pain unless you had asked about it."

Discussion

Mrs. F was clearly in a state of dissociation. She knew about the pain of her bladder infection, but appeared not to feel it. While

apparently not feeling it, she was nevertheless seeking treatment. She could perceive symptoms, describe the problem to her doctor, participate in the treatment, and yet she was unable to say to me, "I am in pain." How was this possible?

At present, there is no satisfactory answer to this question; psychoanalysis does not have a description of dissociation as an internal, mental process. The reason for this is in part historical: at the time when Freud was studying these states of "co-consciousness" (Prince 1906) or "double consciousness" (Binet 1889), the theory of dissociation offered an inadequate explanation. Freud's discovery of the unconscious and the superior explanatory power of repression drove Janet's competing dissociation psychology into obscurity (Ellenberg-er 1970; Erdelyi 1990). Psychoanalysis was actually founded on the defeat of dissociation (Wright 1997). Once his triumph was secure, a less polemic Freud (1910) saw that "the hypothesis of repression leaves us not at the end, but at the beginning of a psychological theory," adding that "further determinants" must be present "if a conflict is to lead to dissociation" (p. 26). With the recognition that repression could not account for the phenomenon of simultaneous knowing and not knowing, Freud subsequently examined each new theoretical discovery in a search for those "further determinants" (Berman 1981). At the end of his career, he concluded in a tone of resignation that "the extraordinary condition of 'double conscience,' which is more correctly described as 'split personality,' is so obscure, and has been so little mastered scientifically, that I must refrain from talking about it any more to you" (Freud 1936, p. 245).

Analysts then belatedly recognized two distinct processes—one being repression, and the other best described as dissociation (Laplanche and Pontalis 1967). The success of repression came at the expense of dissociation (Berman 1981; Bromberg 1996; Erdelyi 1990; Fairbairn 1954; Hilgard 1986; Marmer 1980). After Freud's death, Glover (1943) called for analysts to "take back" the concept of dissociation, provided that they could give it "a more precise meaning" (p. 11). But that meaning has remained elusive.¹

¹ Consider, for example, the unsuccessful attempts to build a model of dissociation on Freud's (1940) concept of splitting, as exemplified by the work of

THE NATURE OF DISSOCIATION

Dissociation, a term used casually and frequently in our literature, remains a concept on loan from descriptive psychiatry. There dissociation is defined by the American Psychiatric Association (1994) as a “disruption in the usually integrated functions of consciousness, memory, identity, or perception” (p. 477), and as including such symptoms as amnesia, fugue, multiple personality, depersonalization, and trance states. Current accounts confusingly mix clinical levels of analysis and theoretical framework (Loewenstein and Ross 1992), but these consistently describe abrupt or so-called nonlinear changes in states of consciousness or in self states—changes that appear as sudden alterations in affect, mood, perception, sense of self, and/or access to autobiographical memory. A patient in one self state may lack knowledge of his or her past experiences in other states, such that these “disaggregated self states” (Kluft 1988b) may be mutually contradictory.

So, for example, Mrs. F knew about pain when I asked, but appeared not to know when talking to her doctor. As access to knowledge, especially autobiographical knowledge, changes, the patient’s subjective sense of “who I am” shifts with these alterations in consciousness (Putnam 1989). Self-knowledge is thus said to be state-dependent, and the patient may feel like a stranger to him- or herself as experiences take on a “me-but-not-me” quality, contributing to the characteristic dividedness of the self-concept. One woman described feeling simultaneously like Clark Kent and Superman, but noted that “the two parts never get into the same room at the same time because they’re the same person” (Bromberg 1994, p. 527). Such paradoxical descriptions capture the subjective nature of the patient’s experience better than we can clinically explain it.

Berman (1981), Fairbairn (1954), Grotstein (1991), Kluft (1988a), Lasky (1978), Loewenstein (1984), Lustman (1977), Marmer (1980), Pruyser (1975), B. Smith (1989), Stoller (1973), and Young (1988).

A Proposed Model of Dissociation

I suggest that dissociative symptoms may be understood as follows: Dissociation is a different way of knowing oneself, and that is by knowing oneself through another. In dissociation, the subject constructs his or her own experience through the meaning that another gives to the subject's own perceptions. We know that experience in general is not compiled from "a passive act of reception and recording, but an active process of selection and interpretation" (Grossman 1996, p. 509). Dissociation consists in turning that act of interpretation over to another. The dissociative patient then forms a sense of "who I am" in interaction with another. The subject pays careful attention to the responses of the other, and from these reactions, gleans clues as to the meaning that another gives to the subject's perceptions, states of mind, and so forth. The subject then adopts the attributed meaning as his or her own subjective experience.

In dissociation, self-knowledge cannot be acquired through self-reflection; dissociation at its core is an impairment in the subject's ability to represent his or her own experience. Therefore, the subject is unable to make assertions such as "I am in pain," for instance, but instead composes self-knowledge from the conclusions of others. As a result, the subject knows him- or herself only as he or she is known by another, and what the subject recognizes as "me" is determined by another's perception. These interpretations, which are of course determined by others' idiosyncratic needs and desires, strike the subject as fact. Because of the subject's inability to fix in place a representation of the self, the self-image impressed upon the subject in one interaction may endure only until it is overridden by another, and a shifting sense of "who I am" results from the shifting responses of others.

When I asked Mrs. F how it was possible not to know that she was in pain, I was, in essence, asking her to explain how dissociation works. She replied that she did not think about the pain until I mentioned it. I suggest, then, that we consider her simple answer to be an accurate account of dissociation: She felt pain because I said she was in pain. She constructed her concept of herself through

my understanding of her. That is, my comment that she must be in pain did not simply remind her of a preexisting pain, nor merely call attention to pain from which she had distracted herself, nor had pain been repressed and unconsciously known by her all along. Rather, Mrs. F was unable to construct *any* experience prior to hearing my comment. Pain came into being when I believed her to be in pain. Earlier, when her doctor had not given her pain medication, she had understood that she was not in pain. She resisted my efforts to discern something contradictory about herself, but when I insisted that she must be in pain, then she had the experience I expected her to have, and pain started to exist for her in the same way that I know it, as the palpable, unavoidable, physical sensation that it had not been for her earlier.

Dissociation is best understood in this way: the patient accurately perceives sensation in the body, but the *meaning* of that perception depends upon how another names it. In Mrs. F's case, according to this dissociative mode of knowing, the patient knew the facts of the bladder infection, but relinquished to someone else—first to her doctor, and then to me—the ability to interpret these sensations. While her perceptions were accurate and fully conscious, they were unformulated (Stern 1997), or unrepresented (Fonagy and Target 1996), or unsymbolized (Ogden 1986), such that she herself could not come to any conclusion about what she simultaneously appeared to know. She was like a person who had written herself a note, only to find that she could not read her own writing.

In my view, dissociation is an impairment in subjectivity, that is, the sense of “I-ness” by which the subject becomes “interpreter of his own perceptions” (Ogden 1986, p. 72). The abrogation of this interpreting function results in an absence of self-determining self-representations, a void of self-knowledge—into which, for example, Mrs. F might first welcome her doctor's assessment of her experience, but later displace his conclusions with mine. These various interpretations are potentially interchangeable for the subject; each has the power to name, define, and give meaning to the subject's experience, while encountering no opposition from a resilient self-concept. Our discrepant conclusions about Mrs. F did not meet with

some internal, fixed, and abiding self-image against which she compared, assessed, or measured our statements in order to contradict, verify, or amend our conflicting assertions. Rather, her self-knowledge changed with each who interpreted her experience. As Mrs. F herself later remarked, what she felt depended upon “who gets to say,” while she herself had *no* say in the matter. Only those mental contents selectively recognized by another contributed to her self-knowledge. What she saw of herself was restricted to what another saw, and what the other saw became “who I am.”

While it might be asserted that Mrs. F unconsciously knew about the bladder pain, I believe that such an assertion is a misleading description of her state of mind. As Freud acknowledged, unconscious knowing is insufficient to explain the kind of simultaneous knowing and not knowing in which accurate perceptions have no meaning to the subject (Grossman 1993). It is this odd way of knowing that gave rise to Freud’s concept of a “double conscience” (Breuer and Freud 1895), which his unconscious could never quite replace (Berman 1981). I suggest that dissociative phenomena are best understood by postulating a different way of knowing, one that might be called *knowing through another*, in which the subject perceives events consciously, but relies on another to represent those perceptions, accepting the meaning the other then gives to them. The patient’s sense of dividedness in dissociation is not the result of a split self (which is, after all, a metaphor acting on a reification), but instead, the subjective sense of dividedness stems from a division of labor: the task of knowing is divided between two different minds: that of the subject who perceives, and that of another who names that perception. As a result, the subject’s experience may contradict his or her own senses, for although the locus of sensation is in the subject’s own body, what the subject “knows” of that sensation is negotiated between subject and object.

Dissociative patients may vary enormously in their awareness of this discrepancy between sensation and self-knowledge. The dissociative patient in treatment may become aware that his or her sensations are assigned another’s meaning, and may be aggrieved at this unfairness and humiliated by the self’s resultant vulnerabil-

ity, but the patient is nevertheless unable to formulate any alternative view. This disability—what I am calling an impairment of subjectivity—distinguishes dissociation.

For example, after some years in treatment, Mrs. F came to an appointment following a dental procedure, telling me dismissively that it had gone fine. I pressed her for more details. At first, she could report only the facts of the procedure, but could not say anything directly about her experience except from the dentist's point of view. I asked her if her tooth hurt right at that moment. She touched her jaw appraisingly, and speculated uncertainly, "I think so," giving the impression that the question had not previously occurred to her. Then she added, "At one point, it hurt so much that I could not talk." This contradiction caused her no bewilderment, but I asked how that could be. "The dentist initiated the drilling, at first saying the anesthetic should be sufficient," Mrs. F explained. Then she continued, revealingly:

He acted like everything was okay. He had no way of knowing how I felt, but thought that it should be fine at the point when he started. There was no way I could tell him that this was *me*, or what it was like for me. But after a while, he looked up at my face and stopped. He seemed almost frightened, and asked me to tell him if everything was okay. I couldn't say anything. He had been so sure that it was fine that he hadn't asked until then. He said, "Talk to me now—you look like you're in pain. You need to let me know." He took my hand and yelled for the assistant. She rushed in and saw me, and they both acted alarmed. He said it was going to be okay; they would get more anesthetic. The assistant asked me if that would help, and I nodded.

When the dentist had begun the procedure with the belief that Mrs. F was comfortable, she constituted her own mental state through his understanding of her: she was fine. She showed some resentment at his presumption, just as she had in treatment with me when she had begun to notice angrily that others had neglected her point of view. Nevertheless, she was unable to compose

any alternative perspective. When the dentist noticed something about her facial expression, the color of her skin, or the way she was holding her body, and revealed his alarm through his reaction, she used that to compose a very different view of herself. Offered a revised version of herself, Mrs. F then “knew” that she was in pain and that she needed more anesthetic.²

An advantage of knowing through another is that it affords a way of not knowing. In this dissociative mode of not knowing, perceptions that go unrecognized by another may never feel real to the subject. As Mrs. F said with regard to her urinary infection, when her doctor did not prescribe an analgesic, she did not think that she was in pain. Thus, such an experience of pain may be known *by the subject*, but it can never be known *as the subject* unless it is first recognized by another. Therefore, it cannot be observed by the subject, in the subject, in a self-reflective way; it cannot be recognized as “me.” While the experience may be a matter of fact to another, as Mrs. F’s pain was to me, it did not exist for her. This is what gives dissociation its eerie quality: Mrs. F knew all the perceptions that constituted pain as I know pain; she could describe them and treat them, but she could not construct the thought that “I am in pain.”

Dissociation may therefore serve the same end as repression—that is, dissociation protects against unwelcome experience. Yet this way of not knowing does not invoke the unconscious. Instead, dissociation depends upon a way of relating to another. Dissociation may be said to be an interpersonal, as opposed to an intrapsychic, defense. In dissociation, where experience is constituted in interaction with another, a thought that is unacceptable to another is unthinkable by the subject. Dissociation might therefore be loosely described as a kind of repression by proxy.

² I wish to emphasize that Mrs. F’s experience of pain did not constitute a revelation of some inherent truth; it had no more of the quality of an objective fact than did the dentist’s first perception of her. Her pain at that point existed only as another attribution, and as such, was no more convincingly “me” than her earlier state of being “just fine.” This version was simply a shift, and not the discovery of an independent reality.

We would be misguided in the treatment of a patient such as Mrs. F if we were to judge that she *knew*, but was simply inhibited from saying what she knew. We can more accurately deduce that she was unable to formulate any experience in her own mind (Stern 1997). While the result may seem odd, the potential for a dissociative reaction must be quite common, for dissociation exploits a common fact: that having any experience—pain, for example—requires simultaneously thinking that one is having that experience. Dissociation is simply a matter of how much one's thoughts might be influenced by another.

The Illusion of an Autonomous Psyche

In my view, our psychoanalytic understanding of dissociation has been thwarted by our prevailing picture of the psyche as autonomous, i.e., our preference for viewing the mind as determined by the subject's own mental process. This preference is illustrated historically; for example, when researchers observed that dissociative symptoms consistently appeared in connection with a susceptibility to another's influence, they doubted the authenticity of the symptoms, and their findings discredited dissociation as a "real" mental disorder (Wright 1997). Investigators redoubled their efforts to eliminate such external artifacts in order to discover the true psychic process, insistent that bona fide experience meant experience authored by the subject's own mind. Thus, the earliest hints that the individual psyche might be inextricable from other minds were discarded.

Cavell (1991) described how analysis has been caught in a struggle "between a view of the self as self-contained, on the one hand, and, on the other, as interpersonal in its very constitution" (p. 143). As Freud progressively recognized the importance of interaction in shaping mental life, he became increasingly aware of the distinct nature of dissociation. The parallel nature of those developments in his thinking may have been more than coincidence. In recent years, a number of analysts have begun to "view the mind as consti-

tuted by an interactive, interpersonal world . . . and hold that knowledge is achieved through a process of dialogue" (Cavell 1998, p. 449). Dissociation is best appreciated from this point of view, and yet this perspective does not allow us to quite so confidently draw the line between one's own mind and another's (Ogden 1997). For dissociation suggests that the private preserve of self-knowledge, the very personal sense of "who I am," is constantly being co-authored with another.

This unsettling recognition that one's reality may be shaped by another has been difficult to integrate into our theory. Renik (1984) described a patient whose accurate perceptions "entered consciousness but as an unreality" (pp. 527-528), and another patient who deemed her perception to be illusion through the incantation "*I am not real*" (1978, p. 595). Contrasting this process with repression, Renik noticed its interactive aspect, as though the patient were "obeying an explicit injunction" or "concentrating on a hypnotist's voice" (p. 595). Grossman (1992, 1993, 1996) described a similar group of patients, who had a perverse attitude toward reality, and whose perceptions were conscious and accurate but without credibility to themselves. Grossman did not emphasize, however, his intriguing observation that the parents of these patients had denied the reality of their children's experiences.

Steiner (1993) implied that such a perversion can be something one person does to another; indeed, to pervert another is to alter his or her reality. Calef and Weinshel (1981) observed a universal human potential to be so influenced, as evidenced by the phenomenon of gaslighting; and Shengold (1979) found a similar brain-washing effect in abused children, who frequently cannot maintain any conviction about an autonomously derived identity.

Winnicott's (1960) division of a true and false self prompted various efforts to describe dissociative symptoms from an object relational point of view (Allen 1993; Bromberg 1991; Marmer 1980; Ogden 1986; Reis 1993, B. Smith 1989; Usulli 1992). Bromberg (1994) suggested that dissociated events are neither experienced nor lost, but are rather unthinkable. When internal states of mind are misrecognized by another, they become unknowable except

through enactment. Similarly, Stern (1997) conceived of such experiences as unformulated in the mind.

Consider that in order to know something, one must first be able to think it. Having a desire such as hunger, or an experience such as pain, does not necessarily mean that one can say, "I am hungry," or "I am in pain." This kind of propositional thinking depends upon the ability to present one's experience to oneself—that is, it requires a mental representation of that experience (Cavell 1998). At an age of cognitive immaturity, a child cannot do this; he or she must rely upon another's help. Winnicott first introduced this paradox, described by Ogden (1986) as "I-ness'. . . made possible by the other" (p. 209). The adult who responds to the child offers a medium in which the child can see his or her internal world presented in tangible form. Through a mother's words, gestures, and emotional expression,

. . . the infant comes to know his own mind by finding an image of himself in his mother's mind. The child sees his fantasy or idea represented in the adult's mind, reintroduces this and uses it as a representation of his own thinking. [Fonagy and Target 1996, p. 229]

However, this early mode of knowing through another entails a vulnerability. At this age, before the child understands the representational nature of ideas and feelings, whatever mother presents to the child is reality. Fonagy and Target (1996), who called this mode of early thought "psychic equivalency" (p. 218), gave the example of a four-year-old boy who was scared by a ghost story that his mother read to him: "The mother quickly offered a reassurance: 'Don't worry, Simon, it didn't really happen.' The child, clearly feeling misunderstood, protested in reply: 'But when you read it, it did really happen to me!' " (p. 220).

In this presubjective period, before the child has a sense of the subjectivity of his or her own mind, "events are what they are, and interpretation and perception are treated as identical processes. Sensory experience is unmediated by an interpreting subject" (Ogden 1986, p. 61). Therefore, the child cannot understand

his or her experience as subjective, i.e., idiosyncratically determined and merely one view among many. Instead, such experience has the immediate impact of a singular truth, and is literally adopted as part of "who I am." Whatever impacts the child has the quality of "me." Since the mother's responses are always her interpretation, the child's self-knowledge (e.g., "I am in pain" or "I am hungry") is shaped by the mother's beliefs, feelings, and unconscious needs. Inevitably, she will respond to some of her child's gestures and not to others, so that some of her child's experiences will be registered as "me," while others are lost. The child may know only the experience to which mother responds, and the child will know him- or herself as mother knows the child. At this stage, the child cannot say, "You misunderstand me," because no "me" exists apart from that of mother's understanding.

In my view, dissociation is a pathological form of this presubjective mode of relating. For example, a patient with a history of dissociative experiences came to an hour saying that she was giving up swimming, despite the fact that she was quite accomplished at it. After years of competing in this sport, she insisted that she was not capable of swimming. Her conclusions derived from this presubjective way of thinking about her perceptions. When she had gotten into the pool earlier that day, she had been "sluggish and slow," she reported. Based upon this sensation, she insisted that she could barely make her way through the water. What another might interpret as a state of mind, she understood to be "me." She did not think of this experience as *feeling* that she was slow, nor *as if* she could not swim; she did not understand her experience as a subjective interpretation of events determined by her own mind. The sensation of the water on her skin gave her direct and literal information about herself; it had no symbolic or representational quality. She did not think of the experience as one generated from her own selective apperception, composed for her own idiosyncratic motive. She could not look at it as merely a thought, nor merely her own thought, which could give way tomorrow to a different experience. It is in this sense that she was without an understanding of her own subjectivity, so that her

perceptions, unmediated by an interpreting subject, directly constituted her sense of "who I am." Interactions with friends, family, and co-workers impacted her just as directly, determining her shifting, moment-to-moment experience.

While interactions with others define and limit one's own experience, these everyday interactions normally do not abridge one's subjectivity. We might say, in fact, that all interactions are impingements, but one usually retains some protection against the power of another's view to override the sense of "who I am." Indeed, another's interpretation serves to acquaint the subject with his or her own subjectivity, because it reveals the differences between the subject's view and that of another.

The development of subjectivity protects the child against dissociative states in the following way: an experience is shared with another, and this sharing teaches the child that one thing may have more than one meaning, and that one thing can represent another. This concept introduces the child to a world of symbolic thought, thereby providing the tools with which the child can represent him- or herself independently of others. "Understanding the meaning of one's experience is possible only when one thing can stand for another, without being the other; that is what constitutes the attainment of the capacity for symbol formation" (Ogden 1986, pp. 218-219). Thereafter, the child becomes creator of his or her own symbols.

This normal evolution of subjectivity suggests the locus for a vulnerability to dissociation. The harm that leads to dissociation lies in the mother's insistence that her interpretation of the child is the *only* interpretation. By insisting that a shared experience has just one meaning, she forecloses symbolic thought. Then, like the patient who was convinced that she could not swim, the child cannot think of his or her experience as merely a state of mind, and in fact a state of the child's own mind. Instead, the child is confined to "living in a state of reflexive reactivity" (Ogden 1986, p. 209)—reacting to mother's signs, but never creating symbols. Protection from this dissociative tendency does not depend upon the accuracy of mother's interpretation, but her willingness to believe

that she is only interpreting, that her view is merely one among many. Her capacity for imagining the mind of her child as different from her own invites the child into a world of multiple meanings. Her ability to credit the child's gesture as meaningful affirms the child's subjectivity.

Thus, thinking is "inherently intersubjective" (Fonagy and Target 1996, p. 231). As Cavell (1991) wrote, "What shapes . . . thought itself may be just those very early, emotionally charged, personal interactions" (p. 150). The child's capacity to define his or her own experience arises not through mother's correctly naming the child's experience, but through her enabling the child to name it. That accomplishment does not depend upon telling the child *what* the child means, but telling the child *that* he or she means. It seems that in simply re-presenting a shared experience in her own unique way, the mother simultaneously—and less apparently—engages the child in a symbolic world, thereby giving the child the tools with which to represent the self autonomously.

Thus, interpretation—which is always impingement—provides the antidote to that very impingement. Eventually, the child can assert, "No, that is not me; that is not what I meant at all." Dissociative symptoms arise when this development of subjectivity goes awry. One could draw an analogy to the development of language in the child: the significance of mother's speech is not that she correctly names objects and imparts information, but that she teaches a deep structure, which then allows the child to generate his or her own sentences. The mother inculcates a set of rules by which the child can eventually say what *he or she* means.

In the model I am proposing, dissociation is not a benign omission, an overlooked experience; it is the inability to form experience. Dissociation is not simply a difficulty in articulating personal experience in public symbols; it is an impairment in the ability to create meaning. Dissociation reminds us that experience is not a given fact, but an act of interpretation, and that this capacity to give meaning to perceptions is developed in interaction with another. Indeed, early interactions that overlook a child's mental state may have much to do with the origins of dissociation, al-

though the dissociative process is not a passive reflection of that omission, but an active defense against that neglect. Since that defense consists in preventing the formation of experience, therapeutic efforts to uncover experience that is presumed to be known unconsciously do not effect change. Likewise, naive hopes to reveal a true self through empathic mirroring and therapeutic attunement fail, producing simply compliance. Superordinate concepts of self and descriptions of true and false selves, while evocative, in fact misrepresent the problem, and therefore do not provide a reliable compass for clinical work. Yet dissociation need not remain a mystery, an inherent byproduct of trauma, or something impenetrable beyond phenomenological description. Dissociation fits a familiar template: it is a defensively motivated distortion of thinking used to allay anxiety. What is unique about dissociation is its incorporation of a very early, presubjective mode of relating, in which personal experience is constructed through another.

Dissociation as described above is a blunt instrument: it is not directed at any specific mental content, but more pervasively attacks the ability to mentalize, that is, to form mental contents (Fonagy and Target 1996). This aspect suggests its motive. The patient's adaptation to another's interpretation serves to eliminate any difference between subject's and object's perceptions, thus creating the illusion of being understood by another. Knowing oneself through another is a consequence of, but also a remedy for, being out of contact with another's mind. If another cannot respond to one's needs, it is some protection not to be able to think "I am in pain" or "I am hungry." This view suggests that the failure of mentalization is "a defense primed in the mother/infant relationship, an active decoupling of a biologically prepared process in the face of total absence of humanity in the environment" (Fonagy 1999). The resulting impairment, which traps the dissociative patient in another's overriding version of reality, nevertheless enables that patient to simultaneously negate the influence of other minds—hence its defensive value. While the subject may know the self only in interaction with another, the other's interpretation

can be rendered as transient and insubstantial, as unreal, as anything the subject might generate independently.

A Return to the Clinical Illustration

I will return to the case of Mrs. F to illustrate these aspects of dissociation. It was interesting to note Mrs. F's description of her father, whom she viewed as "doing things to me as if I weren't there, as if I were nothing." Responding to his view of her, she "turned into nothing. There was nobody there." Acceding to his interpretation countered any alternative meaning. Unable to formulate any contrasting experience, she concluded that "this pain is how life is supposed to be; this is who I am." In this way, she "went off somewhere else where no one could hurt me, because I wasn't there any more in my body. I was somebody else."

The dissociative patient learns that danger lies in knowing the self through one's own interpretation, and safety resides in finding one's self through another's eyes. By acting in accordance with another's needs, he or she constructs a safer image of the self. Through compliant interactions, a borrowed self-concept is tangibly represented, feels momentarily real, and replaces some dangerous potential. The resultant illusion of being understood corrects and conceals the other's failure to understand. This model suggests that dissociative symptoms that appear at later stages of maturity, apparently in response to trauma, may actually arise out of a preexisting capacity to concede to another's interpretation—a capacity that is laid down earlier, during the presubjective period. In fact, it may be that abuse does not so much foster dissociation as dissociation invites abuse; that is, the dissociative inclination to comply with another's needs may render a child more susceptible to another's abuse.

Mrs. F tried at times to know herself apart from her father, but as Fonagy and Target (1996) pointed out, this requires that the child be actively helped by an adult to represent a different view. Mrs. F turned to her mother for an alternative view of herself,

managing on occasion to call to her mother's attention the fact that her brother was beating her up. Her mother responded that she was a tattletale, and ordered her outside to play. Mrs. F coped with these occasions in the following way:

I would go out behind the garage to get away, to a place where no one could see me. There I played, alone with my cat, and I often read. I sank down deeply into my self. At the same time, I hoped someone would come find me, reach in and take me out. It was like having different personalities—one of me was on the surface, and the other was down somewhere I couldn't get to, and I kept pushing it farther away. No one ever reached down to pull me out, and after a time, I gave up hoping. I believed then that I was not a person to other people; I was invisible. That's when something in me died.

Mrs. F's mother made a proud ritual of polishing her daughter's shoes a brilliant white every morning, and sending her off to Catholic school, looking loved and well cared for. Mrs. F hoped that the nuns would see differently, but she was also frightened when they told her that "God sees all." Her early difficulty in getting her mother's help became clearer to her when, as an adult, Mrs. F watched a television program with her mother in which incest was discussed. Her mother claimed vehemently, "That never happens!" Mrs. F felt confused, unable to think, and found herself leaving the situation, as she had as a child.

Cavell (1991) observed that "knowing that we can sometimes make ourselves understood to others, who are more or less like us, and who will take our view of things kindly into account, is among the conditions for thought" (p. 152). Similarly, Fonagy and Target (1996) wrote:

Where the parent is unable to incorporate and think about a piece of reality, and cannot then enable the child to do so safely . . . this reality remains to be experienced in the mode of psychic equivalence. Neither child nor parent can "metabolize" the thoughts, and the "unthinkable" thoughts

are passed on from one generation to the next. . . . This is what makes such concepts as thinking inherently inter-subjective; shared experience is part of the “very logic” of mental state concepts. [p. 231]

In treatment, Mrs. F grew more aware of her inability to think for herself and of the way she let others think for her. One evening, she was slicing an avocado while talking to her husband, when he suddenly yelled at her in alarm—she had just cut herself. She would not have noticed this, she said, had he not told her.

At another time, she described a disagreement with her husband about some trivial matter. Her husband had misunderstood her actions, and she could not say, “You misunderstand me,” but instead had asked him helplessly, “Is that who I am?” She grew frightened, and tried to fight a familiar experience of going away from her body. These “absences,” as she described them, were immediate reactions to common and everyday interchanges in which others asserted a point of view without taking her own into consideration, or pursued their desires without soliciting her wishes. In treatment, she became less able to dismiss her “not being able to think” as “just the way I am,” and complained that “people are always taking away parts of me.”

Describing her sessions with me, Mrs. F said, “It’s often very hard to be present. I’m here, but there is something missing in me that other people have. Others seem to find it so easy to talk, to say what they think, or say what they want. I can’t find it, and I have to deal with this repeatedly through the day. I try not to go away as I did as a child, and more and more, I’m successful. It used to happen automatically, but now less and less so. I feel I can fight it, but it’s very exhausting.”

Her “absences” showed up frequently in mannerisms of speech. Her odd omission of the pronoun *I* betrayed an inability to represent a stable self-image (Ogden 1986). In describing an evening out with a friend, for example, she said, “Well, there was pleasure.” I noted aloud that she had not said, “I felt pleased.” “To think that way just doesn’t makes sense to me,” replied Mrs. F.

"There are no descriptions like that connected to myself; there's just a kind of emptiness there." Indeed, she related events as if she had no connection to them. She described actions, but could not say what they meant to her. I would get an image of her in an interaction, with a sense of how she must have felt, but she could not see the same picture I had of her.

When I asked Mrs. F how she understood some event, or what it meant to her, she simply described more of the external details. Her answers sometimes seemed responsive at first, and since I could infer more about her from these details, I was misled to believe that she herself knew what she was implying to me. This initially fostered an illusion that we both understood her, when in fact I was alone in my understanding. I found that she wished me to piece together an image of her in this way, so that I might then show it to her. She took my speculative questions ("So you may have felt sad?") as assertive declarations, not hypotheses to be explored. When she seemed not to know, I at first mistakenly believed that she did not wish to know, assuming she had repressed these experiences. I was in effect following Freud's historical path that led away from an appreciation of dissociation as an altogether different means of not knowing. However, many incidents—some merely subtle uses of language, and others more dramatic, like the bladder infection and the dental procedure—suggested that she was not able to know herself except through me.

I came to see that Mrs. F conveyed her experience without being able to observe it. While I might feel that I knew something about her, she herself could not join me in the act of perception. She had experiences without containing them, and she could never collect her experiences into a declaration of "this is me." She could not find herself as the object of self-reflection. When I did not tell her what I knew, she believed that I, like her mother, did not want her to know. Fonagy and Target (1996) commented that

. . . some patients' treatment may be almost entirely focused on the elaboration of the self as a mental or psychological entity. The reflective aspect of the analytic process

is understanding and not simply empathy. . . . The analyst's mind acts as scaffolding designed to enhance the development of representation in the child's psychic reality . . . [p. 231]

Mrs. F's inability to think symbolically appeared as a literal mindedness or concreteness, a phenomenon described by a number of authors (Bass 1997; Bollas 1989; Levine 1990; Ogden 1986). For example, she hated rain and was frightened of it, but my asking her why made no sense to her. If she were frightened by rain, it was because it was simply a frightening thing; her fear was intrinsic to rain. Sensation was reality; her experience was determined directly by the rain on her skin, not by the meaning that her mind gave to that sensation. Only after many years of treatment did she realize that her fear of rain came from "what my mind conjures up about it."

I believe this concreteness is best understood as that same impairment of subjectivity that lies at the heart of dissociation. That is, this literalness is a consequence of the patient's having removed the self as interpreter, an active agent mediating between events and their subjective registration. Thus, Mrs. F lost the distinction between events and their meaning. Unaware of her own attribution of personal meanings to events, she collapsed experience into one dimension. External events then defined her internal experience. "It's like always being on the surface," she observed. "I know something's wrong with the way I'm thinking, but I can't get beneath the appearance of things."

While this style of thinking makes such patients extremely reactive to external events—such as the sensation of rain, or the coercively expressed needs of other people—one may observe that these patients do not suffer a whole-scale revision of autobiographical knowledge with every interaction. Indeed, at times they demonstrate a rigid imperviousness to the influence of others. Here we see how it is that their literalness affords them this protection: their insistence that events have only one meaning, and that

meaning inheres in the thing itself, anchors the patient against the influence of another's mind. By thinking concretely (or thinking presubjectively or in terms of psychic equivalency), Mrs. F could know her experience only as it was defined by another, but she was simultaneously able to invalidate that other's interpretation. Once she accepted that observations or beliefs or feelings could be discredited as only in the mind, she was free to invalidate the conclusions of other minds, as well as of her own.

This dissociative mode of thinking eliminated Mrs. F herself as the qualified interpreter of her own perceptions, and it simultaneously disqualified her father, her mother, and everyone else from holding that privileged position. She herself could not discern what was real, but reality was not to be determined by anyone else's idiosyncratic perception either. Events were what they were, grounded in sensation and holding the same meaning for any right-thinking person. Reality existed independently of her own mind, as well as of anyone else's. So, although her mother could deny acts of sexual abuse, making them unknowable to her, Mrs. F nevertheless continued to believe that there were objective facts to be known, unalterable by the beliefs of either of her parents. While she could not name or cite them, they existed somewhere for someone. Her radical empiricism protected her from gaslighting. She hoped, therefore, that one day, someone might say to her, "Your father really hurt you. Your mother really did not want you to understand." However, as much as she wished to hear these things, she also needed to prevent such revelations.

Mrs. F was often caught in this impasse, as was I. While she wanted, indeed needed, to hear another's interpretation of events, the fear of having her mind influenced by another—and, by implication, doubted by that other—made this impossible. As Bass (1997) noted, "If one has to believe that one's perceptions provide indubitable knowledge of 'reality,' the possibility of interpretation is preempted. To interpret always implies that one thing might mean another. The concrete patient paradoxically defends against just this possibility" (p. 645).

A Breakthrough in Mrs. F's Treatment

Mrs. F came to an hour suffering from another bladder infection; these had occurred frequently since childhood. Sexual intercourse tended to make such an infection worse, but she commented that she had recently had sex with her husband several times. She characteristically did not speak of her feelings (pain?), or reflect on her own motives (had she contributed to her own suffering?), but waited for me to formulate her experience. At the same time, she was ready to accuse me with "You, too, presume to tell me what is real." We had been through this many times. Any response that did more than echo the facts felt like an assault on her subjectivity. Any interpretation amounted to my telling her, as her mother had, that I knew better than she, and that she could not trust her own mind to know. She would then be "absent" for days or weeks.

Once again, I saw the familiar pitfalls waiting, and no solution was evident. I said that I knew Mrs. F needed me to say something, but I could only say how I saw things: I thought that she was in pain, and that she herself was causing some of the pain. This was clearly a moment of anguish for both of us. Then I became aware that this was just the point. I said, "I really can't tell you who is right and who is wrong about this; all I can say is what I know. You have to tell me what you know. Maybe what is important is that sometimes people just see things differently. What," I asked, "do you make of that: we just see this situation differently?"

Mrs. F listened quietly, becoming sad and then tearful. "One percent of me actually feels pain when I have sex," she noted, "but ninety-nine percent of me feels that this is all right; this is the way things are supposed to be for me." I was surprised, as this may have been the first time I had ever heard Mrs. F simultaneously hold in mind two different perspectives about herself in an effort to struggle toward her own recognition. She was trying to formulate some concept of herself, and to state a proposition about herself—"I am in pain"/"I am not in pain."

As Cavell (1998) observed:

When a child can be said to have propositional thought, she has made a qualitative leap. . . . To make this leap, the child must have been in communication with other (thinking) creatures. This is the sense in which the mind is constituted by an interactive, interpersonal world. [p. 452]

To Cavell's statement, I would add that such a leap seems to depend upon a certain kind of communication. In this interaction between Mrs. F and me, her discovery of her own mind seemed to come about through her encountering the difference between our minds. This suggests to me that what fosters the development of propositional thinking are interactions with the subjectivity of the other's mind. While subjectivity limits what the analyst knows with certainty, his or her subjectivity may be the very quality that eventually facilitates a patient's ability to know. The distinction I am making, then, is between the patient's knowing a certain thing about him- or herself and the prerequisite ability to formulate mental contents at all. While content—the specific things one knows—may be skewed by one's subjective perspective, the ability to formulate any content, or to mentalize, depends upon just such engagements with another's idiosyncratic point of view. The irreducible subjectivity (Renik 1993) that shoots down our ability to know another with confidence may be essential to the patient's developing capacity to know him- or herself. The ability to know oneself seems to arise from interactions with others who are far from being certain, correct, and informative, but who are, instead, manifestly uncertain, admittedly wrong, and avowedly unable to inform.

Mrs. F subsequently began to appreciate her own agency in generating experience, as opposed to passively suffering the facts of an intrinsically cruel reality. She started to discern, through self-reflection, her motives for re-creating certain cruelties, and could begin to explain why and how she hurt herself. For example, she related to me that, when leaving a building after an unpleasant interchange with a colleague, she had closed a door too quickly behind her, crushing her ankle against the metal door frame. She had then walked some distance to her car, until she was physically

unable to stand. In discussing this with me, she was able to see that she had hurt herself to negate the earlier painful comment by her co-worker. She normalized the pain of that comment by creating an ongoing, uninterrupted background of pain. The pain in her ankle served to make the emotional pain of the comment meaningless, in the sense that there was no other experience with which to contrast it, and thus no other experience to be desired. There was no difference between pain and no pain. Pain became merely part of "who I am" and "the way things are supposed to be." With the establishment of a homogeneous field, a uniform world of pain, no other experience was conceivable (Ogden 1986). As Ogden noted, "Meaning accrues from difference" (p. 209).

Gradually, Mrs. F began to construct knowledge of herself independently of me. Some time later, she left my office in a tearful rage at something that had occurred in the session, and angrily threw down a handful of damp paper tissues. Once she was alone, she asked herself why she had thrown the tissues; that this question came to her mind at all surprised her, since it implied internal motives. She was even more surprised to hear herself immediately able to answer her own question: "I threw down the tissues because I am not supposed to take anything that comforts me." Thus, she had begun to give meaning to her own experience; pain and more complex experiences gradually became knowable through self-reflection.

CONCLUSION

In summary, I am suggesting that dissociation consists in knowing one's experience through another's response. Knowing oneself through another offers a way of not knowing; experience becomes unknowable when it goes unrecognized by another. Perceptions to which another does not respond remain unknown, in the sense that they cannot be represented or formulated in the mind as experience, and are unthinkable by efforts at self-reflection. The origins of dissociation are thus suggested to reside in an early stage

of development, at which a child normally relies upon another to represent his or her own experience. A perpetuation of this form of relating allows accurate perceptions to remain unknown to the subject, without exploiting the division between consciousness and unconsciousness. One result is the subject's puzzling state of conscious knowing and simultaneous not knowing—historically described as co-consciousness, double consciousness, splitting, and so on.

Although dissociation becomes most apparent when it is invoked for defense, this mode of thinking and relating is ongoing and pervasive. Viewing dissociation as an impairment of subjectivity elucidates a host of more subtle symptoms not often thought of as dissociative. These include: an inability to form representations of one's own experience, a reliance upon those representations offered by another to compose self-knowledge, an insistence upon immediate sensate experience as the criterion for what is real, an impaired reflective capacity, an inability to see one's thoughts as merely thoughts (and merely *one's own* thoughts), an inability to view oneself as generating experience for personal motives, and a failure to empathically understand other minds as expressing similarly idiosyncratic interpretations of events (rather than literal revelations of reality). This active abrogation of subjectivity seeks to reconcile any differences between individual perceptions. The denial of differing subjectivities protects against the fear of being out of contact with other minds, a fear that belongs to very early interactions between mother and child.

This view of dissociation supports the intersubjective assertions that we know our minds through other minds, that the mind is constituted through interaction with other minds, and that thinking is inherently intersubjective. The phenomenon of dissociation, moreover, suggests that experience may always be constructed in interaction with another, and that there may in fact be no such thing as a "true self."

This issue of intersubjective influence is at the center of many current explorations of the analytic process, especially in discussions of enactment and countertransference, where the subtle and

reciprocal effect of analysand and analyst on one another are demonstrated (H. Smith 2000). The futility of attempts to ensure against such engagements simply supports the fact of their existence. Indeed, the inevitable influence of one's subjectivity on another seems to meet up with a receptivity, an inherent readiness, and even a longing on the part of another. Perhaps the unsettling inclination to alter one's sense of reality in response to another may be as important in maintaining relationships as the capacity to differentiate one's experience from another's. This legacy may be an important means of empathically engaging another, as well as essential to knowing another's mind.

Much as we have historically wished to disclaim its effect and eradicate it from the analytic encounter, this human readiness to know oneself through another has always been a matter of fact to charismatic leaders of cults, to boot camp sergeants, to torturers in police states, and to partners in marriage. As one spouse says to the other in the film *The Accidental Tourist*, "It's not whether I love you or not; it's a question of who I am when I'm with you." While knowing oneself differently in different interactions seems foreign and bizarre in its extreme dissociative manifestations, this readiness to reach a negotiated truce in the clash of subjectivities is perhaps crucial to any successful relationship.

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IS PSYCHOANALYSIS A CHEERLESS (FREUD-LESS) PROFESSION? TOWARD A PSYCHOANALYSIS OF JOY

BY GÜNTER HEISTERKAMP, P.D.

Joy can be understood as a basic form of resonance. Psychodynamically, joy is complementary to the feeling of anxiety. Whereas anxiety reflects psychic distress in connection with problems of structuring, joy is the expression of successful (re)structuring. It is the feeling of self-discovery, of a new beginning, and of self-renewal. In stark contrast, there are numerous empirically supported indications that there is little evidence of feelings of joy in the psychoanalytic literature. Why is this the case? Pursuing his analysis of this apparent but unspoken taboo against joy in professional analytic writing, the author outlines a psychoanalysis of joy in the hope that it will encourage analysts to be more aware and expressly affirmative of joy as it occurs in their work.

It has been said there is not much *freude* (German for joy) in Freud's psychoanalytic psychology.

—R. Emde (1992, p. 5)

An earlier version of this paper was presented at the annual conference of the German Society for Psychoanalysis, Psychotherapy, Psychosomatics, and Depth Psychology in September 1999, in Hamburg, Germany. Another version was published in 2000 in Giessen, Germany, by Psychosozial-Verlag, as "Ist die Psychoanalyse ein freudloser Beruf?" in *Psychoanalyse als Beruf*, edited by A. M. Schlösser and K. Höhfeld. The author wishes to thank Robert C. Ware for the translation of this version into English.

AN OPEN SECRET

When I told friends and colleagues in the past that I was conducting a survey on joy (*freude*¹) in psychoanalytic psychotherapy, I repeatedly met with the same reactions: a mirthful smile and a head that nodded knowingly. Perhaps the reader of the this article's title will have reacted similarly. I am reminded of situations in which members of an in-group touch upon a secret that is known to most of them, but one that is also kept confidential—an "open secret." No doubt analysts will not be surprised to read that such reactions to my study, as well as my associations to those reactions, have a good deal to do with the phenomenon being examined here.

JOY IN THE PSYCHOANALYTIC LITERATURE

Generally, I have found only selective contributions to the topic of joy in the psychoanalytic literature. Kohut (1971, 1977, 1984) alone merits the distinction of having described the psychoanalysis of joy.

The Gleam in the Parents' Eyes

Kohut expanded our understanding of the significant phases of psychosexual development by adding the dimension of the emergence of the self, making the emerging self the cornerstone of his thinking (P. H. Ornstein 1992; Wolf 1988, 1992). Kohut saw the development of a cohesive self as fed by two sources that can be distinguished only artificially: the child's joy at his or her own progress and participation, and "the glow of pride and joy that emanates from the parental selfobjects" (Kohut 1977, p. 236). Beginning at

¹ Translator's Note: The German word *freude* (or *freud*) comprises *joy* (its primary designation), cheerfulness, pleasure, gladness, delight, and happiness. It is defined as an elated emotional disposition or feeling state, an uplifting of mind, a state of being glad, happy, or cheerful. For simplicity, however, *freude* has been translated simply as *joy* in this paper.

birth, the well-known “gleam in mother’s eye” (Kohut 1971, p. 116), and all other forms of joyful resonance with the child’s existence, play an essential role in the development of a cohesive, stable self. Countless children’s games express this in a moving fashion. Through the responsiveness of the environment and the gradually more specific reactions of significant others, the child acquires a sense of self and develops self-esteem. The child needs the gleam in the mother’s eye during his or her entire development, “in order to maintain the narcissistic libidinal suffusion that now concerns, in their sequence, the leading functions and activities of the various maturational phases” (Kohut 1978b, p. 439).

If we look at the self of the anal period, we find mother and other significant persons relating to that emerging self. For example, when these individuals accept, reject, or take interest in the fecal gift of the child, they react not only to a drive, but also to “the child’s forming self” (Kohut 1977, p. 75). Because the child seeks a mirroring object, he or she experiences the pride and joy of the parents, or the lack thereof, as the acceptance or reproof of his or her developing—and consequently, very vulnerable—productive self. When the reproofs and disappointments of significant others incapable of empathy become chronic, “the child’s self will be depleted and he will abandon the attempt to obtain the joys of self-assertion” (Kohut 1977, p. 76).

Similarly, in the oedipal phase, if the parents themselves possess stable selves, then the emotions typical of oedipal excitement (desire, rivalry, fear of punishment, disappointment, injury, and insult) will contain, “from the beginning and persisting throughout, an admixture of deep joy” (Kohut 1977, p. 236). In a later publication, Kohut (1984) noted simply that

. . . the healthy child of healthy parents enters the oedipal phase joyfully. The joy he experiences is due not only to the fact that he himself responds with pride to a developmental achievement, that is, to a new and expanding capacity for affection and assertiveness, but also to the fact that this achievement elicits a glow of empathic joy and pride from the side of the oedipal-phase selfobjects. [p. 14]

Thus, we see that Kohut distinguished between the oedipal phase, in which the child is supported by responsive parents, and the oedipal complex, in which children are left alone with their developmental tasks and are coerced by their parents into projective defense and self-protection.

These viewpoints, proposed by self psychologists, are confirmed by experimental findings in research on infants and small children. In an instructive overview, Emde (1992) documented the basal significance of positive feelings for human development. In contrast to Freud's (1918) entropy principle (which might be seen as pleasure gained through a reduction of energetic tension), Emde drew on knowledge gained in numerous experiments on early development to show how positive feelings affect psychic reality in original and primary ways.

Joy as the Goal of Both Development and Psychoanalysis

Anhedonia, or the absence of pleasure, is characteristic of all psychic suffering. The development and fostering of *joie de vivre* and zest for life can be conceived as general goals for psychotherapy and psychoanalysis (Adam 1981). It is difficult to conceive of a successful course of treatment in which the patient and/or the analyst do not enjoy and experience pleasure over the newly won ability for self-expression, self-advancement, and self-control. "On the whole, the positive achievement of a good analysis will here be confirmed by the fact that the patient is now able to experience the joy of existence more keenly" (Kohut 1977, p. 285). Under favorable developmental conditions, when the grandiose self and idealized parental images are internalized and transformed, the energy released is transformed into joy at one's activities, experiences, and attitudes, into joy at one's own being and life (Kohut 1971, 1978c), and indeed "into adaptably useful self-esteem and self-enjoyment" (Kohut 1978c, p. 503)—that is, joy for its own sake.

Zest for life and *joie de vivre* are particularly lacking in persons with narcissistic personality disorder. Although most such individuals are active professionally, have numerous social contacts, and to

all appearances function “normally,” they are still impaired in their abilities to be productive and to enjoy their work, to find happiness and inner peace (Kohut 1971). Very close to joy is the capacity for genuine humor, which Kohut considered to be one of the four characteristics of a transformed narcissism (along with empathy, creativity, and wisdom).² When the patient succeeds in looking at his or her prior, rigidly held positions with humor, “the analyst may indeed feel that the working-through processes have been successful and that the gains which have been made are solid” (Kohut 1971, p. 325). Humor counts as “one of the very reliable signs of success” in the treatment of narcissistic disorders (Kohut 1971, p. 168).

The Joy of Self-Renewal

During a psychoanalysis, joy plays a significant role. For Kohut (1984), “there is hardly a case of self disorder in which the analysis of the transference would not provide supportive material” (p. 204). Furthermore, “within the context of the transference, an outline will gradually come to light of a person for whom the patient’s early existence and actions were a source of genuine joy” (1984, p. 204)—that is, someone next to whom the child felt alive and responded to. Kohut was equally familiar with the concept of self-renewal: “Ultimately the patient, paralleling the gradual achievement of an internal relinquishment of the (narcissistically cathected) analyst, may discover with calm but deep and genuine pleasure that he has acquired solid nuclei of autonomous function and initiative” (1971, p. 167).

In the analysis of a patient with a self disorder, joy manifests as a comprehensive feeling tone that presages and permeates the structural transformations of the self. “The patient felt unaccountably joyful. He knew that something important had happened in *him*” (Kohut 1977, p. 43, italics in original). Such a view leads psychologi-

² I regret that an examination of the close connections and differences between wit, humor, and joy is beyond the scope of this paper.

cally to a significant differentiation between joy and pleasure. "Joy is experienced as referring to a more encompassing emotion such as, for example, the emotion evoked by success, whereas pleasure, however intense it may be, refers to a delimited experience such as, for example, sensual satisfaction"; thus, joy is not sublimated pleasure, but rather "relates to experiences of the total self" (Kohut 1977, p. 45). From the point of view of self psychology, joy can be understood as a basic form of inter- and intrasubjective resonance and efficacy. It is the emotional quality of successful restructuring.

QUANTITATIVE RESEARCH INTO JOY IN PSYCHOANALYSIS

Having examined joy in depth psychology from casuistic and reflexive points of view (Heisterkamp 1990, 1991), I determined to conduct empirical research in order to evaluate my conclusions statistically. My survey examined the extent to which the phenomena of joy, love, and pleasure are taken into account in psychoanalytic publications. In what form are they reproduced? Are there gender-specific differences? Are there differences between references to joy in the autobiographies of psychoanalysts, in comparison to psychoanalytic journal articles? The most significant of my results will be described below.³

Indices of a Lack of Joy in the Psychoanalytic Literature

An initial quantitative indication of the neglect of this topic is found in the indices of leading publications of depth psychology. In the general index of Freud's works (1999), for example, there are but three entries for joy, and in Jung's, none whatsoever.⁴ In the in-

³ For details on the development and testing of the survey procedure, its implementation, and evaluation of results, I refer the reader to Heisterkamp 1998a, 1999a, and 1999b.

⁴ This applies to both the German edition of Jung's collected works (1995), where there is no mention of *freude*, and the English one (1979).

dividual volumes of the complete edition of Adler's works (1927, 1931), there are only two entries for joy. In the profound lexicon by Laplanche and Pontalis (1973), *joke* and *humor* are missing altogether from the entries—which is, in effect, a comical Freudian slip, when one considers that Freud published studies addressing these topics in 1905 and 1928. We also search in vain for any mention of the concept of *happiness* in Laplanche and Pontalis's tome, despite the fact that forty citations are listed under this entry in the general index of Freud's works.

Even in relevant textbooks of psychoanalysis (such as Fenichel 1980, 1981, 1982; Greenson 1975; Loch 1977; Mertens 1990, 1991, 1993; Thomä and Kächele 1985), an entry for joy is frequently missing. In German-language versions, following the obligatory references to Freud, after which one would expect to find *freude* (joy) in an alphabetical list, one finds instead entries that can be translated as frigidity, early disorders, frustration, and so on. Even in analytic textbooks explicitly devoted to the development of identity or emotionality, the presence of only a minimal number of joy entries betrays a pathogenic and anhedonic bias (see, for example, Kapfhammer 1995; Mertens 1992, 1994). A gratifying exception is the two-volume textbook of Krause (1997-1998), in which the topical index lists nineteen references to joy.

The Taboo against Joy in Professional Psychoanalytic Journals

A content analysis of articles in analytic journals, based on concepts in the semantic fields of joy, love, and pleasure, produced the following results:

1. Within the framework of generally meager results in the semantic areas examined (thirty-five occurrences per 10,000 words), concepts from the semantic field of joy occurred even more rarely (barely four per 10,000). Either analysts and patients in analyses and therapies have nothing to laugh about, or else their joyful moments have been deleted from published material.

2. In formulations concerning love or pleasure, there is a highly significant statistical tendency toward abstraction, as opposed to experiential formulations. Analysts write appreciably more about eros than about feelings of love, and almost exclusively about the pleasure principle rather than about pleasurable experiences.
3. Expressions of joy are divided almost equally between abstract and emotional modes of presentation. Every second expression of joy refers to an experience.
4. With respect to the manner of presentation, there is a highly significant gender-specific difference: female analysts utilize the concepts of joy, love, and pleasure much more often, and they write about them much more emotionally.
5. Among the very sparse expressions of joy, about eighty percent are remarks or accounts of experienced joy. In only eight percent of all cases is joy of the patient about his or her analyst described, and in only six percent do we hear about the analyst's joy. In a single instance, we read that patient and analyst experienced joy together. In order to find this lone passage of mutual joyful resonance, one must read, according to our sampling, at least 127 articles and more than 2,000 pages!
6. When the experiential expressions of the semantic fields joy, love, and pleasure are taken together, one sees a highly significant tendency of authors to avoid emotional formulations (about joy, love, or pleasure), with respect to themselves or their relationships to patients.
7. In a further study (Heisterkamp 1998a), I examined twenty-four autobiographies, written by seventeen male and seven female psychoanalysts (Hermanns 1992, 1994, 1995), using the same procedure for analysis of content. With all three semantic fields mentioned above,

the tendency toward emotional formulations was clearly statistically prominent in the autobiographies.

8. In comparing the frequency of references to these three topics by analytic journal article authors with references by autobiographical authors, I found that autobiographers write significantly more about the concept of love, and very significantly more about the concept of joy. Journal authors employ significantly more material about the concept of pleasure than do autobiographers, however. It can therefore be deduced that, although the concept of pleasure apparently seems inappropriate to analytic authors in describing themselves, they do utilize it in their professional journal contributions.

Let us first examine these last two points. An initial observation we might make is that analysts exhibit much more emotion in autobiographies than they do in professional journal articles. The fact that they are so much less emotional in articles apparently does not result from a habitual lack of emotional expression, but more from a conspicuous reserve about using emotional concepts. Second, the observable difference between the use of joy and that of pleasure is significant. When "a creative analyst can present his work through his life and his life through his work" (Hermanns 1992, p. 7), then concepts from the semantic field of pleasure are apparently less significant than when an analyst writes an article about his or her analytic work. *Ergo*, analysts write about themselves differently than they write about their patients.

Highly significant correlations were found between the concepts of love and pleasure, and no correlations at all were evident between joy and pleasure. These results are an empirical confirmation of Kohut's (1977) distinction between joy (e.g., about success) as a more comprehensive emotion, on the one hand, and pleasure (e.g., in sensual gratification) as a more limited experience, on the other. Each has a distinct genetic root and its own developmental line. For this reason, we cannot view joy as sublimated

pleasure. Joy relates to the experiences of the *whole* self, and pleasure to *parts* of the self. Just as one may speak of archaic stages of joy and of pleasure, so, too, sublimated joy and sublimated pleasure exist. The conspicuous reserve in the articulation of joy in professional psychoanalytic articles follows, then, from the above-mentioned factors.

The overemphasis on theorizing forms of presentation, the avoidance of feeling experiences generally, the elimination of joy in particular, the neglect of the occurrence of transference in the context of emotional formulations about joy, love, and pleasure—all these reveal a singular discrepancy. The abstract and distancing content of analytic publications has become removed from the concrete practice of analysis. The feeling-laden interrelationships in analytic practice are not adequately represented in our professional publications. Analysts apparently have a preconscious knowledge of “feeling rules” (Hochschild 1979), and must make considerable emotional effort when writing for publication. Without this being expressly stated, it appears that emotions may only be displayed according to certain “display rules” (Ekman and Friesen 1969; see also Krause 1996, 1997-1998). For publishing analysts, these rules could be expressed, in accordance with my survey results, as follows: *Avoid joyful feelings. Be as neutral as possible. Guard against emotional formulations. If you deal with affects, they should only be “negative” ones that distress you. These you may even intensify; that is looked upon favorably in your society.*

Dealing with feeling content in this way has, indeed, a deeper psychological significance. The more a publishing analyst concretizes his or her own experience and that of patients, the more that analyst becomes open to attack and injury. This seems to be the case with joyful feelings in particular. The exclusion of one’s own feelings serves to defend against a fear of depreciation and shame, and to safeguard fictitious goals of the individual self and of the group self. Although analysts presumably enjoy themselves more in the analyses they conduct than is apparent from their publications, the unspoken display rules encourage them to reinforce and fixate their patients’ negative feeling states by means of selectively

mirroring pleasureless affects. Analytic periodicals contain alarming evidence of two typical forms of the unsuccessful (pathological) mirroring of affect: lack of markedness and lack of congruence (see Dornes 2000).

QUALITATIVE SURVEY FINDINGS

I shall next examine several case vignettes that illustrate different “destinies” in the development of joy as experienced in transference occurrences. I shall begin with an episode taken from my own reading experience.

“Go Out, My Heart, and Seek Joy (Freud)”

While looking for contributions to a psychoanalysis of joy, I came upon the above title, that of Johannes Cremerius’s autobiography, which is contained in the second volume of *Psychoanalysis in Self-Presentations* (Hermanns 1994). This title awakened a hopeful expectation in me. Since I had been reared in the Evangelical Lutheran Church, as had Cremerius, I recognized in the title the first verse of a very beautiful hymn pertaining to *catechumen* or confirmation instruction:

Go out, my heart, and seek joy [German translation: *freud*]
in this lovely summertime
about the gifts of your God;
look at the decor of gardens lovely
and see, how they have come
to embellish you and me.

The trees stand in foliage full,
the earth realm cloaks its dust
in a green mantle;
narcissus and the tulips
are clothed more dearly
than with Salomon’s silk.

The fifteen verses of this “summer hymn” (as it was called by its composer, Paul Gerhardt) were published in Berlin in 1653, in the “*Praxis Pietatis Melica*” (see Eisinger 1987). With numerous allusions and images from the Bible, the hymn celebrates the meeting of man with creation. According to Eisinger, it announces “the emergence of a new nature feeling” (p. 173). In other verses of the hymn, when the sun “laughs,” the flowers are wondrously “clothed,” and the meadows “peal out.”

Then nature begins to speak, to respond, to breathe, to express itself and as it were to become capable of communicating—to a thankful mankind—and toward an understanding of the creator, who so clearly expresses himself in his creation. [Eisinger 1987, p. 173]

Cremerius’s autobiography gives voice to a very interesting personal excerpt from the history of psychoanalysis in Germany. However, as I read it, I found that the more I immersed myself in joyful expectation, the more sobering was my frustration. Notwithstanding a few references to joyful events in his life (e.g., the birth of his daughter), the content and presentation left no doubt that Cremerius sought not primarily *joie de vivre* and zest for life, but instead followed in the footsteps of Sigmund *Freud*. During and following my reading, I could only wonder at just how much the joy of living acclaimed in the hymn had been removed.

The fifth verse of the hymn, below, could have built an excellent bridge to psychoanalysis. Instead, Cremerius seems to have had the presumably common experience of many Protestants: that precisely this verse was deleted by religious teachers and pastors. It is here that the meadows peal out with cries of pleasure!

The brooks resound in their sandy bed
and draw with care along their bank
with deep-shadowed myrtle;
the meadows lie so close upon
and peal out loudly with pleasure’s cries
of sheep and of their shepherds.

SECRET JOY REGARDING A SOMERSAULT

I turn now to a well-known, virtually classic example of the inhibition of joy in psychoanalysis. Under the heading “Therapeutic Aspects of Regression,” Balint (1968) examined the two most important functions of regression: as a resistance and as a remedy. He illustrated “regression for the sake of progression” with an example:

Now a concrete case: In the second half of the 1920s, I started the analytic treatment of an attractive, vivacious, and rather flirtatious girl in her late twenties. Her main complaint was an inability to achieve anything. She had finished successfully the university course for a degree quite some years before, but could not take the final examination. She was popular with men, and a number of them wanted her, either for marriage or for an affair, but she simply could not respond. Gradually, it emerged that her inability to respond was linked with a crippling fear of uncertainty whenever she had to take any risk, that is, make a decision. She had a very close tie to her forceful, rather obsessional, but most reliable father; they understood and appreciated each other; while her relationship to her somewhat intimidated mother, whom she felt to be unreliable, was openly ambivalent.

It took us about two years before these connections made sense to her. At about this time, she was given the interpretation that apparently the most important thing for her was to keep her head safely up, with both feet firmly planted on the ground. In response, she mentioned that ever since her earliest childhood she could never do a somersault; although at various periods she tried desperately to do one. I then said, “What about it now?”—whereupon she got up from the couch and, to her great amazement, did a perfect somersault without any difficulty.

This proved to be a real breakthrough. Many changes followed, in her emotional, social, and professional life, all

towards greater freedom and elasticity. Moreover, she managed to get permission to sit for, and passed, a most difficult post-graduate professional examination, became engaged, and was married. [Balint 1968, p. 128]

The patient's somersault represented not only a breakthrough and a turning point in her analysis, but also a transition in the classical understanding of analytic treatment (see Heisterkamp 1998c, 2000). As I have read this passage to my students in didactic settings, some have smiled or laughed, and one once remarked (alluding to the epigrammatic conclusion of many fairy tales): "And if they haven't passed away, they're still living today."

Thinking of one's own countertransference reaction while reading this vignette, one notices how reserved Balint was about a certain feeling—at least for publication's sake. In regard to this emotional restraint, it may be noted that analytic publications have tended to follow his example, up to the present day. And yet the tremendous joy that a scene like this awakens in patient and analyst alike contains the powerful efficacy of immediate and mutual resonance.

THE UNDISCUSSED JOY OF AN ANALYSAND

I am grateful to my colleague, Bodo Altmann, for providing a rare exception to the rule of exclusion of joy in publications. Altmann (1996) narrated an incident from his own training analysis, which is quite similar to Balint's (1968) somersault example. Altmann's openness supplied, as it were, the feelings that Balint held back. For publication here, Altmann has graciously elaborated from his earlier text:

Looking back now, I would like to describe a scene from my training analysis, in which scenic interaction and being touched bodily were important to me. It was a phase in my analysis in which I was "out to sea." I talked—as far as I can

remember—quite a lot, but everything seemed so meaningless and void to me. At the same time, an untamable urge to move took possession of my body. I simply couldn't tolerate any longer the motoric lameness of my position lying on the couch. Finally, I jumped up from the couch and began to "roam around" the therapy room, before ultimately sitting down in a corner. I had sundry feelings about that experience. I felt heroically forbidden, almost crazy, in view of my unauthorized violation of the prescribed setting. I was afraid and ashamed of myself, that I had no longer tolerated lying on the couch. But then I dared look up and return the glance of my analyst. In that moment, I sensed an almost unbelievable well-being; the muscular contraction of my body relaxed and my drivenness was removed. She beamed at me. I was uncontainably happy, for I had not even disturbed or frightened her unduly.

For me, this little scene is an example of an experience that involves the body in building psychic structure. In this phase of treatment, I needed to experience at a more basal, sensorimotor, and perceptual level something that had not yet reached me at the level of fantasy. On the other hand, this treatment sequence flagrantly violated the agreed-upon therapeutic setting, whose maintenance had thus far guaranteed a secure analytic ground under my feet. [Altrock 1999]

Altrock told me that, in spite of all the joy, his memory of this event still possessed something unfinished and bitter for him.

I missed a verbal analysis of the occurrence, which was needed to understand the many levels of meaning in this scene. For this "working through," my analyst left me to my own devices. As a result, the session somehow left me with an aftertaste: that it had been a joyful experience (and also tolerated), but nonetheless a slip-up or blunder on my part, and perhaps also on her part. [Altrock 1999]

After he had reenacted this scene once more with a female colleague and friend, and had discussed it with her, it became clear

to Altrock that finding his way out of a confining system had not been validated as a significant developmental step. Whatever led out of the traditional “cage” (of the family, the analytic relationship, or even the analytic setting) was and remained something particular and special; for that reason, its integrative effect could not be fully implemented. The scene remained “an exception.” He concluded that:

In this respect, the insight gained from the session was on the one hand very pleasant, even joyful, but on the other hand, I still had this feeling that my analyst had only tolerated me, and no more. Hence, the enactment was a structure-building experience for me, but the aftertaste of a “slip-up” still clung to it. Particularly missing was the integration gained by directly addressing all aspects of our nonverbal interaction—that is, an explication of the meaning and value of our mutual enactment. [Altrock 1999]

AND THE GLEAM IN KOHUT’S EYE?

Kohut found moving words to express the meaning of joy in the process of the self’s emergence. He described in great detail many analytic treatment examples in which spontaneous joy occurred at moments of self-discovery and self-renewal. Yet he refrained completely from expressing his own joy about the progress of his patients or about advances in his work. I have found only one instance in which he expressly addressed the joy of the analyst: in *The Analysis of the Self* (1971). As part of his description of the four characteristics that in his opinion indicate the transformation of archaic narcissism and characterize a cohesive self (empathy, creativity, humor, and wisdom), he wrote the following, specifically about humor:

In many, perhaps in most, instances the appearance of humor is sudden and constitutes the belated overt manifestation of the silently increasing dominance which the patient’s ego has achieved vis-à-vis the previously so for-

midable power of the grandiose self and of the idealized object. *All of a sudden, as if the sun were unexpectedly breaking through the clouds, the analyst will witness, to his great pleasure,* how a genuine sense of humor expressed by the patient testifies to the fact that the ego can now see in realistic proportions the greatest aspirations of the infantile grandiose self or the former demands for the unlimited perfection and power of the idealized parent imago, and that the ego can now contemplate these old configurations with the amusement that is an expression of its freedom. [1971, p. 325, italics added]

Sixteen lines later, Kohut remarked:

I shall, however, not pursue the topic of the appearance of humor in its various forms during analysis any further, and will restrict myself to quoting the remark of Miss F, a childlike and self-absorbed personality who, toward the end of a long analysis, had acquired a sufficient sense of humor which enabled her to formulate, retrospectively, her transference problem by telling me: "I guess the crime that you have committed, and for which there can be no forgiveness, is that you are not I." [1971, p. 326]

I had to chuckle on reading this passage; it reminded me of my reaction to Balint's (1968) somersault example. In reading Kohut's (1971, pp. 283-ff, 292-ff; 1978c, pp. 503-ff) repeated descriptions of his analysis of Miss F, I frequently noted my own joyful feelings. Reading between the lines, with the help of my countertransference feelings, I find it easy to combine both citations. Thus, we can assume that Kohut, too, at the end of a long and difficult—yet successful—analysis, experienced considerable joy at the jocular reaction of his patient, so pointedly confirming of his own ideas on narcissistic transference. Maybe his whole face beamed, and his analysand—had she been sitting face to face with him—saw that glow in her analyst's eye. Or, if she were lying on the couch, she might possibly have sensed the joy and pride of her analyst as conveyed in their vocal dialogue. At the least, she surely noticed his joy in a friendly farewell.

My assumption of a depth psychology correlation makes even more sense if we consider Kohut's later writings about narcissism and narcissistic transference constellations—and, last but not least, the progress of his self-analysis, which owed so much to the complications and their working through that occurred in the analysis of Miss F.

A JOYFUL PSYCHOANALYTIC EVENT

I shall now present a brief practical example to explain the effectiveness of a joyful analytic process. The incident occurred in a training workshop I led for analysts and therapists, a workshop aimed at increasing sensitization to bodily movements and providing experience in therapeutic work with “body associations.” I instructed the participants to perform some basic movements that repeatedly occur as bodily articulations of the self in the course of the analytic process—for example, moving their heads or feet. They were to allow time and adequate room to play with these living movements, so that they could expand and fully “articulate” what is usually only hinted at in unobtrusive gestures. During such exercises, it is important that the body language dialogue not be interrupted by merely talking about it or by seeking to interpret it (see Heisterkamp 1997). I recommended that the participants also experiment with how they stood and with the distance between their feet, and to observe consciously what they felt while doing so.

After completing this exercise, one of the participants, Ms. R, reported that, as she had spread her feet wider while standing, she suddenly remembered an event she had once described in an experiential group in conjunction with her analytic training. Her whole face beamed, and I noted that, until now, I had not seen her display such intensity of emotion. She reported that she had suddenly recalled a scene when she was six years old and had come home from school desperately needing to go to the toilet. But no one opened the door for her when she reached home and

rang the doorbell. Despondent, she rang and rang, but still no one came. In the meantime—and this memory stuck out particularly in her mind—she noticed that she had begun to “pee in her pants,” there on the doorstep in front of her home.

Although I had earlier found Ms. R’s joy contagious, I was ambivalent when she finished her story, because I felt sympathy for the child’s distress, while simultaneously observing her laughing face. When I asked her about this discrepancy, she laughed all the more, saying, “Yes, I am delighted that I can think of this dreadful memory now with so much positive feeling. Until recently, I used to suffer very much over it.” It developed that when she had earlier related the incident in an experiential group, the participants had responded empathically to her distress, and had sympathized with the child in her, noting that she had articulated a prototypical, basic experience of childhood: that of feeling “shut out” and excluded. I could relate to her happiness that this traumatic experience could finally be integrated into her memory without further pain. And yet, I still puzzled about her beaming at this childhood recollection.

I inquired whether she recalled some other aspect of the event as well. Ms. R laughed again at this, but indicated that she had no further recollections. In this very moment—possibly because I myself felt excluded from her happy experience, and was beginning to sense my own annoyance about this—I had an idea. “Maybe you felt not only extremely unhappy on the doorstep that day, but also very angry,” I suggested. “And now you can rejoice from the bottom of your heart to have pissed in front of your family’s door.” Whereupon she laughed out loud and cried, “That’s it! That’s it exactly.”

Suddenly, Ms. R’s joyous and triumphant feeling state became perfectly clear. In our exercise, she had made contact with her repressed anger. Now, together with the other workshop participants, she took great pleasure in imagining how the six-year-old girl had found a way to rebel against a catastrophic family constellation. The exercise had enabled her to find the psychologically necessary encouragement to give meaningful gestalt to an exper-

iential moment in her past and to reflectively understand it—a moment that had been repressed since childhood, together with the implicit conflictual tension between object loss and self-betrayal. In this way, she took possession of her own vitality and expanded her sense of self.

The next day, Ms. R related that during the course of the evening, she had repeatedly called to mind this previously traumatic childhood occurrence, finding herself able to enjoy the memory for the first time. She was particularly happy to note that, at the time of the incident, she had not been so completely helpless and at the mercy of the situation after all, but had mustered an adequate reaction under the circumstances. She was happy, too, to have wrung these aggressive and self-activating feelings from an originally depressing memory, and was full of joy at having regained a sense of her own vitality.

TOWARD A PSYCHOANALYSIS OF JOY

The following considerations depict forms of affective mirroring analogous to those seen in the early development of the child.⁵

Joy as a Complement to Anxiety

Joy and fear have meanings complementary to one another. Whereas fear—for example, “automatic fear” or “signal anxiety” (Freud 1926), or congestion anxiety (Freud 1895)—gives immediate expression to *deprivations* in the structuring of the self, joy permeates all *successful* structuring and restoration of the self. The psychological position of joy lies at the pivot of psychic transformation, where the scope of psychic self-articulation and self-regulation expand. Joy is the feeling of self-discovery, of new beginnings (Balint 1968), and of restoration of the self (Kohut 1977). When-

⁵ The ways in which the events researched and described by Dornes (1992, 2000) manifest in the psychoanalytic process would merit a separate study, and will not be addressed here.

ever we gain new land from the sea of unconsciousness, when we succeed in finding more satisfactory environments for the workings and longings of the id, joy emerges.

Inhibitions of Joy

Anxiety is an essential characteristic of psychic “transformation reality” (Salber 1993, p. 7). It arises from the polar tension, immanent in development, between the fear of giving up an established security and the fear of entering into something unknown. Fear is also at the core of all forms of defense and security in which the emergence of joy is inhibited. Fear of recurrent painful injuries leads to an anticipatory avoidance of expressing or even feeling joy. Many persons experience separation anxiety at the first inklings of joy and zest for life. Others avoid joyful encounters because, in their insecure sense of self, they fear a loss of self when experiencing the harmony of shared joy. Still others fear a loss of control when joy emerges.

Some people have yet to discover that their own joy in living has the right to exist. What analyst has not had the experience of a patient who comes to a session and guiltily confesses that he or she has nothing to report, when it is apparent that, all the while, a fearful, repressed *joie de vivre* waits to be discovered and validated by the analyst?

“Joy” in the Service of Defense

We should not neglect to mention that apparently similar phenomena, such as joking, laughter, smiling, irony, gloating (*malicious joy*, as it is called in German, over another’s misfortune), as well as excessive or artificial joy, can stand in the service of defense, functioning as compensatory safeguards for an unstable self. Kohut (1971) reported this phenomenon. Analysts, too, may sometimes employ joking references to reality to defend against idealizing transferences that unsettle them, or they may dismiss in an

apparently friendly manner, or even defame, selfobject needs as they are expressed in such transferences.

Kohut (1971) distinguished humorous from excessively jocular patients who use wit to defend their narcissistic vulnerability and to regulate emotional tensions, such as anger and narcissistic rage. A characteristic of humorous behavior, on the other hand, is its groundedness in a secure self; it does not serve a defensive or overcompensatory function for a fragile self. Gloating or *schadenfreude* (malicious joy) indicates a neurotic arrangement in which one's own disturbed (individual or group) self is meant to be enhanced by belittling or defaming someone or something else. So, too, an exaggerated or spurious joy is intended to safeguard the self. An analyst often recognizes such behavior when, in the countertransference, he or she fails to resonate with the supposed joy, or experiences a completely different feeling (such as sadness, despondency, or anger) that the patient is projectively resisting.

Joy as Countertransference Resistance or Collusion

The most frequent countertransference resistance of the analyst with which I am eminently concerned here is the analyst's inhibition or denial when dealing with a patient's joy—as well as when dealing with his or her own joy. In such circumstances, patient and analyst very frequently partake in the collusion of shared resistance. Since we are dealing here not only with an individual's failing, but also with a systematic omission resulting from psychoanalytic socialization, the topic has thus far been given little attention in the literature. It seems to me that joyful forms of expression in analysis are subject in principle to the suspicion of resistance. These prejudices cling tenaciously to the analytic handling of joy. When an analyst openly expresses joy about a patient's progress, that analyst is readily subjected to a guilty verdict for his or her lack of abstinence and for acting out with the patient. Just as is the case with the patient, then, the analyst is especially open and vulnerable

whenever he or she permits such a self-articulation of joy, and must therefore become understandably self-protective.

One can observe other, more personal and character-related forms of defense and safeguarding of the self. For example, there may be premature expressions of joy by the analyst (who may well be anticipating positive developments), at a point when such expressions might irritate the patient, who is not yet ready for them. Or, one occasionally observes in the analyst an exaggerated joy, which only overwhelms the patient. Here we find an analogy to overpossessive or overbearing parents, whose intense feelings make undue demands on their children. Excessive resonance indicates that the analyst's own needs are impeding his or her empathy; the analyst is then not maintaining the necessary distance from the patient, and the latter will consequently not feel recognized or understood by the analyst. One can only hope that in such cases, the patient's irritation will alert the analyst to his or her own overbearing behavior.

Laughing together can also be an expression of a collusion between patient and analyst, in which threatening affects are resisted and anxiety-producing changes are averted. According to Krause and Merten (1999), who have conducted a microanalytic study of such mimetic-affective enactments, these "reciprocal positive" and "reciprocal negative" (p. 108) patterns of interaction prove to be ineffective in the treatment. For example, when the analyst allows him- or herself to become infected by the redundant laughter of the patient and fails to remark on the discrepancy between the mimetic-affective and the narrative expression, or senses the divergence but is unable to behave differently, then the analyst fails to understand that the smile or laughter of the patient is not an expression of joy or happiness, but rather "a cry for help, which manifests itself in the form of the solicitous behaviour of an infant, who fears that it will be abandoned if it does not smile continuously" (Krause and Merten 1999, p. 112).

The greatest demand on the analyst with respect to a hedonistic transference or countertransference, in my experience, occurs with patients who, in the depressed atmosphere of their families of

origin, acquired the identity of a “sunshine child.” At the price of massive self-estrangement, they have learned to cover over forlornness, despair, and hate with cheeriness, charm, and competence. The earlier such a patient became the shining selfobject for mother and/or father, the deeper is the patient’s effect on the analyst. Because of the regressive intensity of visual contact and voice exchange, it is not easy for the analyst to negotiate between the Scylla of stonewalling and the Charybdis of collusion.

Self-Reinforcement

Joy operates like an emotional guidance system, in which psychic reality is experienced in a gratifying and supportive manner. It operates with a nose for self-discovery, self-regulation, and self-affirmation. In the example of Ms. R, described above, it is obvious that joy played an important role in Ms. R’s anticipatory presentiment and in the countertransference of the analyst/workshop leader. In her joy, Ms. R followed an emotional trail of self-discovery; she was glad as well about herself. Through humor, she achieved a healthy distance from the aggressive parts of herself, while at the same time accepting their reality. The laughter about herself also enhanced her psychic flexibility. In becoming mirthfully aware of tendencies previously feared and resisted, she assumed a loving parental function toward herself (Freud 1928).

Basal Resonance and Efficacy

We analysts regularly experience a joy that resonates with that of a patient who is joyful about an important developmental step. Typical for such moments are the moving processes that Balint (1968) felt constitute a “new beginning” (p. 130). Developmentally, such joy is analogous to the excitement of parents about the developmental progress of their children. Repressing these countertransference reactions in the name of a rigidly held principle of neutrality or abstinence serves only false selves in the patient and in the

analyst, rather than the therapeutic goal of stabilizing and furthering the real self. The emerging movements and developments of the self are still very fragile at this stage. For this reason, we need to bring the joy of the patient and that of the analyst together with “this principle of the vulnerability of new structures” (Kohut 1978c, p. 480). Both the patient’s joy and the resonant, empathic response of the analyst stabilize the developmental progress achieved, which encourages the achievement of future developmental tasks, and thus the patient embarks upon a healthy, upward spiral of encouragement.

A. Ornstein (1992) reported on a patient of hers who, in the course of a transference incident, stimulated her to adopt a blissful facial expression. This reaction of the analyst then produced a fundamental change in the patient’s experience of herself. Through the immediate resonance of her analyst, the patient became conscious of being herself lovable and desirable. Ornstein compared such an experience with that of a small child who succeeds in bringing about a smile on the face of the mother. Here, too, is an apparent reference to Winnicott (1971), who elaborated the mirroring role of mother and family. With reference to Dornes (2000), we might also add that the interactive effectiveness of such affect mirroring contributes to the building up in the patient of a psychic representation of his or her own lovability.

Mutual Affirmation

My experiences with analyses and supervisions, as well as the initial results of an as-yet unpublished survey of psychoanalysts, indicate that joy shared with the patient about progress in therapy constitutes a significant and perduring achievement. These events can be explained in exemplary clarity in terms of constellations typical of our work, wherein analyst and patient succeed in finding a way out of awkward cul-de-sac transference situations. Here scenes of mutual joy and shared resonance occur frequently. Joy is the characteristic feeling quality when a blocked analytic process begins to move again. For the patient who finds him- or herself in

a state of anxiety and panic in the face of a repetition of destructive narcissistic injuries, this breakthrough comes about as an act of deliverance, an unexpected and seemingly impossible stroke of good fortune. When analyst and patient free themselves from the dead end of blocked dialogue, both rejoice, each in his or her own way, yet in emotional accord with one another. And still the asymmetry of the analytic situation is sustained, since the joy of the analyst remains centered upon the healing and growth process of the patient.

The “At-Present” Experience ⁶

When patient and analyst mutually enjoy progress in the treatment, a particular form of intersubjectivity is created between them. In Stern’s (1998) sense of the term, it is a “now-moment” of immediate encounter that brings about its own therapeutic effect with spontaneous efficacy. Before any further working through takes place, something occurs that I call *at-present* understanding. It is a form of preverbal understanding that can be further analyzed, but only proximately expressed in language (Heisterkamp 1998b, 1998c). We should not confuse the verbally mediated, *re-presenting* form of understanding with this preverbal, at-present form of immediate experience and understanding.

The immediate experience provides the basis for all ulterior conscious understanding and analysis. Inasmuch as both patient and analyst find joy in and with the other, a basal form of mutual resonance and reactivity occurs between them. If each were to attempt to express verbally what he or she is experiencing, it might sound something like this: “I am just so glad to be alive. I’m so happy that you are here, too. And I am delighted that this wonderfully gratifying encounter is happening right now.”

⁶ Translator’s Note: *At-present* is used here as a technical term to designate and emphasize the here-and-now immediacy of the *present moment*, before the occurrence of conscious cognition or any ulterior reflection, verbal expression, or interpretation.

This encounter satisfies the selfobject needs of both patient and analyst. Nevertheless, analytic asymmetry holds here, too, inasmuch as the encounter is analogous to a joy-filled meeting of children and parents. Parents are joyful at the developmental progress of their children, but as adults, they also have other desires and longings that are not fulfilled or satisfied by their children. So, too, the joy and gladness of the analyst with his or her patient does not constitute his or her whole *joie de vivre* and zest for life. By contrast, patients, like children, are indeed totally taken up by their experiences of new beginnings and the restoration of the self.

ON THE WELFARE OF THE ANALYST

The joy of the patient at his or her own progress is infectious to the analyst. Joy empathically shared with the patient is commingled with the analyst's joy at his or her own analytic success and competence. We consider our patients to be on the right track when they can enjoy their work and are proud of what they have accomplished. The same is surely true for us psychoanalysts as well. After all, as Emde (1992) put it:

Psychoanalytic work is often difficult, painful, and taxing, but it is not in the main a matter of entropy: we are activated by our work and enjoy it. Otherwise, it would be difficult to engage ourselves in what would be a grim and sleepy enterprise. [p. 38]

Self psychologists in particular have pointed out the vital need for resonance appropriate to one's age and phase of life. Lack of abstinence need only be challenged when an analyst is highly dependent on being successful in his or her analyses, or when an analyst becomes embroiled with a patient who invests the analyst with feelings of impotence and insufficiency in projective identification. The joy of the analyst in and at analytic work, and the analyst's assurance of his or her own competence, belong to the atmospheric efficacy of the treatment itself.

Apart from his remark cited earlier (in 1971, p. 325), Kohut did not write about his own experiences of joy; yet he must often have had grounds to feel joyful. For example, as noted earlier, he described in detail numerous times how, in the difficult analysis with Miss F (which for a long period was stagnated), he and the patient ultimately succeeded in resolving a difficult transference constellation. This in turn led to Kohut's real breakthrough to a new understanding of narcissism. These experiences must have served, too, as a source of pride in his scientific and analytic competence, greatly enhancing the cohesion and flexibility of his own self, and providing him with the motivation to conduct further creative research. In addition, in the analysis with Miss F, Kohut experienced his own self-restoration, as he became free enough to write about the ways in which his patient's grandiose self challenged his own narcissistic fixations, and how he used these disturbing stimuli to further his self-analysis. His "new beginning" (Balint 1968, p. 130) became another source of his joy.

CONCLUSION

It may be noted that the analyst resonates to the joyful developments of patients in hearkening back to his or her own moving experiences in personal training analyses. In these experiences, the joy of new beginnings becomes a mutual celebration of thanksgiving. At a depth psychology level, one begins to understand just why *shared joy*—in contrast to suffering—is *twofold joy*, healthy for the patient and gratifying for the analyst.

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BOOK REVIEWS

THE DEAD MOTHER: THE WORK OF ANDRÉ GREEN. Edited by Gregorio Kohon. London/New York: Routledge, 1993. 228 pp.

The Dead Mother: The Work of André Green is the latest in the New Library of Psychoanalysis series, which is published in association with the Institute of Psycho-Analysis, London, and edited with brilliance and great care by Elizabeth Bott Spillius. Gregorio Kohon, the editor of this volume, has admirably achieved several aims. First, he has produced a comprehensive and concise overview of André Green's work. Second, the volume shows how Green's work relates to the many new theoretical paradigms that have evolved in psychoanalytic theory in recent years. Finally, intelligent and respectful attention is paid to the special part that Green has played in the rather remarkable contemporary psychoanalytic movement toward new synthesis.

An editor's contributions to a book are invisible to most readers, but Kohon's fine work is unmistakable here. The volume is clearly a labor of love. Kohon not only understands Green's work, but also has passion and respect for it. Edited collections are often uneven—lacking consistency of quality and aims, and rarely attaining a unifying and integrative narrative voice. This is not so here. The participants have been carefully selected and instructed, and each chapter is consistent with the project's guiding spirit and high aspirations. The result is a meaningful and integrated whole. I felt a strong sense of engagement with almost every article.

Kohon's introduction gives a clear and orderly summary of Green's work and a brief but informative summary of each author's contribution. Then comes an engaging, fifty-page interview of Green by Kohon. We learn autobiographical details of Green's childhood and young adult, prepsychoanalytic life. While Green traces his personal psychoanalytic development and history to the present, we

discover a good deal about the ideologies, politics, and personalities that produced contemporary French psychoanalysis. We are also given an insider-participant's view of fifty years of international discourse among diverse analytic cultures, where until recently, so much acrimony and misunderstanding existed. Of late, we sense more workable rapprochement. This book helps us to understand in retrospect how Green's background, commitments, and life situations, as well as his character, intellect, and passions prepared him to become such a formidable presence and a major integrative voice in contemporary worldwide psychoanalysis, despite some apparent internal and external contradictions. One infers that these contradictions—some the products of Green's various passions, loyalties, and competing interests—have ironically made him well suited to the hard labor of finding common ground across ideological, political, and temperamental divides, at a historical moment when new synthesis was necessary if psychoanalysis were to regain its lost relevance and vigor.

As is usually true of the most deeply grounded analytic thinkers, personal-psychological synthesis and ideological-theoretical synthesis seem inevitably to proceed hand in hand. Kohon's skillful questioning and editing allow Green's famous erudition a large and facilitative space. The result is that this lengthy meandering through Green's life in psychoanalysis is detailed and complex, but also sincere, direct, and personal. One has the sense of a conversation, a profound dialogue, of meeting the man and not just the ideas. Green's journey, psychoanalysis's journey, and the journeys of many of us during the recent years of our paradigm wars share much common ground—ground that I suspect transcends manifest details regarding similarities and differences among competing ideologies and cultures.

Ten chapters follow the introduction and interview. Most of these were written expressly for this book. The authors, in order, are: Michael Parsons, Arnold Modell, Christopher Bollas, Jed Sekoff, Thomas Ogden, André Lussier, Adam Phillips, Rosine Jozef Perelberg, Martin Bergmann, and Green himself—a most impressive lineup. The book is manifestly organized around what many believe to

be Green's single most influential paper, "The Dead Mother."¹ Some authors take up this paper and the dead mother complex as a central organizing focus. Others address Green's work in its entirety, both in relation to their own ideas and to contemporary analytic theory in general. If I can discern an additional demarcation among the authors, it is that some focus more on the theme of death and deadness in Green, and others on the role of passion, vitality, and aliveness. Between these two poles is a crucial dialectic that has emerged in Green's work.

Many have noted that an important key to Green is his creative and convincing integration of his passions for Freud, Winnicott, and Bion, as well as his cautious but crucial assimilation of certain of Lacan's ideas and perspectives. If, like mine, one's exposure to Green has been piecemeal—confined to the occasional brilliant article—one can quickly gain from this book the background to appreciate more deeply the overtones, perspectives, and resonances condensed into a single contribution. The dead mother complex, for example, is not only a common finding in difficult-to-treat adult borderline patients who had depressed mothers; it is also a universal structure or template through which one can view the many different patients commonly seen who appear to have lacked Bionian containment, Winnicottian facilitating space and ego coverage, or insufficiently mastered primitive depressive and paranoid anxieties in their efforts to attain Kleinian separation and reparation. To this, Green adds an old-fashioned Freudian insistence on the centrality of sexuality and the oedipal situation, the never completely knowable or controllable unconscious, and the treacherous traps that can befall analysis when it is reduced to observation, research, or healing paradigms. One sees that in Green's approach, almost every important divide in contemporary analytic theory is deeply and passionately taken into consideration, without compromise or reduction.

It is impossible to summarize all of the contributions. Most are complex and articulate discourses on the total work of a profound

¹Green, A. (1986). The dead mother. In *On Private Madness*. Madison, CT: Int. Univ. Press.

thinker. I will describe only a few. The essays by Phillips, Bollas, and Modell are especially satisfying to me. These three authors have in common comprehensive and unique theoretical systems, amply articulated through numerous writings. Each also has a unique personal voice and devoted followers. They share, I believe, a deep understanding and appreciation for the paradoxes and profundities of Winnicott. All three, therefore, move relatively nimbly through the many conceptual traps for any who would reduce or oversimplify Green's writings on negation or absence. Few have penetrated as deeply into the heart of Winnicott as Green himself has.

Winnicott's false self is also a dead self. In any particular patient, it may be present in varying degrees and employed for various purposes. Green's blank mourning or negation as death-in-life is the ultimate false self. The clinical challenge is in the encounter with a patient who has no connection to a true self—to connectedness, authenticity, and passion. But Winnicott's true self also contains the negative—what Green calls the absence required for presence. The same word—namely, *negation*—can be used for completely antithetical experiences. At one pole, negation is the essence or ground of human life; at the other, we see the cruelest caricature, or the complete absence, of life. Still more complicating is the fact that we usually find gray areas, where true and false, alive and dead, can be present in varying degrees and intensities, and in varying relations with each other, and appearances can always be deceiving.

These apparent contradictions lead us not only to a consideration of the paradoxes and developmental tasks of separation-individuation required for creating a possibility of presence-in-absence, but also to the contentless space of transitional experience that comprises its essence. Winnicott called this intermediate or transitional space the very ground of psychic experience, the location of the being that must be present for authentic meaning and doing to emerge. When this emergence is absent or constrained in the extreme, we see the dead self.

Phillips especially admires Green's lack of compunction to ask the big questions and to say what psychoanalysis *is*. He also likes Green's both/and stress on passion and representation, vitality and

symbolization, personal freedom and personal meaning. Bollas uses a dramatically difficult case to demonstrate what he calls an “event-traumatized” individual (p. 95). This is an extreme instance of what I have observed in lesser degrees in many patients at this traumatogenic moment in world history.² These are people where failure of containment is eventually revealed to be out of proportion to the parents’ actual capacities to love and care, because events and circumstances psychologically overwhelmed them.

Thus, the child carries the parents’ unmastered traumas—in Bollas’s felicitous phrase, as “interjects,” rather than introjects (p. 93). The experiences are alien and unmentalized, rather than internalized and arising in relation to objects experienced as present or absent. Such patients rightly sense the parents’ victimization and helplessness. The patients lacked not love, but protection—boundaries and an effective psychological presence from their parents. Modell sensitively deconstructs the dead mother complex, arguing that a reconstructed experience of a dead mother may be an important metaphor for a common and universal experience. However, there is much ambiguity necessarily present in such historical reconstructions, because affective, implicit memory may be recovered from early infancy, but not declarative, explicit memory. Interestingly, Modell links this ambiguous universal amnesia to Bollas’s concept of the unthought known.

Bergmann contributes an outstanding, comprehensive historical essay that describes the crucial role he believes Green played in the decisive new turn for analysis, the turn that Bergmann dates to an encounter with Leo Rangell and Anna Freud at a 1975 international congress. Ogden’s brilliant essay on aliveness and deadness has been published previously, and is already well known; its inclusion in *The Dead Mother* makes eminent sense, even though one can see that it is Winnicott’s work Ogden is extending, not Green’s.

As I said, however, every contribution is well worth reading, and taken together, create an impressive meditation on Green and

² See Fogel, G. (1995). Psychological-mindedness as a defense. *J. Amer. Psychoanal. Assn.*, 43:793-822.

the subjects that have compelled his attention. No follower of the French will be surprised to learn, by the way, that American theoretical traditions are slighted by Green and his explicators. Perhaps this too-commonplace situation is hardly worth mentioning, except that I am continually and particularly distressed that Hans Loewald's name never comes up. Loewald's interests, ideas, and the comprehensiveness and scope of his system are highly compatible with Green's and the best of these thinkers. Further, Loewald was already expressing many of his most boldly integrative ideas by the early 1960s.

Many of Green's writings have been unavailable in English, but this is rapidly changing; a number of new English translations have appeared in the last year, and several more are on the way. André Green can sometimes be dense, highly abstract, and condensed, making it difficult to grasp the context, complexity, and interrelatedness of his ideas, as well as their points of contact with those of other thinkers, but this collection is an excellent place to start one's study of his work. I highly recommend it.

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THE MYSTERY OF THINGS. By Christopher Bollas, Ph.D. London/New York: Routledge, 1999. 204 pp.

This book is a collection of sixteen provocative essays (seven of which were previously published) that explores clinical, theoretical, and philosophical matters in psychoanalysis. The stated unifying theme (more or less realized) is the concept of free association: "What does it mean to seek an understanding of our inner life by abandoning ourselves to talk, talk, talk, and more talk?" (p. 1).

The book is provocative on both sides of a split personality. It offers either lucid perspectives or frustrating disappointment, depending on what chapter—or even what part of a given chapter—is being considered. On one hand, there are many interesting ideas and much clear, even elegant, writing, particularly around the clinical case material and at times in other areas, where the reader may

come upon unexpected insights. On the other, the prose is often turgid and stilted, suffering further when compared with adjacent passages from Freud—or, in the case of Winnicott's notions of the false self and the use of the object, with the original papers.¹ This problem is accentuated by the author's penchant for hyperbole and dramatic assertion, sometimes producing facile or forced connections, oversimplification, or reification of concepts.

Several of the essays merit close attention, however. The chapter on borderline desire presents an unusual and valuable point of view, based on the concept that in borderline patients, the affect is the object. "For the borderline person, an affect resides where otherwise the matrix of an ordinary object, the 'material' of representation, would begin to live. . . . Feelings *are* the object. . . ." (p. 127). "Outbursts can often be seen as defiant resurrections of an attachment to the primary object: the affect as thing" (p. 131).

Bollas describes borderline desire, rather than deficiencies of development, in order to emphasize the presence of turbulence not simply as decompensation, but as a wish for a particular state of mind as the object. Less affectively charged aspects of the patient's personality, as well as therapeutic efforts to move the patient into more socially adaptive functioning, reflect or support the false self, "constructions brought together in a fragile and deliberate way" (p. 129) to screen underlying mental disturbance.

Two of the case reports are intriguing, well-written accounts of dynamically fascinating and impressively treated young men whose character and symptomatology were overwhelmingly dominated by absent mothers (suicide in the first, depression in the second). The first patient, Helmut, was a severely depressed man whose "helpless states were sustained conditions of need, and in my view, he was unconsciously calling for a maternal figure to rescue him and look after him" (p. 96). This formulation facilitated exploration of the family secrecy around the mother's death and the patient's eventual improvement. In the second case, that of Antonio, Bollas

¹ See Winnicott, D. W. (1971). The use of an object and relating through identification. In *Playing and Reality*. New York: Basic Books.

applies André Green's concept of the dead mother, and distinguishes introject from *interject*. The latter term refers to an illness carried from somewhere else—here, from a near-total identification with a massively depressed mother who died psychologically after moving from her native Sicily.

Differences between Freudian and Kleinian schools in the intent and method of listening to the patient's associations are outlined:

Freud's technique, where the analyst remains silent, gives the patient plenty of time to talk, allowing for the gradual unfolding of many differing unconscious interests. Klein's technique insists that the analyst intervene to interpret the patient's projection of parts of themselves into the people they were talking about. [p. 188]

The Kleinian analyst must therefore interpret sooner, without waiting for the material to unfold, at the risk of collusion with the patient's projective identifications.

Bollas understands that Freud's aim was "to gain access to the unconscious meanings of the patient's symptoms through free associations to dreams" (p. 172), and calls this Freud's greatest contribution. However, his own ideas on free association veer in different directions:

"When Freud broke it open by asking for associations to individual elements [of dreams], he separated the person from this object, rather like removing the infant from the mother's body" (p. 67). Even considering Bollas's views on fragmentation of text and figure (see below), the connection here is difficult to comprehend.

"Narrating their day, their dream, their associations, analysts create themselves in the presence of the analyst" (p. 173). This process *reveals*, of course, but does it *create*? This statement hinges on Bollas's idea that thinking something and speaking it are different forms of representation, and therefore involve the

transfer of psychic reality to another realm (transubstantiation), analogous to the creation of a work of art.

“Free association may intend to be objective and dispassionate, but as the associations move deeper into the self, they will convey the self’s experience of its objects, a burden that saturates the freely associated thought with meaning” (p. 178). Here Bollas seems to confuse the objectivity of the *method* with the *content* that emerges as a result.

Difficulties arise from the author’s inclination to dramatic description, such as in his persistent effort to link various features of the analyst, of technique, or of the patient’s associations to the mother or father. In an essay entitled “Figures and their Functions,” Bollas notes that many schools of analytic thought

. . . break the oedipal triangle of unconscious structures operating in a psychoanalysis and kick out either the mother or the father. Thus, we have embarrassing oedipal debates in psychoanalysis—interpretation versus holding, or nature versus nurture, or internal world versus external world—which invariably favour one oedipal object over another. For example, read “mother” versus “father” in the title “holding” versus “interpretation.” [pp. 38-39]

Furthermore, differing attitudes toward the fundamental analytic approach

. . . pivot around whether the analyst chooses to affiliate with the mother’s or the father’s way of being. The other who is quiet, waits . . . [and] appreciates the nuance of developing meaning, and comments in an allusive or elliptical manner, contributing to the flow of life between the two: is “in” the maternal order. The interpretive other who brings his patient to thoughtful account for what he is doing “right now”: is “in” the paternal order. [p. 41]

Bollas acknowledges that:

. . . types of authority and knowledge could certainly have been cast in different terms. . . . Writing about a maternal order and a paternal order can feel somewhat archaic and clumsy, perhaps too arbitrary and typecast. Surely *the* mother and *the* father are not to be so clearly defined. [p. 45]

Yet he prefers “the strength of these terms” (p. 45), and is hoisted by his own petard: his ideas appear archaic, clumsy, arbitrary, and typecast, as well as concretized and oversimplified.

Another problem is Bollas’s emphasis on destruction, derived (at least in part) from Winnicott’s concept of the use of the object. Winnicott used the term *destruction* very carefully in describing the progression of relational capacity from the initial, internal object—composed of projections and (potentially) destroyed as the infant becomes able to place the object outside the realm of omnipotent, protective control—to the external world, as a thing in itself. Bollas takes this delicately detailed hypothesis and applies it glibly to free association and interpretation:

The psychoanalytic process . . . sustains generative forms of destruction that break disturbances of thought and character. In very differing ways, the method of free association and the act of interpretation are forces of destruction that decentre the analysand’s psychic hegemony and the repeated sensibleness of the analyst’s interpretive grasp. Free association, for example, breaks up mental knots, just as it destroys the dream text. [p. 27]

We can gather what he means, but a similar point was made more reasonably and fluently by Arlow and Brenner,² in writing of the analytic process:

What the analyst communicates to the analysand serves to *destabilize* the equilibrium of forces in conflict within the patient’s mind. This leads to growing awareness and under-

² Arlow, J. & Brenner, C. (1990). The psychoanalytic process. *Psychoanal. Q.*, 59:678-692.

standing on the part of analysands of the nature of their conflicts, i.e., their forbidden wishes, self-punitive tendencies, irrational fears, and defenses used to contain them. Each new thing patients learn about themselves, every fresh bit of insight, facilitates the emergence of additional material which, in turn, leads to further understanding and insight. [p. 680, italics added]

If one can appreciate Bollas's view of Freud and Winnicott as advocating the breaking up of the text and the (maternal) figure, then his subsequent links to art seem imaginative and even simplifying. He discusses cubism, surrealism, and abstract expressionism, along with some of the works of Faulkner and Joyce, seeing such artistic and literary works as representative of parallel movements concurrent with the evolution of psychoanalytic ideas.

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THE MYSTERY OF THINGS. By Christopher Bollas, Ph.D. London/New York: Routledge, 1999. 204 pp.

In *The Mystery of Things*, Christopher Bollas explores the nature of the psychoanalytic method, particularly the process of free association, which he calls Freud's "greatest accomplishment" (p. 172). According to Bollas, it is highly unfortunate that free association has been "marginalised" (p. 70), since it is the principal way that psychoanalysis "can accomplish its aims" (p. 69).

Attempting to explore this issue in a historical context, Bollas differentiates "classical continental European psychoanalysis" from "Anglo-American classicism" (p. 185). He argues that the latter, which embraced ego psychology, undermined part of the core of the psychoanalytic method:

"Evenly suspended attentiveness" seemed to suffer a witless dismantling of its meaning: "evenly" became "even," as in equanimous or calm; "suspended" became "removed" or "detached"; "attentiveness" became "attentive." Removed

from Freud's original context, these words now meant that the analyst was to be even-minded, suspended from his patient and very attentive. [p. 185]

Bollas suggests that the current emphasis upon countertransference by some analysts in America is, in part, an attempt to resurrect the heart of Freud's method.

The author emphasizes the importance of bearing with the formless quality of a patient's associations before making interpretations. He is very much aware of the difficulty of maintaining this position, since it challenges the temptation to rely too heavily on established theory. Bollas is especially critical of those analysts who interpret frequently within the same paradigm. He suggests that in aligning themselves with one of the major schools, they tend to comprehend one small, though often significant, part of the patient's inner world. He indicates that analysts should allow evidence to accumulate slowly, "without forming a premature idea of what is taking place" (p. 186). In this context, he compares the analyst to a detective who must continually search for clues before arriving at any conclusions. Here Bollas draws upon the work of Bion, who emphasized the importance of listening "without memory or desire" (p. 190).

To further this process, according to the author, it is extremely important for the analyst to enter that state of mind of "evenly suspended attentiveness" (p. 28) advocated by Freud. Providing the patient with this kind of receptivity facilitates the emergence of inchoate thoughts, feelings, or sensations, and therefore provides the possibility of breaking up a "pathological structure" (p. 2). Whatever interpretations emerge from this flow will be quickly superseded as a succeeding set of thoughts, feelings, or sensations begins to emerge. It is this process—a mysterious and uncertain attempt to engage the unconscious—that makes the course of an analysis a continual state of unbinding.

For example, in discussing sexuality, Bollas emphasizes "its mutability" (p. 163). Because of its reliance on free association (which Bollas describes as "a net made for the unconscious" [p. 165]), analy-

sis offers the possibility of providing meaning for the turbulence of sexuality. Nevertheless, whatever meaning is arrived at must be viewed tentatively, for Bollas describes sexuality as "a vanishing point of never ending convergence between psychic reality and newly lived experience" (p. 159). To describe sexuality, then, is extraordinarily difficult; even the act of using words, including one's tone of voice, transforms this "invisible passion" (p. 159). Speaking more generally about affect, Bollas is concerned about the analyst's use of voice in sessions, especially insofar as it is important to help "the patient to bring the force of instincts into words adequate to bear and transform them" (p. 165).

The author indicates that his emphasis upon the chaotic quality of inner experience may run counter to the expectations of many patients, who often hope to arrive at some final truth about "the world," rather than to "nourish the forces of psychic reality that continually transform it" (p. 10). He also suggests that many analysts are so bound by their respective theories that they collude with this desire of the patient, thereby offering a rather limited explanation for the psychological phenomena they are trying to understand.

Bollas explores this issue extensively throughout the book. Referring to the "sets of functions which engage and process the infant" (p. 37), he speaks of the "maternal and paternal orders" (p. 38), with the aim of encouraging analysts to develop respect for the complexity of inner life. For him, the maternal order is more "visual," "sensorial," "affective," and dispersed, whereas the paternal order is more "verbal" (p. 183), cognitive, and focused. Elaborating upon this distinction, Bollas specifically relates the activity of free association to these two orders. He differentiates the request to associate from the process of allowing thoughts to emerge haphazardly. The former, he argues, is embedded in the paternal order because an obligation is imposed on the analysand from outside, which is an acknowledgment of the fact of separation. The latter is rooted in the maternal order, since it is a "method of simply speaking what occurs in the moment, in an unfocused and momentarily unscrutinised manner, without fear of consequence, and held

by the analyst's supportive silence and unjudgemental attitude" (p. 183).

Bollas is concerned that the paternal order tends to dominate in the analytic world. He states that free association may be taken for granted or overlooked because it partakes too much of the maternal sphere, a feature of which is that "self and other are absorbingly engaged in the nutriments of communication by association" (p. 70). Working within this domain, analysts are required to remain relatively silent. Nevertheless, according to the author, most analysts are intent upon interpreting, which in his lexicon is part of the paternal dimension.

In this context, Bollas singles out Klein and many of her followers, who, he believes, were inclined to disrupt the process of free association by focusing too often on the "use" of "narrative objects to contain aspects of the self" (p. 189). It is not that Bollas dismisses the Kleinian tradition, for he sees value not only in this emphasis, but also in "actively interpretive engagement" (p. 190). What he is concerned about is that whatever the perspective or school being invoked, "most interpretations lose unconscious contents not germane to the hegemony of the interpretation" (p. 30). At the same time, he recognizes the absolute necessity for interpreting, since without it, the process of free association could result in the continual evacuation of mental content, thereby undermining "the search for meaning" (p. 33).

Bollas sees these two orders as part of "the Oedipal structure" (p. 43), for the analytic process can be understood in part as a movement between these two orders, with "the image (dream or dense inner experience) arriving in the still centre of being (at night or in a day reverie), its break-up through free utterance, its facilitation by a sentiently welcoming other who desires and shares this swing from quiet to intense experience, its interruption by an other who comes from the outside (and yet is part of our own way of thinking all along)" (p. 43). In speaking in this manner about the analytic process, Bollas tries to avoid engaging in a form of gender stereotyping by stating that he is using this terminology in order to convey the larger connotation of the words *maternal* and *paternal*, which go

beyond specific identifications with women and men. His aim is to encourage a respect for these two modes of experiencing by using language evocatively. In fact, Bollas suggests that analysts tend to embrace one of these orders of experience at the expense of the other, and when this occurs in an analysis, the patient loses some of the rich possibilities inherent in both dimensions.

According to the author, this kind of bifurcation is also evident in the way that analytic institutes are often dominated by various groups, if not schools. He suggests that this is virtually unavoidable, "a hallmark of the paternal order" (p. 70). He says that "no one in the psychoanalytic movement is truly outside tribal thought" (p. 196n), presumably even those who have committed to some kind of pluralism. Everyone within the analytic world at times seeks a kind of closure that is premature. According to Bollas, this problem has plagued the analytic movement, which has been split through the proliferation of various schools, each of which has coalesced around the work of one of the major figures. This has resulted in an emphasis upon one particular dimension of human experience, whether it be "instincts, object relations, language, affects, true self living, empathy, or the transference" (p. 61).

Bollas does not completely dismiss the narrowing of focus by each of the groups. He acknowledges that many of those who have adopted a limited perspective have made valuable contributions to the development of analysis by exploring in depth one particular feature of psychological experience. Nevertheless, to stop here is to refuse to deal with the range of material that can emerge in the course of an analysis. Therefore, Bollas suggests that different kinds of listening can take place in the consulting room. For example, he notes that

The classical way of listening allows the logic that is sequence to arise out of the material, taking into account those ruptures or shallows that indicate resistance, those emphases created by parapraxal moments, and those disseminations occasioned by polysemous words. The object-relational way of listening to the same material transforms the sequence of ideas into characters—treated as parts of

the self or parts of the object—who constitute the theatre of transference. Each way of listening finds a different type of conflict operating in a different realm. [p. 178]

Of course, these are not the only ways of listening, since Bollas acknowledges the valuable contributions made by other schools, including (at the very least) the interpersonalist, the intersubjectivist, and self psychology.

However, throughout the book, one division within the analytic world is particularly highlighted: the distinction between the intrapsychic and interpersonal. Bollas believes that both perspectives are necessary. For him, analysis is both a one-person and a two-person psychology. An analysand routinely elaborates the inner world by speaking to the analyst “as an internal object with which he is communing,” but an analysand also “both acts upon and talks to the analyst” who is “called into interpersonal engagement” (p. 55). For Bollas, the intrapsychic and the interpersonal are interwoven, though ultimately “all relations between two people are collapsed into the labile immateriality of the individual psyche” (p. 55). In saying this, he ultimately privileges the intrapsychic, and he is especially concerned about the prevalence of misperception in the world of the interpersonal because of the power of the unconscious.

In speaking of the relationship between the interpersonal and the intrapsychic, the author is clear and convincing. Nevertheless, too often he does not speak enough about the difficulty of integrating the various analytic models to which he alludes. The possibility that some of these models may be incompatible with others is not really discussed, as is apparent in his discussion of Freud. Bollas is committed to an additive process, in which he grants Freud the truth of his core perspectives and then provides emendations. For example, when discussing Freud’s theory of the instincts, he makes it clear that he finds it valuable, including the idea of the death instinct. There are many current analysts, however, who believe that Freud’s theory of the instincts—especially the final emphasis upon the antagonism between Eros and Thanatos—is problematic. As a

result, many have moved to embrace some form of object relations theory or self psychology. For example, Greenberg and Mitchell¹ argued that Freud considered instincts as the basic constituents of human development, while object relations theorists subscribe to a different model, since they ground their work in the idea that some combination of actual and imagined relations with others is more primary. But Bollas does not explore this dispute in depth, as he tries to embrace, often in a very general manner, most of the major perspectives now put forth within analysis.

In the end, theory for Bollas must constantly change. The only unchangeable aspect “is the deeply evocative effect of the psychoanalytical situation and its method” (p. 181), which he grounds in the process of free association. At one point, he attempts to link the creativity inherent in the analytic process to the world of music, painting, and poetry. Just as patients bring to analysis their inchoate inner experience in the hope of having it transformed in the presence of the analyst, so artists—at least in part—utilize their respective media to find an adequate form to contain and transform their inner lives. As Bollas puts it:

As with the paints splashing on the canvas, or the musical ideas forming notes on the page, the free associating analyst not only creates himself in another place, but instantiates himself in the logic of an aesthetic that differs from purely internal experience or conversation. [p. 175]

The author’s views here situate him within that group of analysts who see their craft as primarily a search for coherent meaning, and therefore closer to the human sciences than to the natural sciences, which rely more on a correspondence theory of the truth. But not even modern hermeneutics satisfies Bollas. His commitment to the idea of change and uncertainty is so strong that at times, he suggests that all acts of understanding are suspect, however necessary

¹ Greenberg, J. & Mitchell, S. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, MA/London: Harvard Univ. Press.

they may be. Therefore, it is not surprising that he is concerned about countertransference possibly being misused today by those who rely too much on an understanding of their own reactions in the course of their work with patients. For Bollas, "countertransference experiencing—if it is to be true to the unconscious—is fundamentally unknowable" (p. 52).

Indeed, the author luxuriates in the way "certain images or words" (p. 185) become evocative for him in the course of his work with individual patients, even though he has little understanding of their meaning. He speaks of "the pleasure of representation" (p. 29), of which these images and words are a part before they become "mental objects" that are "conscious manifestations of unconscious lines of thought" (p. 185). Ultimately, then, he acknowledges that he is rarely able to understand the deeper significance of these "objects." Speaking of both the analysand and the analyst, Bollas states that "most of the time both participants are too deeply involved in the method to know the meaning of arriving thoughts, images, words, feelings and so forth" (p. 186).

Given the author's perspective here, it is interesting that in his case histories, he often dwells upon a few themes while placing the patient's inner experience within a diagnostic category. He describes the psychotic, the schizoid, the paranoid, the borderline, and the obsessional in the context of his preoccupation with the power of free association to unlock meaning. Far from leaving the reader in a maze of dense material (as one might expect in light of the author's appreciation of the complexity of inner life), Bollas is quite precise as he unravels strands of meaning in his detailed accounts of patients' lives. In one case presentation, he even refers to "the true cause of" the patient's "anguish" (p. 110). Speaking more generally about "the analyst's countertransference," he says that it "can be of assistance in making a clinical decision about some of the underlying truths that patients present" (p. 112).

Here Bollas's comments suggest that the psychoanalytic process is not quite as amorphous as he would have us believe. For him, there is always movement between open-ended listening and the act of interpreting. Interpreting, however, does not mean closure, since

Bollas eloquently demonstrates his respect for the fundamental “mystery” (p. 195) of inner experience.

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OPEN MINDED: WORKING OUT THE LOGIC OF THE SOUL.

By Jonathan Lear, Ph.D. Cambridge, MA: Harvard Univ. Press, 1998. 346 pp.

Jonathan Lear, an analytic philosopher and a psychoanalyst, has a bold ambition: he invites analysts to be "open minded," as the title of his masterful work suggests; and in the subtitle of the book, we see him trying to come to grips with "working out the logic of the soul." In this reviewer's opinion, he succeeds admirably in giving us his account of this endeavor. Whether or not he will succeed in furthering open mindedness in psychoanalysts or in analytic philosophers remains an open question. First let us go to the structure and content of Lear's *Open Minded* to fire the reader's imagination.

In his "Preface: The King and I," what does Lear say he wants to accomplish in *Open Minded*? "I set out to work my way through the history of philosophy. I did this by teaching undergraduate courses on thinkers I barely knew . . . talking endlessly to colleagues, and by reading voraciously" (p. 7). He wanted to know, "in the world of ideas, *where are we?*" (p. 7, italics in original). Much to his disappointment, psychology had gone missing in the world of ideas. Sharing this view with Hegel and paraphrasing him, Lear writes that "the account of human beings in the Western philosophical tradition had become too abstract, too formal, to yield anything substantive about who we are. If we want to learn anything about the human condition . . . philosophy has to become more 'concrete'" (p. 7). Here there is a problem for Lear and Hegel: "How can philosophy become more 'concrete' without collapsing into an empirical discipline like anthropology and empirical psychology? Can philosophy become 'concrete' without itself disappearing? And if all that is left is, say, empirical psychology, has psychology itself survived?" (p. 8).

Turning to Plato for an answer, Lear answers his own question: "Of course not" (p. 8).

Students of today who avidly wish to study psychology, but who find the human being missing in this discipline, cannot always clearly tell what *is* missing, but they tend to fill the resultant gap with longing. Lear wants, then, to work out "the logic of the soul," his rendition of Plato's notion of "giving a logos of the psyche" (p. 8), reminding us that "we have the capacity to be *open minded*: the capacity to live non-defensively with the question of how to live" (p. 9, italics in original). But problems lie ahead with regard to this project of coming to live open mindedly.

One of the obstacles to living open mindedly is that the human desire not to know is deeply buried in all of us. In Lear's words, "things lie fallow for years" (p. 3). What lies fallow for psychoanalysts? The answer is the desire not to know, even as we progress to practice a discipline that works at knowing. Lear is precise about this:

I want to say that there is something dead in the profession of psychoanalysis and something dead in the profession of philosophy. . . . This book is above all a response to a sense of deadness: it is an attempt to bring some life into two activities that lie at the heart of our humanity. [p. 3]

We may ask whether it is the case that analysts, like members of all other professions, act in ways that instill deadness. Lear would answer as follows: "The conscious self-image of every profession is that it is there to maintain high standards" (p. 3). While there is some truth to such a quest for standards, this image conceals a tendency toward rigidity in analytic practice, leading Lear to ask poignantly, "Doesn't a professional set of standards enable the profession to forget about standards?" (p. 3). His answer is that the set of standards "enables the profession to stop thinking critically about how it ought to go on precisely because standards present themselves as having *already answered* the question" (p. 3, italics added). For Lear, then, it is a form of deadness to act as though one already knows what high standards are. And much worse, it is a form of deadness to commit the symbolic murder of those who strive to bring in new

ideas; witness the symbolic murder in North America of Melanie Klein and Jacques Lacan, to mention only two.

Symbolic murder and other forms of deadness lurk outside the field of psychoanalysis as well, as attested to by the recent harangues of Fred Crews and his ilk. In chapter two, "On Killing Freud (Again)," Lear reminds us that symbolic murders tend to seep into analytic culture, so that if analysis is willing to kill itself through rigid institutionalization, who is to prevent those *outside* of analysis—who have not even read Freud—from killing it? What is at stake in all these attacks? "The real object of attack—for Freud is only a stalking horse—is the very idea that humans hate unconscious motivation. *A battle may be fought over Freud, but that war is over culture's image of the human soul*" (p. 27, italics added). And something else is at stake: it is the failure to mourn Freud properly in order to symbolize the gains from his work. In other words, by symbolizing Freud, his many contributions can be both preserved and added to.

In order to successfully symbolize Freud, we have to come to grips with the mystery of knowingness, declares Lear in chapter three, "Knowingness and Abandonment: An Oedipus for Our Time." Analysts, like Oedipus, have to come to know those things that lie fallow (sedimented¹), just as much as those things that stare them in the face. On the issue of Oedipus' stunning refusal to know, that refusal for which he ends up paying decisively, Lear writes: "For about fifty years, the profession acted out its own identification with Oedipus, pretending to have already solved the riddle of the unconscious" (p. 33). In this regard, "analysts portrayed themselves as 'already knowing' the secret, whereas what makes analysis special is its unique form of not knowing" (p. 34).

Reiterating that there is indeed a crisis of knowingness in the culture, Lear wants us to read *Oedipus Tyrannus* as the fundamental myth of knowingness.² Let us unpack this mystery of knowingness in Oedipus, and by extension in analysis. First, the child Oedipus is

¹ I use the word *sedimented* in order to add a classical German phenomenological dimension to this discussion.

² See Sophocles (1994). *Oedipus Tyrannus*, ed. & trans. H. Lloyd-Jones. Cambridge, MA: Harvard Univ. Press.

abandoned by his parents, exposed to die on a mountain. Second, as an adult, "Oedipus displays a 'knowingness' eerily reminiscent of contemporary culture's demand to already know . . . but there is a sickness in this 'knowingness'" (p. 43). Third, this mystery of knowingness is staged in three enactments. In the first enactment, Creon returns with the message that the murderer of Laius, father of Oedipus, is alive and well in Thebes, and, until the murderer is discovered, the city will be polluted. The prophet Tiresias is summoned, but will not speak, except to relay to Oedipus the following puzzling remark: "You will find it easier to bear your fate and I mine if you do as I say" (Lear, p. 44).

In reaction to this enigmatic remark, Oedipus explodes in anger, thus blocking his way to the creation of an imaginative space that would envisage the situation differently from a practical problem. Tiresias, in his turn, refuses to let Oedipus jump into a practical solution. Oedipus then interprets this refusal as an act of aggression requiring a retaliatory strike, and makes the cryptic comment, "I am so angry that I will leave unsaid nothing of what I understand!" (Lear, p. 44).

In the second enactment of the mystery of knowingness, Oedipus is set to replay the very same "movement of soul" (p. 44) that caused him to kill his father, Laius: "Laius blocks his physical path to a conclusion, and in each case, Oedipus strikes a retaliatory blow. In his attack on Tiresias, Oedipus *acts out* the murder of his father even as he inquires into it" (p. 44, *italics added*). To put it another way, Oedipus is under so much pressure to arrive at a conclusion that there is hardly any time for him to grasp the full meaning of his actions—and consequently, Oedipus would not know.

In the third enactment of the mystery of knowingness, an answer stares Oedipus in the face, and yet he does not see it. He is confronted by the wounds in his ankles, wounds that "emblazon abandonment in his every step. But the wounds are too painful—psychologically, if not physically—to think about" (p. 48). Displaying a stunning lack of curiosity, Oedipus goes through life with a name that points to a suspicious wound, without pursuing the idea that the very meaning of the name might be connected to him.

There are dire consequences for Oedipus when he is unable to negotiate the three enactments of the mystery of not knowing, as indicated above. The cost to him is that when he arrives in Thebes, not curious about the missing king, he marries Jocasta, his mother, and ascends to the throne, bearing four children and raising them into young adulthood. When he finally becomes curious, it is twenty years too late; the harm has already been done. What is Lear's reading of these enactments? "The movement from modern to postmodern consciousness can . . . be seen as a re-creation of the oedipal drama but without any fixed denouement" (p. 54). Psychoanalytically, constructing the relationship between modernity and postmodernity, Lear writes:

Modernity constituted itself with a manic, oedipal defense: even though the gods left, human reason can take its place. The human mind can create and legitimate all it needs or should want. That is, in response to abandonment, enlightenment consciousness abandons itself to thinking. One might view the postmodern consciousness as originating in the collapse of this defense. [pp. 54-55]

With the collapse of the defense against knowing, a new level of consciousness emerges.

If the first three chapters of *Open Minded* tell us about things that lie fallow (*sedimentation*), the next four speak to a second level of consciousness (*reactivation*)—one of drives and drive derivatives through transference; fantasies and their driveness and representational contents; and the distribution of Eros over situations in which humans use their omnipotence to fix their infantile needs, as well as in which the mobility of Eros can help to transcend those situations through differentiation and other developmental advances.

I shall elaborate with passages from chapter four, "An Interpretation of Transference." Here Lear differentiates between *intrapsychic* transference and *interpsychic* transference. "The significance of intrapsychic transference is that consciousness in general serves as a covering for the unconscious: it has been made over into an artifact and representative of unconscious wishes, phantasies, and fu-

ries" (pp. 64-65). Going beyond intrapsychic transference, he writes: "If people endow their words and thoughts with idiosyncratic and unconscious meanings, those meanings must resonate in their daily lives. There is, at the very least, an important relationship between *intrapsychic* and *interpsychic* transference" (p. 65, italics in original). Following Loewald in making the distinction between intrapsychic and interpsychic transference, Lear acknowledges in a footnote that this is by no means a hard and fast distinction, but it will serve his purpose. For him, "in the interpsychic transference, the analysand seems to be attempting to endow the analyst with peculiar, unconscious meaning" (p. 65), and in so doing, "the psyche is engaged in its characteristic activity of trying *to create a meaningful world in which to leave*" (p. 65, italics added). Thus, in the transference, through the interpsychic extension, we can create a new and contemporary environment for our psyches to inhabit, a new place to locate our culture. An *idiopolis* is born.

What happens in this epistemic place that Lear, following Plato, calls an idiopolis? To answer this question, Lear appropriates Freud's notion of acting out, extracting from it the issues of remembering and "the absence of unconscious understanding" (p. 72), in order to facilitate his account of how the analysand draws the analyst into his or her world. In Lear's view, then, the analyst is drawn into an idiopolis created by the patient, and it becomes the analyst's task to find a way, within that neurotic idiopolis, to "speak the truth at the level at which it can be grasped" (p. 73).

What is the technical implication for the analyst when he or she descends into the neurotic idiopolis? "The analysand's psyche stands in a dynamic relation with his world, and if key elements of that world shift, the psyche cannot remain unchanged" (p. 76). Furthermore, in the analyst's descent into this world of the analysand's, there is a key boundary crossing that creates discontinuities and a necessary disturbance in the analysand's structural stability—a disturbance in the illusion that things must remain the same.

What are the theoretical and clinical advantages in distinguishing between a person's psyche and his or her idiopolis? First, this distinction helps us to do justice to the psyche's creative, artifact-

making abilities. "In the transference, the psyche is engaged in the same type of activity as when, in concert with others, it does its part in the *maintenance of the social world*" (p. 77, italics added). That is why "a person committed to living in a disappointing world may generate disappointment in myriad ways" (p. 77). Second, this distinction allows us to see the artifact of the psyche whereby it distributes ways in which the subject may recreate experiences of disappointment. Thus, subjects *may enhance genuinely disappointing events*; they may *give ambiguous events a new spin*; they may *ambush others into unwittingly delivering disappointments*; or perhaps they may *form wishes guaranteed to cause them disappointment*. So situated to distribute unconscious wishes, fantasies between self and other in the analysand's idiopolis, the artifact of projections, displacements, and other defensive or adaptive processes "is experienced by the psyche as though it were a world in which the psyche is located" (p. 77). Accordingly, "it is a stable structure which systemically attributes motives, emotions, and attitudes to the people in the world" (p. 77). Through analysis, then, a helpful process is set in motion:

By the time analysands can recognize their own activity in creating a world, that world is already on the wane. That is why making the unconscious conscious ultimately requires (and is a sign of) the transformation of the analysand's world. In this process, analysands move from experiencing themselves as passive victims to recognizing their own activity. This is what a person experiences in the deconstruction of an idiopolis. [p. 79]

Thanks to analysis of the transference, in particular, "by the time analysands can look on transference as *their psychological activity*, the power of this activity to inform the world has diminished" (p. 79, italics added).

Thus far, I have suggested that sections of *Open Minded* can be grouped into categories of sedimentation (chapters one, two, and three) and reactivation (chapters four, five, six, and seven). Now I would like to propose a reading of the next three chapters as *explicit extensions* of certain human issues that have been reactivated in-

to the conscious realm and subsequently extended *into the social world*.

In chapter ten, "Inside and Outside the Republic," Lear suggests that "the most distinctive aspects of Plato's psychology [are] a dynamic account of the psychological transactions between inside and outside a person's psyche, between a person's inner life and his cultural environment, between *intrapsychic* and *interpsychic* relations" (pp. 219-220, italics in original). For Plato, then, what holds the republic together is this dynamic relation between psyche-analysis and polis-analysis, which are two sides of a continuous psychological discipline. There is a way in which the interplay between intrapsychic and interpsychic relations become manifest. Processes of internalization and externalization subserve the human needs to take in culture (through the process of internalization) and to exteriorize it into the polis (through the process of externalization).

For Lear, mimesis would constitute a paradigm of internalization, an imitation by youth in order to shape and mold character and nature. Here, internal and external fields of reference create circular causal relations between them. Lear is precise:

Plato's psychology is basically one of interpsychic and intrapsychic trade. What is being traded across a boundary is not unformed energy, but psychological products. They are crafted both outside and inside an individual's psyche and are traded back and forth across the boundary of the psyche. Once inside, they become citizens of a more or less federated republic and are subject to the vicissitudes of intrapsychic conflict, before being externalized across the border. [p. 226]

If we would refuse to know, and let things we may know lie fallow (sedimentation), and if we can then reactivate the ineffable through intrapsychic transference, extending the preoccupations of our world into an idiopolis and into explicit and further political fields of reference through interpsychic transference—then there remains but one psychical act to perform in order to round

off the picture Lear has painted. That psychological function is *constitution*, addressed in the last two chapters, "Transcendental Anthropology" (chapter eleven) and "The Disappearing 'We'" (chapter twelve). In the latter of these, Lear becomes quite explicit about the notion of constitution, noting that "thought and intuitive experience . . . must be harmonious. But this harmony is not pre-established; *it is constituted*. That our representations are of an object is, as it were, a precipitate of the unity of consciousness, its objective correlate" (p. 285, italics added).

On his way toward addressing the issue of how we constitute our world, Lear tries to articulate two strands in conflict in Wittgenstein's philosophy: the anthropological and the transcendental. According to Lear, when one thinks of Wittgenstein's anthropological stance, one views "a language in the context of the customs, institutions, practices of a community. It is one of the myriad ways in which a group of people interact with each other, with their environment, with themselves" (p. 248). On the other hand, the field of philosophy, as traditionally practiced, "has been an attempt to step outside our customs and practices in the hope of gaining a non-local perspective on how things really are" (p. 248).

How one can adopt both anthropological and transcendental stances simultaneously is of interest to Lear. In this regard, he sees that "the anthropological seems to be involved in the service of the transcendental" (p. 255), and, inversely, "transcendental insight seems to require the anthropological stance" (p. 255). Lear finds these two components to be coherently described in Wittgenstein, but the philosophical account of their continuity is incomplete.

Lear's solution, then, is to go to the problem of *apperception*, where humans variously determine how they situate themselves in the world, and *how they construct and constitute meaning* in the empirical horizon, wherein they dwell in order to arrive at what he calls "the original synthetic unity of apperception [of] an I: [using] a colon to symbolize the idea that this is the consciousness which must be able to accompany each of my representations" (p. 268). In this way, we humans construct representations of ourselves as agents who act on beliefs and desires.

For example, when we construct an explanation by reasons of our measuring activities, it seems that we subject ourselves to our anthropological gaze. We see ourselves in our various measuring activities, and construct a teleological explanation of those activities in terms of our desires and beliefs. [p. 274]

When individual consciousness shifts to a collective consciousness, a communal pooling of constituted consciousness occurs. In the first-person plural, then, “*form of life* is a reflective concept used by philosophers and anthropologists when they try to construct a representation of us. It is ‘We’ as ‘We’ appear to ourselves” (p. 275). Thus, we take the anthropological stance, constructing an understanding of ourselves as actors in ritualized ways, appreciating demonstrations of shared human interests, beliefs, and desires. Essentially, “it is we in our ordinary lives who can accompany our activities with consciousness” (p. 281). It would follow, then, that there is a place for a transcendental anthropology within which we can reflect on our ordinary lives and activities that yield non-empirical insight into them.

I have suggested that a thread runs through *Open Minded*, starting with deeply embedded, unconscious matter that lies sedimented—unconscious matter that is reactivated in the transference and then extended into the world by the ways in which humans constitute their world, using internal and external fields of reference. *Open Minded* is by far the best attempt that I know of to create a successful dialogue between psychoanalysis and analytic philosophy. Just about every chapter is a world to be explored, interrogated, and enjoyed. As a whole, the book is a tour de force that challenges analysts to examine their basic intellectual premises, and to consider expanding the ways in which epistemic conversations between analysis and philosophy can be conducted. There are conversations between continental philosophy and psychoanalysis, thanks to the work of French philosophers like Georges Politzer,³ in addition to discus-

³ Politzer, G. (1974). *Critique of the Foundations of Psychology: The Psychology of Psychoanalysis*, trans. M. Apprey. Pittsburgh, PA: Duquesne Univ. Press.

sions on concrete psychology, represented by Maurice Merleau-Ponty,⁴ Gaston Bachelard,⁵ and others, about how we can make correspondences out of such antinomies as the transcendental and the anthropological. The fact that another branch of philosophy has conducted a great deal of dialogue with analysis takes nothing away from Lear's contribution; he is an analytic philosopher of an Anglo-American kind, as well as a North American analyst, and as such, he must work within his frames of reference.

One problem, however, is that *Open Minded* is not always easy to read. It requires prior knowledge of analytic philosophy or some other philosophical tradition that can give the reader a handle to hold while plotting the way through it. The book is, however, a welcome challenge to read, because analysts, at least in this reader's view, must know the epistemology behind their basic assumptions, so that they can prudently expand the field, and/or conduct serious interdisciplinary conversations within institutes of training, as well as between varying analytic institutes and universities.

Lear has thrown us a necessary challenge. Let us embrace it, no matter how difficult the terms of the discourse might be. We will be richer for the effort to *know*.

MAURICE APPREY (CHARLOTTESVILLE, VA)

⁴ Merleau-Ponty, M. (1962). *The Phenomenology of Perception*, trans. C. Smith. New York: Humanities Press.

⁵ Bachelard, G. (1969). *The Philosophy of No: A Philosophy of the New Scientific Mind*, trans. G. C. Waterson. New York: Orion Press.

THE COLLAPSE OF THE SELF AND ITS THERAPEUTIC RESTORATION. By Rochelle G. K. Kaimer, Ph.D. Hillsdale, NJ: Analytic Press, 1999. 206 pp.

There is a fascinating intricacy in this book. For example, the many shades of identification pass before the reader in a manner that provokes rethinking about the imagined grasp of knowledge that the reader believed to be securely in place. Akin to the concept of

“found object” (p. 3), discussed early in the first chapter, there is an atmosphere of discovery throughout. The concept of erotogenic sadomasochism is elaborated in terms of its relational aims; the utility of the concept of projective identification is expanded; containment is depicted in the context of selfobject needs; and there is a particularly insightful chapter on compulsive eating. All this is enhanced by the author’s broad base of information and her ability to pointedly reintroduce the work of writers who are not prominent in the current mainstream of psychoanalytic literature.

There is added appeal from the author’s willingness to describe her clinical work as an analyst, and in so doing, to highlight her struggles. Her discussions of what she has done that did not work are refreshing revelations, and I finished my reading of *The Collapse of the Self* with the impression that she is a talented analyst, as well as an inventive thinker.

Unfortunately, I found myself more fascinated by the author’s approach to her various topics than I was with the book itself. Kaimer reports that one of her patients ultimately diagnosed herself as “a little bit of *this* and a little bit of *that*,” and this phrase aptly describes the book itself. It seems to be a nonbook in book format.

In the final chapter, the author reviews the points she has made, but in fact, she has only *mentioned* these ideas; they were not delineated in a systematic way that would lead the reader toward a pertinent goal. For example, I have a fondness for the personally esoteric, and it appears that Kaimer does as well, as evidenced by her fascination with the novel *The Makioka Sisters*. However, her description of this fascination tends to distract and confuse the reader. A little of such indulgence is a nice touch, but too much creates misattunement for the reader, who despairs of understanding because too much is being demanded to stay in touch with the book’s main topics.

My interest was caught when I read of the author’s support of one of my favorite themes, which has largely been bypassed—namely, Andreas Salome’s positive spin on narcissism—and I was again struck by how expansive Kaimer is in attuning herself to the insight of others. Her attempt at integration of Kohut’s selfobject need

with Bion's views on thinking is another example of her ability to pose new clinical and theoretical possibilities.

When I finished the book, as well as my second and third readings of some parts, it was with reluctance that I noticed a sense of having been more confused than I had been periodically enlightened. There is just too much missing in the organization of the material, and the footnotes offer primarily irritating interruptions when their content could have been included in the text, maintaining the narrative flow. I blame the latter problem on poor editing, as I do the overwhelming number of headings and subheadings that needlessly disrupt the reader's rhythm.

Furthermore, the author could have been more precise and fundamental in defining identification, so as to leave fewer puzzles for readers to solve—such as by integrating the relatively well-known self psychology view of the self as something experienced with Kaimmer's own view of the self as a structure. Perhaps, in a way, structure *is* something that is experienced, but this concept requires much more elaboration than the book provides. Essentially, there is a need for greater background about the concepts the author is reformulating, and greater depth in defining the concepts, along with a better road map for the reader's journey. Kaimmer's breadth of knowledge indicates that she could have done more than she did in *The Collapse of the Self*. I hope she will persevere in the future, but as to this book, I was never able to satisfactorily emerge from the shadow of the object, despite the final chapter's offer to lift that shadow.

WILLIAM G. HERRON (WOODCLIFF LAKE, NJ)

HIDDEN FAULTS: RECOGNIZING AND RESOLVING THERAPEUTIC DISJUNCTIONS. By Steven A. Frankel, M.D. Madison, CT: Psychosocial Press, 2000. 212 pp.

Steven A. Frankel has created a candid and thoughtful clinical monograph in which he explores the concept, recognition, and treatment of “therapeutic disjunctions.” Disjunctions are “intervals in psychotherapy or psychoanalysis when therapists and patients miss and

confuse each other, or are deflected from their goal because they collude in order to minimize their differences" (p. 2). A patient, for example, may laugh when feeling disappointed and bitter. The therapist misperceives, believing that the patient is amused. Only the patient is aware of the disjunction. Then the therapist soothes the patient with a soft stroking of the next words and the disjunction is obscured. As the author says, "for good, honest therapeutic work to proceed, the disjunction will need to be recognized" (p. 3).

Breaches in rapport are inevitable in any psychoanalysis or psychotherapy. It is Frankel's thesis that only when disjunctions are recognized and analyzed can therapeutic progress occur. To support his contention, the author makes use of extensive clinical examples. He is frank and open in describing his own failures of empathy and understanding, as well as the subsequent self-analytic work and work with the patient to reestablish a therapeutic relationship. It is only when the analyst or therapist accepts not knowing that understanding and resolution can begin. Throughout *Hidden Faults*, Frankel demonstrates the recognition and mending of disjunctions.

The author shares with the reader his journey from a one-person model to a two-person model, and how useful the latter has been to him. He also discusses what he calls a descriptive "self and object unit model" (p. 14), whose only assumption is that affiliation is a primary human motivation, and that analysis and therapy "take place in a two-person field between two relatively autonomous but intimately connected individuals" (pp. 14-15). This has led to a change in his technique, in which self-revelation has become increasingly important.

In sum, Frankel has given us a highly readable, engaging, and stimulating work in which he explores lapses by the analyst or therapist in understanding the patient, the subsequent healing of the breach, and the contribution of the process to therapeutic change. Psychoanalytic clinicians will find it cogent and useful.

DANIEL S. PAPERNIK (NEW YORK)

WHO'S THAT GIRL? WHO'S THAT BOY?: CLINICAL PRACTICE MEETS POSTMODERN GENDER THEORY. By Lynne Layton, Ph.D. Northvale, NJ: Aronson, 1998. 268 pp.

In *Who's That Girl? Who's That Boy?: Clinical Practice Meets Postmodern Gender Theory*, Layton sets out to explore the tensions between postmodern theories of gender and relational psychoanalytic theory (object relations, intersubjective theory, self psychology, and relational conflict theory). She is clearly superbly qualified to take on this task, demonstrating a firm and nuanced grasp of postmodern theory, as well as a comfortable command of the varieties of relational analytic theory. Add to this a clear, unpretentious writing style and an interest in a wide range of cultural products—film, books, pop music, and videos—and the result is an unusual, hearty, and stimulating read.

Layton is primarily interested in something that relational feminists and postmodern feminists have in common:

I want to argue that all of them are interested in gender identity formation only as it informs a larger project: to ground the possibility of a fluid, agentic, heterogeneous self that recognizes its own multiplicity (gendered and otherwise), that does not defensively foreclose on its own (or another's) multiplicity, and that can recognize and be recognized by an other both like and different from the self . . . my sense is that what their projects have in common is their search for a way out of the narcissistic binds that sexism and other forms of oppression impose. [p. 31]

Indeed, the title of the second chapter, "Beyond Narcissism: Toward a Negotiation Model of Gender Identity," might serve as the book's subtitle. Layton sees narcissism as the inevitable result of gender inequality (or, as postmodern theorists often refer to it, "hegemonic" masculinity and femininity), in that sexism shapes boys to suppress dependency needs and to adopt a position of separateness and autonomy, while it pushes girls to split off their agentic striv-

ings and submerge themselves in relationships. The author wants to include sexism, racism, homophobia, and class inequality in the range of developmental traumas that can lead to narcissism.

While I sympathize with the view that sexism creates problems for both men and women in their struggles to negotiate a sense of agency while still maintaining connection, I also feel that the contribution of culture is overestimated in this account. How do postmodern feminists explain the fact that even in a sexist culture, some women and some men successfully achieve a sense of agency *and* a capacity for intimacy in relationships? Presumably, this has to do with parental attunement to the child's strivings in the directions of both autonomy and connection.

In the book's introduction, Layton outlines seven sources of tension between postmodern theory and relational analytic theory. This is a stimulating chapter for analysts, whether or not either theory holds a central place in their work. Successive chapters deal with narcissism as a possible consequence of gender inequality, as well as cultural products that tend either to mute or to trigger gender anxieties. In a thoughtful chapter on trauma, gender identity, and sexuality, the author critiques the postmodern celebration of the fragmented subject, and shows how the concepts of a core self and openness to diversity are not mutually exclusive. Two chapters focus on male gender identity: one from a popular culture standpoint, and another from a clinical perspective. Finally, Layton rounds out the book with a deconstruction of Kohut's concept of self and a critique of performative theory of gender and subjectivity.

For this reader, the freshest, most arresting part of the book consisted of the author's analyses of what various cultural products say about gender identity. She assigns the label "gender binders" (p. 67) to those products that "try to turn down the heat on gender anxieties" (p. 67) by presenting familiar, stereotypical versions of masculinity and femininity. Gender binders include most male buddy films, classic heavy metal music, romance novels, and hard-boiled detective stories. Layton suggests that even in the gender binders, there is often a subtext that undoes traditional gender identities, but it is covert. (See, for example, the hero's strange attraction to an

unknown male at the beginning of most of Raymond Chandler's Marlowe novels; it is a connection that motivates the hero's agency.) "Gender benders" (pp. 66-ff), in contrast, are cultural products that deconstruct gender identity, turn up the heat on it, and generally break out of the old binary constraints of gender stereotypes. The popular singer Madonna has been the quintessential gender bender (at least until recently)—a factor that seems to be at the heart of her popularity with young girls.

Although *Who's That Girl? Who's That Boy?* does not concern itself with psychoanalytic treatment per se, it provides thought-provoking reading for analysts, since in one way or another, all of our patients are affected by the culture's construction of gender.

BARBARA P. JONES (WASHINGTON, DC)

SURVIVING LITERARY SUICIDE. By Jeffrey Berman. Amherst, MA: Univ. of Massachusetts Press, 1999. 290 pp.

This unusual book by Jeffrey Berman, professor of English at State University of New York, Albany, will stimulate and reward any psychoanalyst or literary scholar who is curious about the relationships of these two disciplines to each other and to broader issues of public health and education. Berman edited the series *Literature and Psychoanalysis* and has authored many psychoanalytically inspired literary studies. But the chief appeal of *Surviving Literary Suicide* lies less in his approach to literature per se than in his great passion for teaching and for adapting clinical theory to the aims of the classroom. For Berman, psychoanalysis is not about lofty schemes of symbolic interpretation or the metaphysics of the human condition; it is about mental health and human relationships. As in a previous study, *Diaries to an English Professor: Pain and Growth in the Classroom*, Berman is remarkably attentive to the emotional lives of his students. *Surviving Literary Suicide* also has an important personal significance for Berman; while he was away at university during the late 1960s, his best friend telephoned him during a suicide attempt, which eventually succeeded. The book is dedicated to this friend,

and Berman acknowledges that he is still in the process of coming to terms with feelings of anger, guilt, and loss aroused by this terrible event.

Suicide is a sensitive topic, and the idea of teaching a literature course devoted to it is intriguing and provocative. Berman's course appeared in the SUNY, Albany, handbook for 1994 as "English 745: Literary Suicide." Because he required a self-disclosing weekly diary from each student, he sought permission and advice from the Human Subjects Research Review Board. Based on the board's recommendations, the diary component was voluntary, confidential, and anonymous—at least to the extent that the diaries were to be submitted under a code name or number and were not graded. A selection of the diaries was read back to the class each week, and significant portions of these often very emotional responses are reproduced in the book.

The issue of whether the course might attract and encourage a disproportionate number of suicidal students was addressed through surveys, which suggested that in this respect, the class composition was no different from university and national averages. Berman also took pains to inform his students of the latest clinical knowledge on suicide,¹ and to quiz them early in the semester on their beliefs and attitudes about the subject. The students were not explicitly judged on this kind of material, but the review and discussion of mental health information about suicide were evidently vital to the overall concept and direction of the course. The clinical orientation seems to have served a dual purpose: first, to demystify suicide and to provide a containing environment for the anxiety it arouses; and to establish a theoretical posture of psychological realism toward the literary texts themselves.

In principle, every teaching situation is a kind of laboratory, in the sense that certain phenomena are isolated from the surrounding world in order to examine them more easily in depth. What makes Berman's approach unusual, at least in the arts and humani-

¹ Sample reading materials were Freud's "Mourning and Melancholia" and selections from Edwin S. Schneidman's *The Definition of Suicide*.

ties field, is an explicit focus on the experimental possibilities of the learning process. The classroom is a dynamic group environment in which projection, identification, and splitting are continuously unfolding beneath the surface. Berman addresses the transference-countertransference interplay primarily in terms of his students' and his own responses to the texts they are studying; but awareness of the role of affective engagement and metacommunication about what is going on in the group seems implicit in his teaching style. With his own thinking clearly on display, he draws the students into an active search for answers to questions about literature and life, and their own disturbances become the main focus of interest. It is hard to imagine the students growing bored.

Flowing directly from this experimental approach, a variety of hypotheses are explored in relation to the "suicidal writers" whom Berman has selected for special consideration: Kate Chopin, Virginia Woolf, Ernest Hemingway, Sylvia Plath, Anne Sexton, and William Styron. The central question of the course is introduced with a provocative rhetorical flourish: "Can a suicidal poem or story literally endanger a reader's health?" The implications of this are pursued in several directions: the ethical responsibilities of writers, the relationship between creativity and psychopathology, the therapeutic or antitherapeutic effects of a writer's preoccupation with death, and the potential public health benefits of teaching literature—most particularly, the positive role that teachers of literature can play on behalf of suicide prevention.

With regard to the latter issue, Berman reasons that, given high and growing rates of depression and suicide in the student population, suicide awareness on the part of literature professors will stand some chance of saving lives through early detection of symptoms and appropriate teaching strategies. The tendency to romanticize the suicidal impulse as an existential statement or as a courageous act of protest, particularly among modernist writers, might tempt readers who are at risk. Berman describes this danger as the "Werther Effect" (p. 26), referring to the rash of suicides following the publication of Goethe's *The Sorrows of Young Werther*. Teachers whose consciousness has been raised about suicide would be in a better posi-

tion to mitigate the unhealthy effects of such literature by reframing fiction in terms of social reality.

We do not take literature seriously when we approach it as purely fantasy or escapist. . . . we should not glorify a subject in literature that produces so much suffering in life. Several of the characteristic fantasies surrounding suicide have a powerful appeal, including the desire for rebirth, the wish for reunion with a lost loved one, and the quest for heroism and transcendence. These fantasies are seductive because they conceal the violence inherent in suicide and its destructive impact on society. [p. 44]

Berman does not mean only that we should take literature seriously as a social document; he is also making a claim about the epistemological status of literature and its relationship to the emotional world of the reader.

One can romanticize literary suicide only if one remains safely distanced from the terrible suffering associated with it. Such a response implies the radical separation of literature from life, a separation that reduces literature to the realm of fantasy or escape. [p. 43]

This is a far-reaching assertion. It suggests that a separation between literature and life should not exist—or at least, not a radical one—and that when literature does not deal directly with the emotional “reality” of the events it depicts, it is reduced from something better and higher. To put this more concretely, Berman is suggesting that a novelist or poet who presents and interprets suicide in a way that minimizes its morbid causes and painful consequences is in some way falling short as a writer. Likewise, the reader who does this is devaluing literature itself, treating it superficially, or abusing and misunderstanding it. For Berman, literature *should* aspire toward psychological truth, but he does not clearly explain how this is to be achieved or evaluated in practice. In the case of fictional or poetic suicide, the criterion seems to be a kind of clinical realism. Did the author depict the act of suicide in a realistic manner that

will not misinform the reader about the nature of suicide? Did the author make it clear to the reader that the act of suicide is not a realistic or rational response to life's problems? Did the author show that suicide is symptomatic of a painful psychic disturbance with cognitive constriction, delusions, and chronic psychopathology?

The first real test case in the book is Kate Chopin's *The Awakening*, a feminist classic of nineteenth-century America that has become a standard undergraduate text in most American colleges and universities. The story ends ambiguously with an apparent suicide: the heroine (or antiheroine), Edna, swims determinedly out into the "soft, close embrace" (Berman, p. 59) of the Gulf of Mexico waters. As in all the discussions of specific writers in this book, Berman supplies fascinating literary and historical materials as background to the novel. In Chopin's day, *The Awakening* was condemned as unhealthy, largely because Edna selfishly abandons her husband and children. She is seen as an immoral woman who has "drifted from all right moorings, and has not the grace to repent" (Berman, p. 54). Contemporary critics have reacted in a different way. Some regard the suicide as inevitable and even morally right for a woman in a patriarchal society. One interprets "Edna's problems [as] insoluble given the environment, the era, and the strength of her newly discovered, uncompromising self" (p. 57). Another critic declaims breathlessly:

The ultimate realization that she has awakened to is that the only way she can save herself is to give her life. She cannot accept the restrictions that nature and man have conspired to impose upon her . . . [so] she surrenders her life in order to save herself. [p. 56]

Apart from what these examples tell us about the politics of literary interpretation and its transience, Berman wants to show that both kinds of moralistic interpretation of the novel miss something essential, because they fail to achieve what he thinks of as an empathic reading.

Celebrating [Edna's] suicide, in the name of female empowerment, is as problematic . . . as condemning her sui-

cide, in the name of family values. . . . Reading Chopin's novel with an understanding of the reality (as opposed to the myth) of suicide allows us to appreciate Edna's awakening to the possibilities of life without endorsing her pursuit of death. The power of *The Awakening* lies neither in Edna's final act of desperation nor in the seductive rebirth fantasies she attaches to suicide, but rather in the struggle for a more self-fulfilling life. Edna may not have believed that she had other options at the end of her life; nevertheless, one can imagine other endings. [p. 66]

Berman does not actually say that *The Awakening* would have been a better novel if it had a happy ending; but he does close his chapter on Chopin with an alternative, more cheerful one in which Edna does not die.² The clear implication is that if the novelist or poet fails to supply a positive message, then the literature professor should do so. Perhaps it is not a coincidence that Berman finishes nearly every chapter on a ringing note of optimism. For example, the last lines of the section on Virginia Woolf read: "If Woolf's brooding masterpiece reveal[s] her attraction to suicide . . . it was life and art that held Virginia Woolf's greater interest. . . . A heroic embrace of life" (p. 100). And he closes the chapter on Ernest Hemingway as follows: "What I find genuinely heroic about Hemingway is not his death but the extent to which he was able, until the end of his life, to transmute his deepest fears into great art, thereby triumphing over his suicideophobia" (p. 136). And about Anne Sexton: "Sexton confronts in her greatest poems the pain of existence and offers us, without false hope, the courage to endure. Poetry prolonged her life, and . . . we honour her best by celebrating her

² Berman provides Jill McCorkle's alternative ending, cited from the *New York Times Book Review*, December 6, 1987:

It is as if Edna is now, finally, again, really waking up. She doesn't want to die over those two. What a waste. She starts swimming back toward shore, thinking of all the things her new life will bring: a divorce, a job, birth control, single parenthood, shorter skirts. Edna, swimming with strong steady strokes, is convinced that she's on to something, and she would rather be a pioneer than dead. [p. 66]

not as a poet of suicide but as a poet of survival" (p. 209). Not surprisingly, the last word on Sylvia Plath achieves only a halfhearted sense of uplift: "If we can read Plath's poems without succumbing to the various roles in which she casts us . . . then we will be able to appreciate her dazzling escape artistry without feeling we have been overcharged" (p. 175).³

For all his insistence on the horrors of suicide, Berman's tendency toward homiletic sentimentality and bathos leaves a feeling that something is being avoided. Perhaps because of his need to shield the reader from potential corruption, he frequently glides over interesting nuances in the material that he has gathered. There is an overemphasis on surface content, not only of the stories and poems, but of the students' "countertransference response" (pp. 122-ff) as well. For example, in the chapter on Hemingway, there is a predictable focus on machismo and misogyny, illustrated through Hemingway's poem "To a Tragic Poetess," which rather savagely satirizes Dorothy Parker's suicidal tendencies. Berman asks the questions, "Are countertransference responses to suicidal literature gendered?" and "[Are men more likely than women to accept] Hemingway's patriarchal judgments about suicide?" (p. 127). He argues that there is a gendered response to Hemingway's poem on the basis that his male students seem to approve of the poem more and to identify with Hemingway's criticisms of Parker. In contrast, the women students "are more sensitive to the assaultive nature" of the poem (p. 133). When students were given anonymous copies of each other's written reactions to the poem, they were quite good at guessing whether the writer was male or female. Berman takes this as evidence that well-known gender stereotypes (such as men's identification with the aggressive male and women's identification with the female victim) determine the literary "countertransference."

³ The meaning of the word *overcharged* in this context is explained earlier in the book, where Berman defines it in terms of the price that the reader must pay "for witnessing Plath's speakers as they exhibit their scars" (p. 141). These include "guilty pleasure" and "heightened liability or vulnerability, as we find ourselves implicated in a world of murderous violence that always threatens to turn against the self" (p. 141).

But he might have profitably delved more deeply into his own data. For example, the reactions of some of the men were noticeably “hysterical,” in the sense of being anxious, defensively moralistic, and emotionally rigid. Other male students had quite complex and supple responses on both emotional and literary levels, whether or not they “approved” of the poem. On the other hand, what is striking about many of the women’s responses is not that they are critical of Hemingway, but that they are reflective and nuanced in their response to the poem. So one might well ask: Why are some individuals, male or female, more interested in understanding the poem *as a poem* than in making moral judgments about what it appears (on the surface) to be advocating about this or that political issue?

In addition to looking at whether the student endorses or condemns the poem in the name of man, woman, truth, justice, and the good, Berman might have examined the ability of the student to *think* about different aspects of the poem—i.e., to establish some distance from its surface content (including even the fact that it is about the very distressing subject of suicide). From this point of view, the “gendered” responses actually seem quite similar, in that an equal number of males and females reacted unreflectively, either by identifying with Hemingway’s persona or disapproving of it, while confusing it and the poem with Hemingway himself and reality. Also interesting is the fact that of the three women (of eight) who reacted by expressing one-sided moral disapproval of the poem and/or of Hemingway, two were more likely to be mistaken for males by their classmates. Therefore, the subjective criteria of masculinity here seem to have included the students’ assessments of qualities such as moralistic aggressiveness and concrete thinking; and the literal surface expression of patriarchal beliefs and attitudes was not the only meaningful determinant.

Near the end of *Surviving Literary Suicide*, Berman meditates on a well-known passage from George Eliot’s *Middlemarch*:

If we had a keen vision and feeling for all ordinary human life, it would be like hearing the grass grow and the squirrel’s heartbeat, and we should die of that roar which lies on

the other side of silence. As it is, the quickest of us walks about well wadded with stupidity. [p. 261]

Assenting to Eliot's image, Berman affirms that "literature has a transformative power, for good or ill, and nowhere is this better seen than in suicidal literature, which records the roar which lies on the other side of silence" (p. 262). In the same vein, he quotes some searing lines from Kafka:

The books we need are the kind that act upon us like a misfortune, that make us suffer like the death of someone we love more than ourselves, that make us feel as though we were on the verge of suicide, or lost in a forest remote from all human habitation—a book should serve as the ax for the frozen sea within us. [pp. 261-262]

Sexton, who was often on the verge of suicide, had quoted this passage as an epigraph to her second poetry collection, *All My Pretty Ones*. Berman notes that "it is probably unwise to remove all of the self-preservative wadding from our ears" (p. 262). He does not want literature to stop being dangerous because he wants literature to continue to matter to us; but at the same time, he recoils from its power on moral grounds, fearing the effect it may have on the unwary reader. "One must approach artistic hammers and axes with special care," he concludes (p. 262).

Perhaps the best-known work of criticism on the subject of literary suicide is Alfred Alvarez's *The Savage God: A Study of Suicide*.⁴ Alvarez identified suicide as a central theme in modern literature and situated the problem in a historical context:

The Romantics established in the popular mind the idea that suicide was one of the many prices to be paid for genius. Although that idea faded, nothing has been the same since. Suicide has permeated Western culture like a dye that cannot be washed out. . . . A radical reorientation had taken place: the artist was no longer responsible to polite

⁴ New York: Norton, 1990.

society—on the contrary, he was often at open war with it. Instead, his prime responsibility was towards his own consciousness. [pp. 235-236]

Berman is troubled by the possibility, raised by Alvarez, that interesting writers may sometimes be just too morbid to be health conscious, too narcissistic to eschew the feelings of grandeur that accompany the creation of radically separate worlds—worlds overtly defying this one and directly challenging its pragmatic “let’s-make-the-best-of-things” philosophy. Although he is always at pains to remind us of the dangerous, seductive effects of suicidal literature, Berman insists that the creative process itself does not place the suicidal writer at risk. He is therefore anxious to refute Alvarez’s pessimistic view that the logic of suicide is inherent in the socially alienated vocation of the modern artist, whose “prime responsibility is toward his own consciousness” (Alvarez, p. 236). Berman claims, for example, that Plath’s tormented, Holocaust-haunted self-absorption actually provided her with a beneficial catharsis. As we have already seen, he makes a point of emphasizing the constructive function of writing for suicidal authors like Plath, Sexton, Woolf, Hemingway, and Styron.

Berman is certainly justified in maintaining that writing (or at least the hope of literary success) can ward off despair for such individuals, allowing them to live longer than they otherwise might. But there is no reason to think that this is the whole story. On what basis, apart from a superego wish, can we assume that creativity and originality are always healthy, life-affirming, and always working for the good? Why may not the artist’s most interesting and valuable creations sometimes be the result of dark and ambiguous trends—trends leading, in many individuals, to what Kavalier-Adler has called the “compulsion to create,”⁵ feeding off and fostering destructive forces within?

The tension that Berman sets up between modern art and public health, the aesthetic and forensic perspectives on literary suicide,

⁵ Kavalier-Adler, S. (2000). *The Compulsion to Create: Women Writers and Their Demon Lovers*. New York: Other Press.

seems to reflect his own understandable ambivalence about the dark, sublime power of the suicidal motif. Psychoanalytic ideas go a long way toward resolving this tension because they throw so much light on the creative process and its products. But only a tendentious version of analysis can fully support Berman's view that a healthy core of creative originality can be distinguished from the suicidal pathology of writers like Woolf or Plath. Mental health concepts cannot save literature from itself or protect its devotees from risk. In fact, psychoanalysis probably has more in common with the attitudes of the artist than with the guardians of public safety, who worry about whether rock music or radical confessional poetry increases the student suicide rate. Like contemporary art, psychoanalysis is a modern artifact that relies on the social acceptance of certain conventions that aim precisely for what Berman describes pejoratively as "a radical separation . . . from life" (p. 43) in the interests of free association. The whole point of psychoanalysis (or of a novel like Chopin's *The Awakening*, for example) is to make it possible to think and discuss unthinkable and dangerous thoughts that public health officials and polite society would frown upon. Berman argues that this kind of separation of art and life is a "reduction to fantasy and escape" (p. 43), a denial of emotional reality; but the fact is that there would be no modern literature—and no psychoanalysis, for that matter—without this ability to clear a space in the mind in which thoughts of what frightens and appalls us can unfold and develop in all their details, instead of being quickly discharged from the mind through judgment or action.

Berman makes a convincing demonstration that education about suicide and even suicide prevention work can be done effectively in the literature classroom. But he does not explore the question of whether it is really desirable to generalize this teaching strategy, as he recommends. The problem is not just that very few would be able to replicate Berman's inspiring performance in the classroom; the more fundamental issue is whether literature itself would survive the attempt. If rich and provocative metaphors such as suicide must always be collapsed immediately back into biography and clinical reality, then what is the point of fiction in the first place? If public safe-

ty is the practical goal, more efficient means exist for promoting it than are present in the college literary curriculum.

Literature can be put to many uses, but it will not bend for long in one direction without risking its *raison d'être*, which is precisely its separateness, the very thing Berman wishes to do away with in the name of clinical realism. Fiction and poetry require and promote relationships and ways of thinking that are not always commensurate with ordinary social conventions of reasoning and behavior. As in the psychoanalytic setting, the space of the literary imagination requires a deliberate suspension of certain norms in the interest of exploring less explicit dimensions of mental life. Every writer and every analyst will adapt this separateness from actual life in ways that are context specific and personal: some authors will strive more for an effect of realism, just as some analysts may be less concerned than others about trying to be neutral or minimizing self-disclosure. Variations on and challenges to the separateness of the framework can all serve useful purposes, but they cannot account for the *idea* of literature—or the idea of psychoanalytic psychotherapy—as specific domains of specialized inquiry.

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POLITICAL THEORY AND THE PSYCHOLOGY OF THE UNCONSCIOUS. By Paul Roazen. London: Open Gate Press, 2000. 202 pp.

Few intellectuals lay claim to establishing a discipline. But Paul Roazen is one who can. He began his career in the 1950s as a political scientist. Most political and sociological thinkers—from Plato through to those who established modern democracy and liberalism (such as John Locke and John Stuart Mill), to Marx and his opponent Weber, and into the twentieth century (including Hannah Arendt and Theodore Adorno)—have begun with *assumptions* about the nature of man. Most have tried to relate human needs to the demands of social life. But Roazen pursued a lifetime of thought, pondering

the following question: If we can learn something substantive about the psychological nature of humankind from Freud and his students, can we revise and clarify our thinking about political and social systems accordingly? In this way, instead of making assumptions about our inner lives, we can understand and build social systems based on greater certainties about them. Roazen explores concepts such as freedom, authority, aggression, and selfhood, all common concepts in both political-social thought and psychoanalysis—yet today these disciplines are infrequently brought together.

Psychoanalysis had a bolder era, when not only Freud wrote about civilization and social institutions, but others did also, including Wilhelm Reich, Erik Fromm, Bruno Bettelheim, and Erik Erikson. (I will return to them and our more restrained contemporary stance presently.)

Political Theory and the Psychology of the Unconscious, Roazen's thirteenth book, summarizes his life's work on these questions. It is a quiet, humbling, yet important paean to how psychoanalysis has contributed—and can continue to contribute—to our understanding of political and social organizations, and possibly how to build them to better serve human needs, while also satisfying the demands of social life.

The book is essentially two books, hinged on a central chapter, "Freud's Power." Part one reads like a thoughtful series of lectures on various thinkers, beginning with Mill: his (retrospectively) harsh Enlightenment, rationalistic education under his father's hand, and the utilitarian principles of Bentham, "that which satisfies the greatest good for the greatest number" (p. 5). Mill began studying Greek at age three, Latin at eight, logic at twelve, and political economy at thirteen. He realized as an adult that this approach left him emotionally starved, and redirected popular thinking about education to incorporate a clearer appreciation for the development of the child and the need for emotional space.

Roazen continues by exploring the thinking of Nietzsche, Freud, and Dostoevsky, particularly as their work relates to understanding man's internal life and how one interacts with the social world. A darker, more tragic, more conflict-laden story emerges here, differ-

entiating itself from the more hopeful (and perhaps more naive) assumptions about inner life of the Enlightenment thinkers—and also differentiating itself from the work of Marx and perhaps Weber, who gave little credence to the importance of the inner world of humans, at least in determining how we live together.

The “hinge” chapter, “Freud’s Power,” is provocative. It is not simply a study of Freud’s theories about power; it is a recounting of how he used his power in establishing his discipline. This is a fairly familiar and, in many instances, a troubling story to many psychoanalysts. Roazen places Freud in his cultural context (as the subject of a recent thoughtful polemic at the December 2000 meetings of the American Psychoanalytic Association). He also discusses Freud’s aspirations as a physician of the soul, his work in the detumescence of the Hapsburg Empire (when Emperor Franz Jozef’s daughter-in-law took a train through Europe with closets of gowns, while abjuring underwear), and his son’s death in an apparent suicide-homicide with his mistress. It was a time of “pious formulas of public truth” (p. 75), a time when Viennese thinkers (many of them Jews, the wandering outsiders) tried to pierce “the veil of the structure of formal beliefs” (p. 75). Freud, of course, did this in the realm of our inner world and its tension with social norms.

Roazen was among the first to explore Freud’s missteps, even transgressions, most poignantly in *Brother Animal: The Story of Freud and Tausk*.¹ In *Political Theory and the Psychology of the Unconscious*, Roazen describes in an almost Hegelian dialectic how Freud’s students built theories of society, and in particular, how they arrived at their beliefs about good societies. In this context, he covers Adler’s focus on the ego as an agency of the mind, and Reich’s brilliant text, *The Mass Psychology of Fascism*, which addressed the existential struggle of modern man, who “craves authority, fears freedom, but is simultaneously rebellious” (p. 81). Roazen continues with a discussion of Fromm’s *Escape from Freedom*, which elaborated Reich’s observation of modern man’s fear of freedom.

¹ New York: Knopf, 1969.

The second half of the book has a remarkably different tone from the first, partly because the author met or knew the three thinkers discussed: Fromm, Erikson, and Bettelheim. These chapters also differ from each other, again perhaps because Roazen knew these men to varying degrees. His knowledge of each colors his thinking, sometimes leading to shortfalls in his characteristic insight.

Roazen discusses Erikson's creative description of the German character as taking an adolescent stance in its struggle against autocratic authority (with a degraded autocrat). Erikson is described as having led our thinking in more complex directions by speaking of universal, existential dilemmas (trust/mistrust, autonomy/doubt, and so forth), while also identifying culturally specific child-rearing styles and consequent character structures. Since the time of Erikson's writings, we no longer speak of "modern man," but instead refer to the culturally specific challenges of living in contemporary times.

Fromm attempted to reconcile his psychoanalytic leanings with his Marxist ones, according to Roazen. He spent the end of his life in Mexico, perhaps isolated. Yet his *Escape from Freedom* was a hallmark of analytic thought about the individual in contemporary society. He foresaw the fate of spontaneity in the modern world, and how culture may foster conformity. While we have yearned for and achieved significant political freedom in the past few hundred years (at least in some Western societies), Fromm pointed out that the possibility of true internal freedom raises anxiety and avoidance in many. (Nietzsche foretold similar problems when he wrote about how complacent many can be when given a few material things.) Today Fromm is mostly forgotten, and even one of his last anthropological studies, conducted in a Mexican village, was marred when a research associate broke with him and wrote a contradictory study of the village.

The chapter on Erikson reads warmly and most credibly. Colleagues at Harvard, Roazen and Erikson had ample opportunities to meet, giving a very human tone to the author's account of Erikson's contributions to our understanding of the relationships be-

tween our inner lives, our child-rearing practices, and our societies. This chapter might be seen as an appetizer to the recent substantive biography of Erikson.²

The chapter on Bettelheim is the weakest of the three and uncharacteristic of the book. Since I authored and edited a book on Bettelheim and several of his papers,³ I experienced a different relationship with him than Roazen was apparently able to establish in a single visit. Had Roazen stayed with the substance of what Bettelheim wrote about the individual and society,⁴ he would have served the reader well with Bettelheim's contributions on psychoanalytic thinking about the individual and contemporary society. Instead, he ends with some sad allegations made after Bettelheim's death, and these comments are at odds with his other thoughtful reviews. (Perhaps we should be grateful that Roazen did not discuss posthumous allegations about the lives of Nietzsche or Dostoevsky!)

The author states that the "duty of an intellectual . . . entails a commitment to resisting power" (p. 99). He sees us today as having lost the active thinking, the dialogue about psychoanalysis and society. Many early analysts were radicals—bringing women into the profession (despite a theory not overly favorable toward women), liberal, antitotalitarian, and even willing to work with the disenfranchised, such as Aichorn. Erikson, Fromm, and Bettelheim were all refugees from Nazism; they had personal, deeply felt commitments to both internal and political freedom. Have contemporary analysts lost that commitment? Sadly, part of the answer to this question may

² Friedman, L. (1999). *Identity's Architect: A Biography of Erik Erikson*. New York: Scribners.

³ Szajnberg, N. (1992). *Educating the Emotions: Bruno Bettelheim and Psychoanalytic Development*. New York: Plenum.

⁴ See the following works:

Bettelheim, B. (1954). *Symbolic Wounds: Puberty Rites and the Envious Male*. New York: Glencoe Free Press.

— (1960). *The Informed Heart: Autonomy in a Mass Age*. New York: Glencoe Free Press.

— (1979). *Surviving and Other Essays*. New York: Knopf.

Bettelheim, B. & Janowitz, M. (1964). *Social Change and Prejudice*. New York: Glencoe Free Press.

lie in the fact that, at a recent meeting of the American Psychoanalytic Association, a panel on analytic consultation to organizations focused on consulting to a financial management agency, with the goal that the agency's employees would increase their monetary incomes (and enjoy doing so, apparently).

Let us hope that, as Roazen recounts, we can return psychoanalytic thinking and discourse to the aim of building better communities and societies that foster autonomy and the capacity for enjoyment, balanced by a commitment to intimacy and community.

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ABSTRACTS

CORTEX: A JOURNAL DEVOTED TO THE STUDY OF THE NERVOUS SYSTEM AND BEHAVIOR.

XXXVI, 4, 2000

Ipsilesional Versus Contralesional Neglect Depends on Attentional Demands. Dek L. Na, John C. Adair, Seong Hye Choi, Dae Won Seo, Yeon-wook Knag, and Kenneth M. Heilman.

Right-hemisphere injuries often produce contralesional hemispatial neglect (CN). In contrast to CN, however, some patients with right-hemisphere damage show so-called ipsilesional neglect (IN). Previous studies found that patients tend to show IN on line bisection tasks, but CN on other tasks, such as target cancellation. To learn why these two tasks induce different spatial biases in patients with right-hemisphere injury, performance on conventional line bisection (i.e., solid line) was compared with that on two novel bisection tasks involving horizontally aligned strings of characters. The subjects' task was to mark a target character that was at or closest to the true midpoint of the simulated line. Four of the five patients studied showed a dissociation in which IN occurred with solid lines, while CN was observed with character lines. In addition, two patients assessed with an antisaccade paradigm showed a "visual grasp" for leftward stimuli. These results suggest that neglect on line bisection may reflect two opposing forces: an approach behavior or "visual grasp" toward the left hemispace, and an attentional bias toward the right hemispace.

Vision and Laterality: Does Occlusion Disclose a Feedback Processing Advantage for the Right-Hand System? Martinus J. Buckers and Werner F. Helsen.

The main purpose of this study was to examine whether manual asymmetries could be related to the superiority of the left-hemisphere/right-hand system in processing visual feedback. Subjects were tested when performing single (Experiment 1) and reciprocal (Experiment 2) aiming movements under different vision conditions (full vision, 20 ms. on/180 ms. off, 10/90, 40/160, 20/80, 60/120, 20/40). Although in both experiments, right-hand advantages were found, manual asymmetries did not interact with intermittent vision conditions. Similar patterns of results were noted across vi-

sion conditions for both hands. These data do not support the visual feedback processing hypothesis of manual asymmetry. Motor performance is affected to the same extent for both hand systems when vision is degraded.

Confabulation in a Patient with Frontotemporal Dementia and a Patient with Alzheimer's Disease. Zahia Nedjam, Gianfranco Dalla Barba, and Bernard Pillon.

This paper describes two patients, O. I. and B. Y., with confabulatory syndromes. O. I. was diagnosed with probable frontotemporal dementia, whereas B. Y. met the criteria for probable Alzheimer's disease. O. I. (but not B. Y.) was impaired on tests of frontal/executive functions, and performed better than B. Y. on clinical tests of memory. Both patients confabulated in episodic-autobiographical memory tasks and in personal future planning tasks. B. Y. confabulated also in a semantic memory task. The paper concludes that the pattern of confabulation and the cognitive profiles shown by these two patients are better explained by the hypothesis proposed by Dalla Barba and his co-workers (Dalla Barba et al., 1997) than by current theories of confabulation.

Verbal-Response and Manual-Response Versions of the Milner Landmark Task: Normative Data. Derminio Capitani, Marco Neppi-Modona, and Edoardo Bisiach.

This paper reports normative data relative to a shortened form of two versions of the Milner Landmark task, involving verbal and manual responses, respectively, which have been found to provide crucial information to discriminate perceptual from response bias in unilateral neglect. Normative data based on a large group of subjects were believed to be necessary because the Landmark task is held to be worth further investigation: (a) in comparison with other tasks devised for similar purposes, (b) in elucidating clinicoanatomical correlations, and (c) in planning selective remediation programs. The results of the investigation establish criteria for classifying a patient's bias as normal, borderline, or pathological.

XXXVI, 5, 2000

Understanding Ambiguous Words in Biased Sentences: Evidence of Transient Contextual Effects in Individuals with Nonthalamic Subcortical Lesions and Parkinson's Disease. David A. Copland, Helen J. Chenery, and Bruce E. Murdoch.

A crossmodal priming experiment was used to investigate lexical ambiguity resolution during sentence processing in individuals with nonthal-

amic subcortical lesions (NSL) ($n=10$), compared to matched normal controls ($n=10$), and individuals with cortical lesions (CL) ($n=10$) and Parkinson's disease (PD) ($n=10$). Critical sentences biased toward the dominant or subordinate meaning of a sentence-final lexical ambiguity were presented auditorily, followed first by a short interstimulus interval (ISI) (0 msec) or a long ISI (1000 msec), and then by the presentation of a visual target that was either related to the dominant or subordinate meaning, or was an unrelated control word. Subjects made speedy lexical decisions on the targets. At the short ISI, lexical activation for the neurological patient groups appeared to be influenced by contextual information to a greater extent than in normal controls, which may indicate delayed lexical decision making or disturbed automatic lexical activation. At the long ISI, only the PD and NSL individuals failed to selectively activate the contextually appropriate meaning, suggesting a breakdown in the attention-based control of semantic activation through contextual integration. This finding may implicate disruptions to proposed frontal-striatal mechanisms that mediate attentional allocation and strategy formation.

Orientation Bias in Unilateral Neglect: Representational Contributions. Raffaella Ricci, Jesse Calhoun, and Anjan Chatterjee.

In a study described in this paper, left-neglect patients were seen to bisect horizontal lines to the right of true center, with longer lines bisected further to the right than shorter ones. This line-length effect might be explained by an increase in the rightward bias of attention, because longer lines extend further ipsilesionally. Alternatively, neglect patients might be limited in their ability to internally represent horizontal magnitudes. Patients might be oriented further rightward with longer lines because these lines have longer representation. If the line length effect occurs on lines of identical objective length, but the lines are represented differently, then central mechanisms must contribute to the orientation bias. On another study, two types of lines were constructed that were perceived by normal subjects as having different lengths, but were of identical extents. Three neglect patients bisected the lines that were perceived as longer at points further to the right than on the lines perceived as shorter. These results demonstrate that relative magnitudes of internal representations contribute to the degree of bias in neglect patients.

Predicting Hand Preference with Performance on Motor Tasks. W. J. Triggs, R. Calvanio, R. K. Heaton, and K. M. Heilman.

Handedness may be defined as a preference or difference in task performance. The strength and significance of the relationship between hand preference and hand performance asymmetries have been contested, and

in order to evaluate this relationship, the Edinburgh Handedness Inventory was administered to measure asymmetries in finger tapping, the Purdue Pegboard, and grip strength. There were thirty right-handed subjects and thirty left-handed ones. Hand asymmetries in finger tapping, the Purdue Pegboard, and grip strength all predicted hand preference scores. However, a multiple regression equation best predicted hand preference based on the performance of each task. Hand asymmetries in finger tapping correlated strongly with asymmetries in Purdue Pegboard performance, but neither of these asymmetries correlated strongly with asymmetries in grip strength. These findings indicate that hand preference and asymmetries in motor proficiency are strongly related, but suggest that preference and proficiency for different aspects of motor performance may be independently lateralized.

Alzheimer Patients' Ability to Read Words with Irregular Stress. Lucia Colombo, Cristina Brivio, Irene Benaglio, Simona Siri, and S. F. Cappa.

The TIB, an Italian version of the National Adult Reading Test (NART), requires the subject to read out loud a list of Italian words with dominant (regular) and less frequent (irregular) stress patterns. This test was given to a group of forty-five patients with the diagnosis of dementia of the Alzheimer's type (DAT) and to a matched control group. Both the NART and the TIB are based on the assumption that the ability to translate orthography into phonology is relatively unimpaired in DAT patients. Despite the different language characteristics on which the two tests are based, the present results largely replicate those found for the NART. Patients with mild and moderate DAT did not perform differently from matched controls on the TIB, while they were impaired on the NART. Patients with severe dementia, however, also failed in the TIB test.

Cinema Seating in Right, Mixed, and Left Handers. George Karev.

On five maps of cinema halls, 264 right-handed, 246 mixed-handed, and 360 left-handed students were requested to indicate which area they would choose to sit in. All three groups showed a preference for the right and a corresponding directional bias toward the left space. However, they differed significantly from each other on the magnitude of this bias, which was most pronounced in the right-handed students and less so in the left handers. It is assumed that lateralized mechanisms underlying such biases have developed evolutionarily and serve right-handed persons best. Non-dexterity considerably reduces phenotypic expressions, but even left-handedness does not reverse the directional bias toward the left. It is also hypothesized that right, mixed, and left handers differ in a large number of behavioral choices and strategies, modeled by cerebrally lateralized mechanisms, and that cinema seating preference is only one such aspect.

The Contribution of Functional Neuroimaging to Recovery After Brain Damage: A Review. Luigi Pizzamiglio.

The introduction of functional neuroimaging techniques has contributed to our understanding of the neural correlates of recovery of motor, sensory, and cognitive functions after brain damage. In this paper, literature over the past twenty years is reviewed, with particular emphasis on quantitative studies of cerebral blood flow and metabolism. Studies are presented that examine recovery from hemiparesis, aphasia, spatial hemineglect, and sensory disorders. The contribution of this research is critically discussed in a methodological perspective, and the importance of accurate behavioral measures is underlined. A basic distinction is made between cerebral plasticity and recovery of functions. It is also argued that the most frequently used experimental designs do not permit one to directly relate changes in brain activity to functional recovery. The paper proposes alternative experimental designs, based on correlations between behavioral performance and brain activations.

When Ottoman Is Easier Than Chair: An Inverse Frequency Effect in Jargon Aphasia. Jane Marshall, Tim Pring, Shula Chiat, and Jo Robson.

This paper presents evidence of an inverse frequency effect in jargon aphasia. The subject (Ms. J. P.) showed a predisposition for low-frequency word production on a range of tasks, including picture naming, sentence completion, and naming in categories. Her real word errors were also striking, in that these tended to be lower in frequency than the target. Reading data suggested that the inverse frequency effect was present only when production was semantically mediated, and it was therefore hypothesized that the effect was at least partly due to the semantic characteristics of low-frequency items. Support for this was obtained from J. P.'s performance on a comprehension task, which showed that her understanding of low-frequency terms—which she often produced as errors—was superior to her understanding of high-frequency terms. The paper considers possible explanations for these findings.

Callosal Transfer in Different Subtypes of Developmental Dyslexia. Franco Fabbro, Silvia Pesenti, Andrea Facchetti, and Michela Bonanomi.

Sixteen control children (ages six to thirteen years) and twenty native Italian children with developmental dyslexia (ages seven to fifteen years) received a test of callosal transfer of tactile information. Among the dyslexic children, seven had a diagnosis of L-type, seven of P-type, and six of M-

type, according to Bakker's classification. Both control children and children with dyslexia made a significantly larger number of errors in the crossed localization condition (implying callosal transfer of tactile information) when compared to the uncrossed condition. On examination of performance in the uncrossed condition, it was noted that children with dyslexia made a significantly larger number of errors than controls. In the crossed localization condition, L-types and M-types made a significantly larger number of errors than did P-types and controls, while there was no significant difference in performance between P-types and controls. These findings are discussed in terms of defective callosal transfer or deficient somatosensory representation in children with L- and M-dyslexia.

Manual Asymmetries in Reaching Movement Control. I: Study of Right Handers. Phillippe Boulinguez, Vincent Nougier, and Jean-Luc Velay.

This paper discusses two experiments that investigated manual asymmetries in the control of rapid reaching movements, according to the movement parameters to be controlled. Single- and double-step reaching movements were performed by right-handed subjects with both hands. Proactive and retroactive processes involved in rapid movement control were investigated. Manual performances and kinematic properties of hand movements showed that various forms of hemispheric specialization were involved in sensorimotor information processing. It was shown that the effects of hemispheric specialization were specific to the task constraints—that is, to the various operations involved in movement control.

Generalized Auditory Agnosia with Spared Music Recognition in a Left-Hander: Analysis of a Case with a Right Temporal Stroke. Mario F. Mendez.

After a right temporoparietal stroke, a left-handed man lost the ability to understand speech and environmental sounds, but developed greater appreciation for music. The patient had preserved reading and writing, but poor verbal comprehension. Slower speech, single-syllable words, and minimal written cues greatly facilitated his verbal comprehension. On identifying environmental sounds, he made predominant acoustic errors. Although he failed to name melodies, he could match, describe, and sing them. The patient had normal hearing except for presbycusis, right-ear dominance for phonemes, and normal discrimination of basic psychoacoustic features and rhythm. Further testing disclosed difficulty distinguishing tone sequences and discriminating two clicks and short-versus-long tones, particularly in the left ear. Together, these findings suggest impairment in a direct route for temporal analysis and auditory word forms in his right hemisphere. The findings further suggest a separate and possibly rhythm-based mechanism for music recognition.