Psychoanalytic Quarterly, LXXI, 2002

EDITOR'S INTRODUCTION

This issue marks the first change in the editorship of the *Quarterly* in ten years. Owen Renik has served for a longer term than any editor since 1960. He has brought to the job his inimitable energy and flair, and a commitment to contemporary psychoanalysis that has extended the range of articles and subscribers, both here and abroad. Working behind the scenes, he has restructured the production of the *Quarterly* in such a way that we have a solid financial future for the first time in a number of years. More personally, his generosity in allowing me to oversee the selection of papers from the beginning of my tenure as Editor-Elect, is, to my knowledge, unprecedented. I am very grateful for his friendship and his guidance. We are all the beneficiaries of his tenure in office.

This issue also marks the seventieth anniversary of the founding of the *Quarterly*, the oldest psychoanalytic journal in North America. I am indebted to Warren Poland for pointing out the unusual circumstances of its origin.

In the inaugural issue of 1932, the editors, Dorian Feigenbaum, Bertram Lewin, Frankwood Williams, and Gregory Zilboorg, described their mission:

> This Quarterly will be devoted to theoretical, clinical and applied psychoanalysis. It has been established to fill the need for a strictly psychoanalytic organ in America . . . A close collaboration with associates abroad will be maintained. At the same time, a prime objective of the magazine is to stimulate American work and provide an outlet for it.

They then concluded their brief introduction with the following:

> An episode in the history of the foundation of the Quarterly may be of interest to our readers. It is to some extent the outcome of a misunderstanding on the part of Professor Freud. Two years ago, Professor Freud wrote a preface to a special psychoanalytic number of a medical monthly edited by one of us, under the impression that it was the inaugural issue of a new psychoanalytic publication. When he learned of the real situation, he was somewhat disappointed. This mistake, which we interpreted as the expression of a wish indicating the need for such an organ, activated latent thoughts in this direction and finally led to the organization of this periodical.

The lead article in that first issue was Freud's "Libidinal Types," which had appeared in German the previous year. It was one of three articles from the "Professor" published in the *Quarterly* that first year. The authorized translations by Edith B. Jackson are remarkably lively.

Over the years, the stability of the *Quarterly* has been embodied in its appearance, which has undergone only minor changes from time to time. With some regret for the passing of what one member of the editorial board has called a "design that belongs in the Museum of Contemporary Art," we have with this issue decided to simplify the listing of book reviews on the front cover to make them more readable and usable. Other changes are designed to make us more accessible. We have revised the instructions for submission of manuscripts to encourage electronic submission to our e-mail address (PsaQ@aol.com). Our West Coast office will continue to handle all manuscript submissions. Our New York office should be used for subscriptions and business correspondence only. Our production editor, Gina Atkinson, has been inspired in her capacity to be creative while preserving the best of the past, a talent for which I am very grateful.

Much else has changed since 1932, but our principal editorial goals, updated for the contemporary psychoanalytic climate, remain as they were: to encourage and publish the best papers available from all psychoanalytic perspectives, adult and child, in North America and abroad, covering the theories, practices, research en-

deavors, and applications of analysis. We hope you will participate in this project by letting us know your wishes and opinions, and by submitting papers that both extend and take issue with what appears in our pages.

A final note. One of the articles Freud (1932) contributed to the *Quarterly* that first year was "The Acquisition of Fire," in which he interweaves the myths of Prometheus and Herakles to emphasize the power of the passions and their potential for both good and evil. As punishment for stealing the control of fire from the gods, Prometheus is chained to a cliff, his liver picked apart daily by a vulture and restored again each night. Herakles slays the bird that preys on Prometheus's liver. In Freud's view, "It is as if the deed of the one hero made amends for the other. Prometheus . . . had prohibited the extinction of fire; Herakles licensed its extinction in case the fire became a menacing evil" (pp. 214-215). No less prophetic of what was about to engulf Europe than of the devastation by fire we have just witnessed in New York, Freud's words remind us of how much we have yet to learn about both the destructive power of the passions and the remarkable capacity for regeneration of the human spirit.

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HENRY F. SMITH, M.D.

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DEFENSES AGAINST GOODNESS

BY ROY SCHAFER, PH.D.

This paper examines the fantasies and conflicts of analysands who avoid the experience and expression of positive reactions to the goodness of others and who hide feelings that would elicit that goodness. Envious wishes to spoil good objects, attachments to bad objects, defenses against gratitude and dependence, negative therapeutic reactions, and other such conflictual developments can help forestall depressive anxiety in these analysands. They dread abandoning narcissistic, omnipotent, sadomasochistic, and persecutory paranoid-schizoid positions, and fear moving toward the mature depressive position, with its burdens of seemingly intolerable guilt, concern, felt ambivalence, and vulnerability to humiliation and disappointment.

INTRODUCTION

Unconscious defenses against goodness warrant the closest possible clinical study. They may seriously limit psychoanalytic change. Certain analysands enact this problem in the transference through consistently self-injurious transgressions, uncomprehendingness, and negative therapeutic reactions. They also try to evoke negative countertransference in order to block the analyst's perception of their goodness and to justify their denial of the analyst's goodness.

The air of analytic sessions is always thick with implications of goodness. On the one hand, many versions of "badness" pervade analysands' self-descriptions, their actings out, and their condemna-

tions of others; these versions imply goodness as an alternative. On the other hand, the analyst can detect hidden moral references to goodness in such common locutions as "good intentions" and "it's good for me." Also, upon analysis, the analyst encounters many terms that seem more or less removed from goodness, and yet may prove to be freighted with moral or moralistic imperatives: "a good time," "a good game," and "a good session." Goodness flourishes as an idea and a value in that other reality, psychic reality, the world of unconscious fantasy.

Although conflict over goodness is not unfamiliar to experienced analysts of all persuasions, the concept of goodness is not generally recognized as a technical psychoanalytic term. In Kleinian discourse, however, goodness is a technical term with a set of several referents (Klein 1940; Steiner 1993). These include taking responsibility for others perceived as whole objects, concern and reparative intent, gratitude, generosity, reciprocity, and patience. In each analysis, these general referents serve as narrative headings that are individualized in the story they lay down (Schafer 1992). Use of terminology related to "goodness" and "badness" leads to discussions of the feeling and fantasies that make up the analysand's internal world of object relations. With envy, for example, the envious subject is viewed as attacking the goodness of the object, spoiling it or even eliminating it by poisonous, biting, besmirching, or belittling fantasies, and perhaps by behavior as well. Goodness also crops up prominently in discussions of the difficulty of emerging from the omnipotent, persecutory, projective, and concrete paranoid-schizoid position and entering the more mature, whole-object-related depressive position (Klein 1940, 1946; Steiner 1993). In that advanced position, well-defined forms of oedipal triangulations can develop.

Especially when they are moving toward and working through the depressive position, analysands may present massive reactions against feeling, believing in, and avowing openly personal goodness and the goodness of their primary objects, which are now beginning to be grasped as separate, whole figures. Analysts find their own goodness—their respect, care, dedication, empathy, and so on—being attacked through denial, cynicism, mistrust, or defensive ide-

alizations. Nevertheless, the analyst must assume that an analysand of this kind is fundamentally ambivalent in relation to goodness, not merely negative toward it. That ambivalence is the spur to genuine analytic work, though its open emergence may be blocked by formidable defenses. The analyst who disregards this ambivalence may well be enacting negative countertransference, and perhaps disowning any concern for the analysand's well-being.

False goodness is another important aspect of struggles with goodness, and will be discussed and illustrated later. The intrusion —probably an inevitable one—of conformist values into the analyst's dealing with defenses against goodness will also be addressed.

CASE EXAMPLES

Although the examples that follow vary in the amount of detail presented and in the complexity of psychoanalytic interpretation, they all illustrate ways in which defense against goodness manifests itself and its background in unconscious fantasy. These analyses integrate ego psychological and Kleinian interpretations.

Tom

An emotionally dry, obsessive person, Tom reflected on his suppression of feelings, particularly compassion: "If you show compassion at all, it will become a lot. When emotion breaks out, it could release an avalanche. It's not just a question of expressing it, but even of admitting it to myself. It goes with my need to feel tough." On another occasion, he commented on his competence: "I am always surprised when I do something well—surprised by my own competence. Why, when I know I *am* competent? It's nice to feel that if I put my mind to something and make an effort, I probably do it better than most people do—like when I took on that new assignment."

In this context, Tom may be viewed as doing more than linking goodness to compassion. Here he was also indicating that, in his psy-

chic reality, there was goodness in choosing to take initiative over passively doing an assigned task. By venturing out into the open on his own, he was necessarily taking on the challenge of developing constructive, reciprocal, whole-object relationships. His curtailed spontaneity tied in with his rigid defense against feelings in general, pride and compassion among them. He had to stop the avalanche that he feared would follow any increase of freedom (presumably on an anal model of release of feeling). Although surely not the whole story, this dynamic was prominent in Tom's analysis.

Beth

This young patient expressed impatience and irritation with her mother over the mother's apparent insecurity. Beth's mother needlessly asked for guidance and permission to do things. Then, as though to generalize and diffuse the point and to relieve her own subjective discomfort, Beth said that she had been feeling intolerant toward everyone. Returning to her mother, she added, "She obliges me to respond by asking if what she's doing is okay."

When I expressed interest in hearing more about this, the patient indicated that, in this respect, she herself was like her intolerant father, and what was more, she and her mother even got pleasure out of bickering with each other. I then reminded her that our previous extended work on the transference had helped us see that she had picked up and internalized much of the sadomasochistic pattern of her family interactions. In her effort to get close to her father and to become his favorite, she had identified with him in a number of ways, including adoption of his sadomasochistic leanings.

Beth then began to cry, rebuking herself for being "mean" to her mother in just the way her father was. She said, "My father doesn't let anyone get close to him; at best, he treats them like pets." Ruefully, she then added, "Actually, of the two of them, it's my mother that I can get close to." I pointed out that she would be afraid of her father's reaction if she were to openly display good feelings toward her mother, so that bickering became the only medium Beth could use to get close to her and to have pleasure with her.

Conceivably, it might have been more helpful to have verbalized Beth's implicit transference reference—specifically, her experiencing me as distant; however, I decided not to do so because repetition in the transference had been prominent in the general context within which this session took place. For example, not long before, it had emerged that, after my return from a brief absence due to illness, Beth had suppressed a spontaneous impulse to say that she hoped I was feeling better. She acknowledged having been worried about me, but she had had to maintain total silence on that topic. She explained that she had not wanted to be "presumptuous" by acting "familiar." She had consciously assumed that my rules forbade and condemned any relaxed spontaneity that would amount to presumptuous familiarity. I inferred that, by projective identification, she had been able to maintain distance from me, and now, again by projective identification, she was making the situation *my* problem, not hers. She later came to understand this reversal.

Further analysis of Beth's projective identification led her to acknowledge her wish to spitefully withhold any informality of manner—thereby courting my dissatisfaction with her and blocking any sense of her own goodness. Additional analysis of this general defense against goodness brought out as well Beth's defensive stance of forestalling any behavior that might suggest that she was being sexually seductive toward me. She imagined that any seductiveness at all would stimulate traumatic interactions between us, of the sort to which she had once tended to expose herself. In this respect, she was exercising the kind of caution about feminine appeal that was featured in her relationship with her father.

Thus emerged a link between the struggle against goodness and the dilemmas of the oedipal triangle. As noted, goodness is a constituent of the attained depressive position. That position requires a reasonably high degree of separateness from one's objects and a capacity for intimacy with them that paves the way into the clear triangularity of the mature oedipal situation and into the fears of its sexual and destructive consequences. Beth's trials and tribulations with her mother, as exemplified above, highlight an important aspect of the painful ambivalence of the oedipal girl toward her

mother, and how it can engender a need to avoid getting "too familiar" with her father.

Dave

An obsessive analysand, Dave continuously doubted his feelings about his marriage; maybe he could have found someone better, an ideal woman. Self-reproachfully, he argued that this doubting showed him to be not much of a husband. At this point in his analysis, however, he was able rather readily to return to his pleasure in his wife, saying, "She's good for me." Then he realized with a start that saying this not only implied his need for her, but more importantly, implied his having a need of any sort.

From the standpoint of defense against goodness, I would emphasize Dave's attack on his own good feelings toward his wife—and implicitly toward me, via his endless doubting of the results of our previous analytic work. That work had shown other sides of his defensiveness, especially guilt over emancipating himself from his parents' control and his experience of me as another controlling figure. Soon, as we shall see, Dave brought in the additional problem of the love object's goodness.

He began another session by complaining that he felt depressed, and then mentioned that, on his way to the session, he had briefly imagined a smile of his mother's that seemed to him very sweet and girlish; he liked it. As we continued, it appeared that this image expressed his having deflected a similar feeling from both his wife and me, and I mentioned that. Avoiding the connection to me, Dave reported that his wife used to complain about his being too involved with his work and spending too much time at it; when he stood up for himself by pointing out her exaggerations, she backed down, saying that he meant too much to her to continue to make a big issue of it.

In the midst of telling me this, Dave became openly tearful. Tearfulness was not at all a usual thing in our sessions. He reflected that he has been touched by his wife's signs that she needed him; he said he had never felt needed before. He thought particu-

larly of his father's unexpressiveness, of his own fear of being disappointed, and also of his mother's somewhat distracted and unpredictable (though superficially conscientious) way of taking care of him. Gradually, we related this material to Dave's problem of recognizing his own needs. He fought these needs because he anticipated being disappointed. At this point, he expressed a dim recognition that one disappointment alone does not necessarily undermine the continuity of a caring or loving relationship. We worked over this point for a while, in the course of which I emphasized that one of his needs was to be needed. As the session progressed, his spirits improved visibly.

Later on in the analysis, an important element in the transference surfaced: Dave's need to be needed by me. At this point in our work, however, the goodness of the object was only just beginning to appear, as were Dave's own good feelings in showing signs of pleasure and deep responsiveness; earlier, there had been merely intellectualized, doubt-ridden remoteness.

I arrived fifteen minutes late for our next session; Dave was my first appointment of the day, and I had been unavoidably detained. I found him in the waiting room, explaining that he had found the door to the office suite open and just walked in. I noted to myself that this was an unusual liberty for Dave to take; however, I said nothing about it, waiting to see how he would handle my lateness and his having taken this initiative. At first, he said nothing directly about either issue; instead, he started talking about his difficulties with his wife. She had been feeling very burdened at work these days, and as an expression of concern, he had volunteered to be at home the whole weekend with her, instead of spending some hours in his office working, as was his custom. He then reported to me that, at the very moment of making this offer, he began thinking regretfully about what he would be missing at work. He discussed this switch in his attitude self-reproachfully, citing it as more evidence of how altogether unfeeling he was in his marital relationship; once again, he stated that he was not much of a husband.

Soon Dave felt blocked, and only then did he mention my being late, wondering aloud if he had something on his mind about

it. Next he presented possible explanations he had thought of while he was waiting, such as whether there was something wrong with me or his having mistaken our meeting time. Soon he confessed that he had been hesitating to mention the fact that, for a brief moment, he had felt worried about me. In a dismissive tone, he quickly added that this was probably related to his fear of being dependent on anyone.

I expressed interest in his having found it hard to tell me about that worry. In response, Dave developed the idea that it would signify more involvement with me as a person, perhaps even that he was enjoying our relationship; but, he added, that would be "personalizing" it, instead of limiting it strictly to our working toward the goals of the treatment. Any such feelings made him uneasy.

I acknowledged that his feeling concern for me on a personal basis would, for him, involve us in a very direct contact. He promptly tried to slip away from this theme by talking dismissively about the narcissistic nature of both his need to be dependent and his defense against it; for example, it had taken him half the appointment time before he even mentioned my lateness.

At this point, I inadvertently missed an opportunity to point out Dave's avoidance of the theme of closeness. Instead, I brought him back to the point directly and reassuringly, saying that he had allowed himself on his own to open up the subject by mentioning his worry, and that his having done so suggested to me that, with all his ambivalence about it, he was not altogether walled off in this regard. I believe that my shifting away from his explicit focus on defensiveness in the transference explained why, a moment later, he completely dropped the relationship between him and me, instead beginning to talk of his mother. He had reworked his view of his mother; he now saw her as someone who used to think about looking after him in terms of her need to do the right thing, but who would then repeatedly turn her attention to things that mattered more to her.

This point was not a new one for Dave and me, but this time he was deeply moved as he discussed it. With considerable feeling, he expressed an acute sense of deprivation in relation to his mother.

I noted to myself that Dave had never been this openly emotional and needful in our years of analysis. He wiped his eyes frequently as he talked, and then, trying to get some distance from his feelings, he emphasized that a child learns how to be from the way the parents are. In what I now regard as an unnecessarily comforting way (necessary for me, not him, owing to my tendency to identify with him in this regard), I then said that it must have been intolerable to live with constant feelings of deprivation and anger at the very people on whom he had to depend; his parents were his only resource at that time, so he must have had to adopt some kind of strict defense to make life bearable. Only then did I return to the transference (a bit too late), to add that defensiveness was just what he and I had been working on in our relationship.

In these sessions, along with evidence of the relaxation of Dave's massive defenses against feeling sad, needful, and angry, and against seeing the object's goodness, there was evidence of his beginning to relax his equally massive defenses against his own goodness. He also showed something of what he feared this relaxation of defense would lead to: intolerably painful feelings of all kinds in relation to me.

I discovered the following week that Dave had repressed the emotional climax of this series of sessions. At first, he did not even remember that we had had these discussions. I believe that this forgetting occurred as a result of the following factors: his fearfulness; his being in a transitional phase that led him to feel himself to be in constant flux; and his need to employ a defense against my countertransference. (It should also be noted that forgetting was his preferred defense.) Upon reflection, I concluded that, on top of all that, Dave's repression must have been greatly facilitated by my not having pointed out the relationship of this material to his feeling that, by being late, I—like his mother—was shallowly and unreliably attentive to him. I had left him to wait, worry, doubt himself, and to "do it all" by himself. His anger at me and his fear of showing it must have left him feeling hard pressed.

For reasons of my own, I had become too engrossed in offering Dave reassurance and comforting "empathy." My almost entirely

forgetting the transference at certain points was in its way equivalent to a second forgetting of him. In a response that implicitly mirrored my ill-timed, "feelingful" reconstruction, he forgot the whole thing. This type of erasure is often evident when defense in the transference is neglected in favor of the analyst's countertransference.

FALSE GOODNESS

False goodness usually emanates from the paranoid-schizoid position, although as termination approaches, the analysand may try to simulate absolutely secure, depressive-position modes of function, including false goodness. In this way, the analysand masks considerable envy and reinforces omnipotent fantasies. This behavior often stems from her or his effort to avoid painful mourning and the recapitulation of old problems that often accompany major losses (Schafer, in press). Additionally, it may well represent an attempt at force-feeding the analyst, as well as a fantasized castration of him or her. What will not be in evidence at such times is the cluster of affects surrounding mature interest in and concern for the object. Consequently, to the extent that the analyst is not taken in by this simulation of goodness, he or she begins to feel up against a ruthless "do-gooder" who is likely to get uneasy, reproachful, and self-critical in response to a perception that an "offering" is not being gratefully received.

For example, a male analysand was hyperalert to every conceivable sign of the analyst's discomfort or distress, such as an occasional light cough, sneeze, yawn, or sigh, a bit of restlessness, and traces of disorder in the consulting room. He was afraid that his omnipotent, hostile controllingness had been overstressing and depleting, and threatening to destroy his analyst. Consciously, he worried that he should not be presenting his self-concerns when "all was not well" with his analyst. It was not so much guilt that moved him as fear that his aggression would lead to retaliation and abandonment. Coming from a paranoid-schizoid position or perhaps a pathological organization (see, for example, Steiner 1993), this "goodness" included much projective identification of needfulness, weakness,

feelings of receiving insufficient care, and anger. The projective identification was being used to maintain the analysand's fantasy of omnipotence: it always had to be the other who needed help and was wrought up, while it was the self who had the magical, unfailing resources to remedy all illness, injury, and incapacity. The analysand's fears of retaliation involved projection of resentment and envy of the analyst's well-being and durability. For him, objects had to be carefully controlled in order for complex enactments to continue with the least possible distress.

For many analysands, a sense of falseness amounts to a serious burden throughout their lives; consequently, the analyst's close attention to this sense can be quite analytically productive and therapeutically beneficial. Often, it is not difficult to draw the distinction between true and false goodness, but in other instances, the analysand's fluctuations create ambiguity and make effective intervention difficult. Another source of difficulty is that mature goodness, like empathy, contains some elements of narcissism and projective identification. Defensiveness in the countertransference may add further ambiguity; for example, not uncommonly, the analyst may have too intense a need to become a relatively selfless inhabitant of the caretaker's role, in which case she or he may too readily misread or mistrust an analysand's signs of budding goodness (such as bringing a gift or coming early for a session). As usual, the issue of degree—Freud's frequently mentioned quantitative factor—will influence every clinical judgment about why, when, and how to intervene in these instances, if at all.

It must be added, however, that false goodness can often be distinguished relatively easily from true goodness, owing to the prevalence, grossness, and relative unyieldingness of narcissistic problems in the transference. The following clinical example, although of the mixed type, indicates the emergence of predominantly false goodness at a particular moment.

Esther

Esther was a young professional with children. Shortly before a holiday, she began a session with the announcement that she

would be skipping the last appointment of the week. Immediately changing the subject, she then said that she felt guilty about my health. To her, I looked somewhat mussed up, and she inferred that I was not well. She criticized herself for putting me in the position of a servant, someone used thoughtlessly by all my patients. She likened the situation to her being like a baby who used her mother whenever she needed her. She went on to criticize herself for other forms of thoughtlessness and self-indulgence.

Missing the point, I remarked that she seemed to be feeling bad about leaving me alone, neglecting me by extending the holiday absence. Initially, Esther appeared to agree, but then said that perhaps I would die during the interval. She was appalled by this thought, recognizing that she thought of it as a loss only to herself. Implicitly, Esther seemed to be rightly questioning my hasty assumption that she was feeling guilty, by going on to make it clear that she was being defensively propitiatory.

She continued to criticize herself for not paying enough attention to me: "You must get sick of that, all your patients using you!" She began to think about how they used me by projecting all kinds of things into me; however, she made a slip of the tongue, saying "production" when she meant "projection." Esther's associations to the word *production* went to the idea of creation, then to giving birth to a child or to a work of art, such as a picture—but back to, and especially, bearing a child.

"It's something that emanates from your body," she elaborated. "If I produce you, you come from me, and I am responsible for your existence or your lack of it if I'm not attentive enough." As though retreating from the omnipotent idea of murder by neglect, Esther then began to feel fatigued and sleepy, and she wished I would cover her. Finally, she got around to saying how sick and tired she was of taking care of people. When I commented on her difficulty in accepting her own wish to be taken care of, she agreed, describing this wish as altogether "ignoble." I understood her to be suggesting that in that moment, omnipotent strivings and shaky self-esteem were more consequential than feelings of responsibil-

ity; her language—"ignoble"—appeared to reflect these grandiose narcissistic aspirations.

I now regard this interaction as having shown that Esther was manifesting mainly false goodness. To a large extent, her show of concern for my well-being seemed to express her omnipotent fantasies (of creating me) and a defense against both her own needfulness and her murderousness. The needful sentiment was embodied in the not quite warded-off fantasy of herself as a baby, my baby. Thus, hers was not a fully developed posture of goodness; rather, it seemed to be mainly her unstable use of displays of goodness to defend against parts of herself that she was feeling but could not accept, express, or integrate. Simultaneously, she feared that I, too, could not integrate them. She tried—unsuccessfully—to substitute the defense of caring for others to cover her own needfulness.

It is noteworthy that, despite Esther's recognition that she imposed such burdens on herself, she switched rapidly from the topic of "care-taking" to complaints of being burdened by others. The relatively stabilized goodness of the depressive position did not seem to be in evidence at that time.

CONCLUSION

The idea of goodness is, of course, vulnerable to being used in the countertransference. There it carries demands for submission and social conformity. Consequently, it is important to try to formulate some ground rules for psychoanalytic discourse.

First, it is not useful to take an essentialist and universalistic view of goodness, such that it would make sense to ask, "What is goodness?" In clinical work, one does best to focus attention on each analysand's implicit and explicit usage. That usage always mixes conventionality and individuality. For general purposes, one views inclusive terms such as *goodness* as narrative headlines that mean very little until they are fleshed out by individualized story lines.

Second, it is analytically useful to study the genealogy of the analysand's usage. Doing so deepens the analyst's understanding of

present psychic difficulties, and it allows him or her to construct a fuller moral, ethical, and object-related account of the analysand's history and present status. The individualized course I am recommending can be seen as the traditional one; for example, among its ego psychological prototypes are the genealogy of specific defenses and sublimatory efforts. In functioning in this way, the analyst remains an investigator of language usage and the interpretations it allows and blocks. Many contemporary critical theorists in the humanities and social sciences follow the same strategy.

Third, so long as she or he stays in this role, the analyst should not aim to solve the eternal philosophical problems of ethics, nor should the analyst aim to use value-free language. One cannot hope to arrive at an absolute, value-free position. Analysts must accept and try to be cognizant of the permeation of language by values, and so retain the usual analytic attitude toward those values. That such values cannot be completely transcended is no reason to expunge the topic from analytic discourse.

Recognition of individualization calls for further discussion. We know that analysands, analysts, and analyses differ to such an extent that what is convincing in one instance may not be so in the next. Thus, it is not always generous to be generous; the act may be felt by the recipient to be presumptuous, extravagant, or burdensome. It is not always good to show compassion; that act may be felt to be humiliating or based on the projected fantasy of suffering. Help offered to an envious person who is in need of help may be experienced as an instigation for further envy. The "kindness" shown by a person clearly lodged in the paranoid-schizoid position is more likely to be an act based on denial of envy, a show of omnipotence, and the fear of retaliation for past aggressions.

Still, it cannot be denied that analysts and analysands often belong to the same social class, intellectual class, and gender, and so are members of the same subculture, or at least the same general culture. That being so, both may forget about individualization and take for granted many aspects of goodness. For example, both might tacitly agree that *for everyone,* it is an act of goodness to be kind, patient, concerned, or sensible in particular circumstances. As a

result, they might limit their analytic inquiry to disruptions of that kind of goodness alone; the rest would be considered self-evident. It has been reported that Freud subscribed to the position "What is moral is self-evident" (Jones 1955, p. 418), and we must assume that, mistakenly, he took a narrow segment of society as representative of the whole. In this context, he did not raise such questions as: Moral for whom? Moral under which conditions? Moral in which case? And who is making these decisions and why?

Finally, it is well to keep this discussion in perspective. The usage of *goodness* does not pose a unique problem. We find the same mix of conventionality and individual clinical criteria and judgments entering into many aspects of psychoanalytic interpretation. Moral or moralistic values are likely to influence our approaches to themes of trust and mistrust, reassurance, guilt, shame, depression, despair, progress, resolution of problems, and so on. The issues I have discussed here take many forms in analytic work, and how we handle them significantly influences the way we practice analysis and the results of our efforts.

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241 Central Park West, #1A
New York, NY 10024

e-mail: royschafer@mindspring.com

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INTERNALIZED HOMOPHOBIA IN MEN: WANTING IN THE FIRST PERSON SINGULAR, HATING IN THE FIRST PERSON PLURAL

BY DONALD MOSS, M.D.

This paper focuses on the expression of internalized homophobia *in men, arguing that the most powerful clinical use of this term depends upon its applicability to any man, without limitation to those whose primary object choice is homosexual. A number of dynamic situations are described to which the term might apply, elaborated by examples from contemporary culture and clinical practice. A central dynamic elucidated here is the move from an anxiety-ridden, first person singular voice to the promised safety of a first person plural voice—that is, from the dangerous position of "I want" to the more protected "we hate."*

> It's because we're men like them that the SS will finally prove powerless before us. It's because they shall have sought to call the unity of this human race into question that they'll finally be crushed. Yet their behavior, and our situation, are only a magnification, an extreme caricature—in which nobody wants or is perhaps able to recognize himself—of forms of behavior and of situations that exist in the world, that even make up the existence of that older "real world" we dream about. For in fact everything happens in that world as though there were a number of human spe-

> cies, or, rather, as though belonging to a single human species wasn't certain, as though you could join the species or leave it, could be halfway in it or belong to it fully, or never belong to it, try though you might for generations, division into races or classes being the canon of the species and sustaining the axiom we're always prepared to use, the ultimate line of defense: "They aren't people like us."
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> —Robert Antelme (1957), p. 219

> Being a very drunk homofobick I flipped out and began to pistol whip the fag with my gun. [From a letter written in jail by Aaron McKinney, one of the convicted murderers of Matthew Shepard.]
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> —Beth Loffreda (2000), p. 114

INTRODUCTION

In this paper, I mean to address some of the vexing conceptual, clinical, and sociopolitical difficulties attached to the term *internalized homophobia.* For reasons not yet adequately theorized and too complex to be taken up here, internalized homophobia presents itself much differently in men than in women. Limiting my focus to men reflects the fact that it is mostly in men that internalized homophobia generates extreme and unbearable states of mind —the suicidal and homicidal despair, the private and public emergencies—that I want to address.

I will use the term *internalized homophobia* as potentially applicable to anyone. In doing so, I am working against its conventional usage, where its application is limited to people whose primary object choice is homosexual. Conventionally used, internalized homophobia aims to describe, and to partially account for, a sexual identity characterized by persistent, structured negative feelings, particularly shame and self-loathing. Implicit in this use of the phrase is the idea that such feelings represent the dynamic out-

come of an internalization of the dominant culture's attitude toward homosexuality.

The conventional restriction on the term's usage has at least two major determinants. First, it intends to give recognition to the fact that gay and lesbian people bear the brunt of the pain engendered by internalized homophobia. For heterosexuals, the internal interdiction against homosexual aims and objects will matter less, or at least less directly, as long as the availability of other aims and objects provides acceptable levels of erotic stability and pleasure. Second, since the homophobia internalized is conceptualized as an integral element of heterosexist prejudice and privilege, restricted usage of the term gives explicit recognition to the manifest and crucial dichotomy between victims and perpetrators.

BRIEF CLINICAL EXAMPLES

The following two contrasting clinical situations may serve to illustrate the rationale for the conventional restriction of the term *internalized homophobia*—as well as illustrating, I think, some limits to the reach of that rationale.

Mr. D

"I hate myself because I'm gay" was Mr. D's chief complaint in seeking analytic treatment. That self-directed hatred, organized around and against his sexuality, pervaded Mr. D's entire erotic, professional, and personal life. He was emotionally isolated, unable to work, hopeless, and "at my wit's end." His recent "coming out," which he had thought might have a cathartic, clarifying effect, had instead led to an increasing sense of personal disquiet and to a nearly intolerable intensification of long-standing tensions between himself and his parents. What he had hoped might be an affirmation had instead been experienced as a confession, an admission of something pathological inside of him. "They believe I'm sick," he said of his parents and others, "and maybe they're right."

Mr. E

Mr. E, a heterosexual man who was a promising opera singer, entered analytic treatment after a sudden loss of interest in his career. He was now working as a low-level clerk, had severed his musical connections, and spent most of his free waking hours daydreaming about various "important" pursuits in which he might indulge: pilot, doctor, mountain climber, explorer. Years into his treatment, he said of his decision to quit that "singing had somehow turned over on me." Associating to the sexual overtones of this phrase, he added, "The opera world is dominated by gay men. I could never tell whether they thought I was a good singer or I was cute. You are always putting on tights and makeup, girlie things. Everyone is scoping out everyone else. What was I doing there? Maybe I was there because I was meant to be. Maybe I was gay without knowing it. I had to get out."

Discussion

Although both Mr. D and Mr. E might be thought of as suffering from internalized fear and hatred of homosexual yearnings, the conventional restriction on the use of the term *internalized homophobia* would, of course, make it applicable only to Mr. D. This restriction acknowledges that because Mr. D was gay, his suffering from internalized homophobia was more acute, more generalized, and more fundamental—more an element of his very identity than the suffering of Mr. E. It is indeed essential that that acknowledgment of difference be made.

Yet along with this manifest difference, the internally generated homophobic interdictions experienced by both Mr. D and Mr. E turned out to share common dynamic determinants. Both men fiercely identified with their fathers. For both, these identifications were, in part, ways of defending against an intolerable mix of sexual and murderous impulses associated with separating from their fathers. Mr. D's fear that his erotic longings were "sick," as well as Mr. E's urgent sense that he needed to "get out" from proximity

to gay men, expressed a faint awareness in each of them of the threatening intensity with which they loved their fathers. That intensity was the danger. Both Mr. D and Mr. E wanted the father eliminated as an object, because the intensity with which they desired their fathers felt as though it were jeopardizing any chance for them to establish discreet identities of their own.

For each man, homosexuality, then, provided a means of satisfying a fantasy of erotic union with the father, while internalized homophobia provided a means by which to obliterate any sign of this fantasy. For each, the father exerted an unbearable erotic attraction, and each wanted the source of that attraction eradicated. Analytic work with both Mr. D and Mr. E would therefore hinge not on direct consideration of the different consequences each bore as a result of internalized homophobia; rather, it would revolve around consideration of the underlying envy of the father with which each man contended, in part by employing the internalization of homophobia to both express and obscure access to that envy.

A BROADER DEFINITION OF INTERNALIZED HOMOPHOBIA

To promote theoretical and clinical access to such shared underlying psychodynamics, I will not limit my considerations of internalized homophobia to people whose conscious object choice is homosexual. This broader application might leave unnamed the particular anguish experienced by gay and lesbian people when they find themselves harboring the very same prejudices against homosexuality that they encounter in the dominant culture. I recognize that both the processes by which those dominant culturally situated prejudices are internalized and the pain that follows such internalization are, indeed, particular, warranting categories of their own. I think, however, that we need not suppose that such categories will correspond and overlap with pertinent clinical ones.

By employing a broader, clinically oriented sense of the term, I intend to conceptualize internalized homophobia as a symptom.

At a minimum, to think of it in this way is to think of internalized homophobia as the outcome of a transformation, the product of an unconscious process of substitution, a representative of, or replacement for, something else. In any given person, the complex determinants of this process of substitution bear no directly discernible relationship to that person's conscious erotic aims and object choices. It is because we cannot read internalized homophobia's unconscious determinants by a direct reading of conscious aims and objects that we must theorize those determinants. The status of internalized homophobia is, in this regard, parallel to that of what might be called *internalized misogyny*. Certainly, in considering internalized misogyny, it would be absurd to compare the degree of conscious suffering of women with that of men. Nonetheless, were we to treat this stark and transparent material difference as a fundamental one in principle, we might indirectly inhibit access to a consideration of the generalized, fundamental fear of the feminine that afflicts both men and women. This in turn would leave us unable to pursue its nontransparent, even more fundamental, determinants.

I proceed with the clear understanding that substantial arguments exist against my proposed broadening of the conventional reach of the term *internalized homophobia*. Much of that understanding derives from an ongoing dialogue with Ralph Roughton (2000), whose multifaceted work over many years has played a key role within American psychoanalysis in heightening our understanding of homophobia and our capacities to work against its malign influence. His clearly stated, deeply conceptualized point of view on the use of the phrase *internalized homophobia* warrants citation here:

> When one has grown up with a profound but vague sense of being defective, it helps to have a name for it. Appropriating that same name for the very "perpetrators" of the abuse seemed to trivialize the real experience of gay people . . . . Doesn't it make a difference whether one has in fact been abused or only had the fantasy of being potentially abused? . . . At a conceptual level, I agree that there is some unconscious dynamic similarity, but I think it is a mistake to use the same term for such different experience.

> I don't see internalized homophobia in gay people as a symptom substituting for something else. Yes, many homosexual people react symptomatically to their sexuality, but I think that comes long after the damage has begun. My concept of internalized homophobia is that it is not just about sex, but about self-concept. It starts before awareness of sexuality. It begins much earlier with a feeling that you are different, and that this difference is bad and must be kept a secret. This is also a way that internalized homophobia is different from racial, ethnic, or gender stigma. In each of those, you are at least like your family . . . . The typical gay child does not fit the expectations of his family, realizes that he doesn't have the right kind of feelings and interests, and feels the ill-defined shame of inadequacy in his very being, without understanding why or what he has done wrong . . . .
>
> My main point is that I do not agree that the same term is adequate to describe both conceptual formations. It may be a symptom in a heterosexual person, but in the homosexual person, it shapes the formation of identity and self-concept in a very significant way that I think is profoundly different. What is needed therapeutically is not to discover what the "symptom" substitutes for, but to alter one's basic concept of oneself.

Whether it is most appropriate and most effective to employ the narrow or broad reach of the term *internalized homophobia* will depend, then—as Roughton so clearly articulated—on the level of presentation that one means to address. I think that in clinical work aimed at the presenting surface—at the conscious, identity-oriented dimension of internalized homophobia—the narrower use of the term is essential. Anything else would risk diluting the focus and drifting toward a distractingly abstract universalism. But if and when such clinical work runs into limits—that is, if, under the influence of analysis, the internalized homophobia loses its apparently integral, determining character and appears to have arisen as the result of a defensive transformation—then perhaps the broader usage might better apply. This kind of clinical development would be marked, at the minimum, by what might appear to

be the symptom's apparently asocial tenacity, its persistence in spite of a thoroughgoing examination of its socially adaptive functions.

In this regard, I think of a gay man who, long after coming out, was plagued by the feeling that his sexuality, no matter how pleasurable, was fundamentally "sick." Being sick, as was revealed only after extensive analytic work, was the necessary ingredient for a sadomasochistic enactment with his otherwise indifferent doctor father. For this man, homosexuality had to be sick in order to make his filial homoeroticism effective. His sickness covertly mediated his wishes for both erotic and identificatory connections to his father. It also provided ample punishment for the hate-tinged sexuality through which he imagined such connections. Although—as with this man—such tenacity may indicate the profound effects of enduringly malignant, discreet, socially mediated determinants, it also marks the influence of ongoing, intrapsychic, collateral determinants of various sorts: defensive, wishful, and self-punitive ones. In the presence of such tenacity, then, internalized homophobia must be approached as deeply nested and thickly determined.

INTERNALIZED HOMOPHOBIA AS A SYMPTOM

Homophobia is a symptom; internalized homophobia is also a symptom. Each, then, is "a sign of, and a substitute for, an instinctual satisfaction which has remained in abeyance . . ." (Freud 1926, p. 91). Both homophobia and internalized homophobia take form as overt renunciations of something sexual. In both of these symptoms, the sexual drive is the immediate—proximate—presenting problem. I am conceptualizing *drive* here as did Freud (1915), as "the demand made upon the mind for work as a result of its connection to the body" (p. 122). Often, that demand is experienced as same-sex desire, which, for a multitude of interdicting factors, cannot be met. In such cases, homophobia and internalized homophobia are likely symptomatic outcomes. The interdicting factors include private fantasy, dyadic dynamics, and prevalent cultural norms. The sources of

interdiction converge to target each of the component parts of the drive's demand. Homophobia explicitly targets the drive's object, while internalized homophobia targets the drive's aim and source.

Internalized homophobia is conceptually unstable. It can be used to describe relatively accessible dimensions of experience, and also to infer profoundly inaccessible unconscious dynamics. The various uses of this single term can easily contradict each other. What follows is an effort to conceptualize the predominantly unconscious determinants of internalized homophobia.

In homophobia, regardless of the external or internal target, the original source of anxiety is the *idea* that a particular homoerotic impulse is dangerous. In the construction of *externalized* homophobia (a conceptual redundancy), that idea is projected and reconfigured into a perception. One *sees* a version of what was, moments before, merely a thought. The sense that one is perceiving a danger is accompanied by an idea that, in principle, others can see that danger also. One *thinks* danger alone, but one *sees* it in company. The plural voice *sees* danger and hates its carrier. The idiosyncratic singular voice *thinks* danger and aims, alone, to avert it. The difference between the plural and singular voices is the difference between what seems like *knowledge* and what seems like *feeling*.

In the most benign development, with or without clinical intervention, the influence of this plural voice would vanish. What would be left would, at first, be anxiety-ridden impulse, felt as a private problem, subjectively structured in the voice of the idiosyncratic first person singular. This kind of dynamic movement—away from a publicly grounded subjectivity, toward a privately grounded one—might be both the evidence for and the test of increased internal capacities. The externally located, neurotically derived, frightening object would have undergone a retransformation back toward its original condition as a frightening impulse.

More malignantly, thought itself is fixedly transformed into an object of perception. One then sees danger in one's own thoughts, and this danger, since it is perceived, can no longer endure as an object of thought. Parts of one's own mind thus lose their status

as "words," and now—perhaps again—become objects of perception, "things." The domain of the phobia is expanding. Danger has been externalized into the phobic object, but the phobic object is insufficient to its task of containment. *Idea* now loses its crucial status of *trial action;* it turns into an object of certainty, a perception. Dangerous impulse has again been displaced, but only from one part of the mind to another: one sees danger signs, yes, but the signs, even though experienced as percepts, are still inside and cannot be fled.

Under the influence of internalized homophobia, gay and lesbian people live out a paradoxical relation to their desired objects. This paradox can be outlined as follows: since their erotic equilibrium depends upon both a vigilant avoidance of the object and a vigilant renunciation of the aim, success in object finding leads to subjective impoverishment, rather than to subjective enrichment, to disorganization rather than to synthesis. The conclusion of one's erotic work—object finding—annuls, rather than fulfills, the promise of its beginning—object seeking. When the object is found and the aim achieved, the subject is defiled. The affirmative, hopeful dimension of object choice is eclipsed by the certainty that finding the object will only make things worse. One hates oneself for wanting what one wants, and therefore for being what one is. The founding opposition between desire and repulsion collapses, and the result is a fundamental stasis. Instead of being the site of possibility and redemption, the object merely taunts. The yield of both wishing and identifying, of pursuing what one wants and who one wants to be, is a vicious narrative of repeated promise and repeated disappointment. Love damns rather than redeems.

When the pain associated with such apparently irresolvable conflicts becomes itself intolerable—when internalized homophobia as a symptom can no longer bind and contain its own determinants—the result can lead to murder and suicide. The killer intends to finally obliterate the homosexual subject and/or object. This most extreme measure might seem to be a necessity when the symptomatic transformations that have established the object as repressed, displaced, feared, and hated have all failed.

A sense of this malignant sequence of transformations is vividly conveyed in a documentary entitled *License to Kill* (1998). This film shows excerpts of interviews with men who have killed homosexual men. Each man refers to an experience of rage prior to the killings. Without exception, the rage is accounted for as a reaction to someone's assumption that the killer might be open to homosexual activity. One man is particularly articulate, and he tells of his long hatred of whatever inside him drove him to seek homosexual contact. In addition to this source of pain, he spoke of the egregious insult associated with frequently being rejected in such encounters. He found it especially terrible to be rejected while doing what he "hated having to do in the first place."

"Hating having to do it in the first place"—this man's description of his own relation to homoerotic impulses—is the exemplary subjective marker of an erotic life substantially shaped by symptomatic internalized homophobia. For this individual, the manifest costs of the symptom were dear, yet they still did not purchase stability. His solution to this two-pronged insult of high costs and no return was to effect a further transformation. Unable by means of internalized homophobia to rid himself of his own homosexual aims, he did his best to rid the world of his homosexual objects.

A LITERARY EXAMPLE OF INTERNALIZED HOMOPHOBIA

A paragraph of Hubert Selby's novel *Last Exit to Brooklyn* (1957), which I have discussed elsewhere from a different perspective (Moss 2001), provides another example of this marker—"hating having to do it in the first place" (although psychodynamically, the complaint might be more precisely registered as "loving it in the first place; but in the second place, hating both it and anything in myself that once loved it"). The novel describes the reactions of Harry, the main character, as he watches his infant son:

> Harry looked at his son as he lay on the table playing with a diaper. He covered his head with it and giggled. Harry watched him wave the diaper for a few seconds. He looked

> at his son's penis. He stared at it, then touched it. He wondered if an eight-month-old kid could feel anything different there. Maybe it felt the same no matter where you touched him. It got hard sometimes when he had to piss, but he didn't think that meant anything. His hand was still on his son's penis when he heard his wife walking into the room. He pulled his hand away. He stood back. Mary took the clean diaper from the baby's hand and kissed his stomach. Harry watched her rub the baby's stomach with her cheek, her neck brushing his penis occasionally. It looked as if she were going to put it in her mouth. He turned away. His stomach knotted, a slight nausea starting. [p. 117]

Harry's lush and idiosyncratic, homoerotic daydream is instantaneously transformed into a stock, prototypical tale of a woman's insatiable heterosexual appetite: *she* was going to put it in her mouth. We see the internal origin of Harry's desire—his aroused curiosity regarding his son's penis. He is safe in this condition of aroused desire only when alone with his object. Arousal turns dangerous with the arrival of his wife; she is the bearer of interdiction. For Harry, the interdiction seems to arise simultaneously from both within and without. What puts Harry into danger is his own sexual aim, and what signals that danger is the appearance of his wife. Harry attacks the signal and represses the aim. After this two-pronged attack, the danger persists, but has been transformed; it is now located entirely in his wife, who is both erotically transgressive and erotically interdicting. As with the classically described construction of a phobia, danger has been condensed, displaced, and externalized.

"It looked as if she were going to put it in her mouth." Harry, safely nauseous, and thus no longer caught up in his own sexual and identificatory appetites, is now the one who would interdict his wife's unregulated sexual appetite. The internal world safe again, Harry can try to flee danger located externally. Selby catches that effort well when he describes how, minutes later, their child asleep, Harry and his wife take to their own bed:

> Mary rolled over onto her back when Harry came into the room. She said nothing, but watched him undress—Harry turning his back toward her and piling his clothes on the chair by the bed—Mary looking at the hair on the base of his spine, thinking of the dirt ingrained in the calluses on his hands and under his fingernails. Harry sat on the edge of the bed for a moment, but it was inevitable; he would have to lie down next to her. He lowered his head to the pillow, then lifted his legs onto the bed, Mary holding the covers up so he could slide his legs under. She pulled the covers up to his chest and leaned on her side facing him . . . . He could control nothing. The fuckin' bitch. Why can't she just leave me alone. Why don't she go away somewhere with that fuckin' kid. [pp. 118-119]

The sequence Selby depicts is clear and exemplary: In his erotic reverie with his son, Harry is wanting in the first person singular; he is alone with his object; his aims are hazy and tentative. Then, with the appearance of a third party, his wanting is discovered. The threatening external world has made itself known. The world, in the form of his wife, now wants Harry to want only what it wants him to want, nothing other and nothing more. Harry's singular desire collapses under the weight of his sense of the world's demands. He cannot resist it, cannot simultaneously endure those demands and his own desires. His collapse is fleeting, however. He recovers access to passion via the transformation of first person singular wanting, now proven fragile. This transformation ends with Harry's occupation of what seems like a much less fragile position. Hating both his wife and son, he abandons his dangerous individual voice and identifies with the men of a beleaguered masculinity. Via this identification, Harry's voice takes on the plural valence of a homogenous crowd.

Harry's singular wanting begins with his contact with his son and with his son's penis. Harry "watches," "looks," "stares," "touches," and "wonders." He seems to be simultaneously desiring and identifying with his son—engaging in a kind of reverie about the sexual

links between the two of them. This reverie is private and singular. Harry is alone and is tentatively relating to a newly emerging object. When his wife enters the room, Harry's psychic economy undergoes a sudden transformation: "He pulled his hand away. He stood back." Harry is suddenly exposed to the presence of a potentially condemning third party. Alone with his object, Harry seemed outside the reach of danger, but now, suddenly exposed to this third-party presence, Harry is stricken with anxiety. His reverie ends, and with it his erotized identification with his son. He is still alone, but his first person singular sensation of erotic excitement has been replaced by nausea and a "knotted" stomach, both of which are also first person singular experiences.

But this aloneness begins to erode as Harry envisions his wife "about to put it in her mouth." Unlike the emerging and unfinished picture of his son that the singular-voiced Harry was constructing, the terrifying specter of his wife comes to him fully formed. Whereas the relation to his son was earlier mediated by fantasy and idea, the relation to his wife is here mediated by what seems like direct perception. Harry no longer "wonders"; instead, he sees: "It looked as if she were going to put it in her mouth." Unlike the son, then, the wife is not experienced as *his* psychically constructed object, but rather as an empirical object, a figure in the world, embodying uncontrolled sexual appetite, a figure with which Harry, and men like him, must contend. Harry is now in the presence of a nearly mythic figure, the insatiable woman. This emergent figure comes into stark relief for him when he and his wife are in bed: "He could control nothing. The fuckin' bitch. Why can't she just leave me alone. Why don't she just go away somewhere with that fuckin' kid."

With this image of being left alone, left safe from insatiable feminine wanting, Harry implicitly links himself to a world of frightened, self-righteous, and self-regulated men, acting in self-defense, and joined together against the erotic contagion borne by women and children. He begins the sequence aroused and wanting; he ends the sequence aroused and wanting. The cardinal difference between the beginning and the end is that in the beginning, his

wanting is expressed in the first person singular voice: his wishes are tentative; his object is opaque. In the end, however, he is no longer alone; his wishes are certain, his object transparent. Now he is, in his own mind, a man amongst men. Like them and with them, his wanting is organized around the experience of hating. His wife has replaced his son as the primary object. Harry's blunt new aim is simply that she vanish.

Freud (1915) captured well the endpoint of this volatile dynamic by which love, when dangerous, is transfigured into hate: "The ego hates, abhors, and pursues with intent to destroy all objects which are a source of unpleasurable feeling for it, without taking into account whether they mean a frustration of sexual satisfaction . . ." (p. 138). What I mean to designate here as internalized homophobia is the conceptual midpoint in this transformation of object love into object hate: the moment when wanting, located internally, is treated as a threat. The subject has retreated from the dangerous object, but is still possessed by the wish that put him or her into danger in the first place. This wish now becomes the target of defense. En route to finally hating the external object, one will also "hate, abhor, and pursue with intent to destroy" anything internal whose influence might have contributed to the subject's reckless proximity to the dangerous object. When the object in question is dangerous because it is same-sexed, this attack against anything that has brought the subject near that object attack warrants the label *internalized homophobia.*

The plural voice we sense in Harry's "Why don't she go away somewhere with that fuckin' kid" is a combined, synthetic voice, one that yokes nature and culture. It corresponds to the conventional sense of internalized homophobia. In that moment of exasperated resignation, Harry does indeed appear to have taken in the culture's aggressive prohibitions against homoerotic desire. He also seems to have taken in its (probably related) inclination to read women as transgressive provocateurs.

But this taking in of cultural norms, including the homophobic one, is not simply a passive process. While the culture does indeed write itself on Harry's available sexual slate, Harry is also

furiously at work, writing himself on the culture's slate, borrowing all he can from it in order to solve the terrible problem posed by a sexuality for which he cannot find adequate words, a sexuality that puts his identity at too great a risk and thus remains too private to be affirmatively spoken of. We sense Harry's actively seeking out, and easily finding, culturally located fantasies through which he can reconfigure his entire relationship to his own disruptive sexuality. Once these cultural fantasies are identified, his dangerous ideas can be transformed into dangerous perceptions. In the moment of resolution, when he finds himself hating his wife and son and wishing them gone, subjectivity and objectivity have converged. Harry is no longer a single individual who wonders what meanings should be attached to the fragments of desire available to him. Instead, he has become a kind of icon, a man like any man, who simply wants the bad things to vanish. In stark contrast to his tentative encounter with his son, for Harry at this point, there is nothing idiosyncratic, nothing merely his, in the elemental wish to be left alone.

A BLENDING OF NATURE AND CULTURE

We can hear the same effort to synthesize nature and culture, to turn idea into perception, whenever we hear the accusation "faggot," to give a common example. The word attacks both the externally located object and any internal aim that might lead to proximity with that object. The word defines its hated objects, internal and external, and calls out for their exile, elimination, and disappearance.

This was brutally exemplified in the trial testimony that led to Private Calvin Glover's conviction for premeditated murder in the recent killing of a gay colleague. One witness reported that his drill sergeant unapologetically bellowed a homophobic cadence in leading the platoon on a five-mile run: "Faggot, faggot down the street/Shoot him, shoot till he retreats" *(New York Times,* 1999). The cadence here marks homosexuality as a perceptible violation of

the order of things, and identifies the first person plural chorus —with danger extirpated internally and clearly located externally—as the voice of both law and order.

The synthetic "we," exposed so vividly in this cadence, is present, though usually in more muted form, even when the accusatory label of "faggot" (or any of its semantic kin) is self-directed, as is often the case in internalized homophobia. Material obtained from the analysis of a heterosexual man in his forties, Mr. F, might serve to illustrate this. What follows is taken from the beginning of a Monday session, just after a weekend during which Mr. F learned that his wife might never be able to get pregnant, and that a cardiac arrhythmia had been discovered in his younger brother. (The patient's father had died of a heart attack while in his fifties.)

Mr. F: I'm thinking of both of them [his brother and his wife]. I'm afraid of caring too much. Afraid it means I'm a fruit. Too much expression. I feel such a loss —never being able to have a child. It's fruity how intense I feel. It's being a coward and weak; it's not a man. I'm too sensitive. I'm afraid of being gay. It's a matter of not being oriented properly, the way the world wants you to be. Everything I say now sounds cowardly. Even if I'm gay, I know I'm also straight. I'm sure of that, but still there's this—being a fruit. I want to be expressive, that's the problem. Maybe I'm overly affected, then I don't express enough.

Analyst: You're afraid, but unsure of what, and also aren't sure of what it might feel like to be so afraid in front of me.

Mr. F: I know what I'm afraid of. I'm afraid my brother and I are both going to die.

This kind of accusation—"fruit," with its direct appeal to the external world, its implicit endorsement of and identification with

a packaged version of unambiguous masculinity—catches both the active and passive dimensions of internalized homophobia. While struggling against the internalized and unwanted cultural norm that equates masculinity with constricted expression, the patient is also putting that norm to defensive use. He strives to identify with a masculinity whose strength he hopes will protect him and whose equation of affectivity and "fruitiness" he hopes will supplement his own taxed powers of inhibition. This employment of a cultural supplement, this identificatory appeal to plurality, makes such a form of self-reproach distinct. The plural voice seems to be asking something like: "Who are you, a mere individual, a fruit, to defy us?" This contrasts with the idiosyncratic singular voice of the condemning, imperious superego, whose presence is so familiar to us in daily clinical work.

SOCIOCULTURAL CONDEMNATION VERSUS SUPEREGO CONDEMNATION

At least since the time of *The Ego and the Id* (Freud 1923), we have been theoretically equipped to hear, conceptualize, and interpret the superego's singular voice of condemnation as a monument to parental authority:

> The superego arises, as we know, from an identification with the father taken as a model. Every such identification is in the nature of a desexualization or even of a sublimation. It now seems as though when a transformation of this kind takes place, an instinctual defusion occurs at the same time. After sublimation, the erotic component no longer has the power to bind the whole of the destructiveness that was combined with it, and this is released in the form of an inclination to aggression and destruction. This defusion would be the source of the general character of harshness and cruelty exhibited by the ideal—its dictatorial 'Thou shalt.' [pp. 54-55]

Another brief clinical example may be illustrative here. Mr. G, also a man in his forties, while speaking of an ongoing problem

with inhibited ambition, remarked, "Wanting or trying to do something, anything, just brings on the damning voice. 'Who are you,' it says, 'to want that?'" What is most notable here, I think, is that, although Mr. G was inhibited by a feeling of "Who are you to want that?", the "you" is not categorized; it is neither "faggot" nor "fruit." The accusation carries no name, no explicit signifier, and thus lacks a public dimension, lacks reach or projection into the external world. Therefore, the accusation is experienced by the patient as a private matter, a problem, as it were, between his superego and ego. It is this absence of an identifiable external dimension, and therefore the lack of any immediate sign of internalization of a specific, culturally mediated sanction, that I think is representative of the condemning first person singular voice that Freud was describing in the quotation above. There is no immediate sign of an external dimension in the accusation. Rather, we must theorize the history of the external world's presence in it, to infer, via traces, the influence of now abandoned object relations.

In the case of Mr. G, even though the source of this voice's prohibitive authority was inaccessible, the patient knew that source to be in *his* contemporary interior, and therefore to have its origins in his historical involvement with the objects of his world. That knowledge structured his treatment. No matter how difficult our analytic work was, Mr. G and I both enjoyed the confidence stemming from our shared sense that that which constricted him was, at base, something other than the world—a subjectivity laden with worldly history, but nonetheless a discreet entity whose every particular was, in principle, within our therapeutic reach. No such confidence is available when condemnation takes on the voice of a much wider plurality—anonymous, unanimous, and extraparental. At such times, the patient's identity bearings—as well as our therapeutic ones—become considerably less stable.

At its most fundamental levels of operation, homophobia's first person plural voice is the voice of taboo. Since a thorough examination of homophobia's status as taboo is beyond the scope of this paper, a descriptive sketch will have to suffice. For that sketch, I rely heavily on Gayle Rubin's highly influential essay "The Traf-

fic in Women: Notes on the 'Political Economy' of Sex" (1975). According to Rubin:

> The incest taboo presupposes a prior, less articulate taboo on homosexuality. A prohibition against some heterosexual unions assumes a taboo against non-heterosexual unions. Gender is not only an identification with one sex; it also entails that sexual desire be directed toward the other sex. The sexual division of labor is implicated in both aspects of gender—male and female it creates them, and it creates them heterosexual. The suppression of the homosexual component of human sexuality, and by corollary, the oppression of homosexuals, is therefore a product of the same system whose rules and relations oppress women. [p. 180]
>
> Some basic generalities about the organization of human sexuality can be derived from an exegesis of Lévi-Strauss's theories of kinship. These are the incest taboo, obligatory heterosexuality, and an asymmetric division of the sexes. [p. 183]

As with the plural voice of any taboo, internalized homophobia's plural voice regulates appetites—in this case, sexual ones. Homosexual aims and objects are meant to feel unrealizable, just as insects or dogs are meant to feel inedible, for example. When such regulations are firmly in place, we do not sense them as having either an internal or an external origin. We are not meant to feel merely that *I* do not like to eat dogs or insects; instead, we must believe that using dogs or insects as food is transgressive per se. The regulatory force of internalized homophobia governs whom it is possible to be by stipulating whom it is possible to have. Families and cultures do the internalizing work of civilization. That work is most successful when it is least apparent, when it is in fact undetectable. And it is least apparent when people sense that the conditions placed on their achievement of satisfaction and a sense of personal identity are immutable.

Such restrictions then seem—like oneself—an integral part of the way things are, have been, and always will be. The limits on what

one can do, want, and have—on one's aims and objects—seem not like limits at all. Rather, they seem an integral part of reality; what they prohibit seems to be a violation of reality. Under such conditions, transgressive impulses—such as, for example, homosexual ones—will appear to violate not only internal and external prohibitions, which in principle might be sensed as contingent; more important, they will appear to violate the permanent order of things. Within that permanent order—in fact, at the very heart of that order—is the interdiction of transgressive impulses. Clinically, we sense the presence of internalized homophobia only when its operations are not completely successful—when, in spite of all the force mustered against it, transgressive impulse makes its presence known.

DESCRIPTIVE CLINICAL VIGNETTES

Mr. C

The following vignette from Mr. C's treatment typifies some of the dynamics and consequences of what I think is usually meant by *internalized homophobia*. In its typicality, the situation can and must be read transparently, as the operation of straightforward oppressive power.

One day, Mr. C and his male lover were walking together in public. A car stopped to let them cross. Mr. C was surprised and pleased: New York City, gracious driver, safe place. As they passed the car, however, the driver screamed out the window: "C'mon, girls, get moving!" Upon hearing this, the first thing Mr. C was aware of was a wish to smash the car and kill the driver. He inhibited himself and kept walking. Within minutes, he had a rush of feeling that stayed with him for some time: how helplessly transparent he and his lover were, how visible their "queerness" was, and how disgusting they were. He suddenly found himself allied with the driver in a shared contempt for himself, his lover, and for the very notion of coupled men.

This is a brutal example, as well as a representative one, of the combined effects of power and sexuality. A symptomatic expression of sexuality—in this case, the driver's sadistic homophobia—may originate externally. The driver's taunting provoked a chain of reactions in the patient that ended with his joining with the driver—internalizing him—and taunting himself. This internalization was defensive. To have resisted the driver's sadistic taunt, to have kept it external, would have meant that Mr. C had to endure not only the driver's hatred, but also his own reactive and transparently dangerous wish to kill the driver. For Mr. C, this impulse to kill was itself a conscious marker of his effort to preserve the integrity of both his homosexual identity in general, and his erotic relation to his lover in particular.

Less consciously, the murderous impulse resonated with Mr. C's abundant and bitter memories of a self-involved father, bizarrely out of touch and chronically unable to recognize his own son. The association between the contemporary taunt and these childhood memories, now laced with vengeful patricidal fantasy, made the impulse to kill unbearable. Mr. C could not tolerate the disorganizing threat posed by the possibility of its generalization, nor his sense that the driver was merely giving voice to a widespread feeling, one the patient originally located in his father, that "people want me to disappear from the face of the earth." It was safer for Mr. C to contend with the self-limiting and self-directed violence of internalized homophobia than to face the potentially limitless violence associated with fantasies of retribution. Its limitlessness was a product not of the immediate provocation, but of the relation between that provocation and Mr. C's history. The murderous impulse against which he had to defend would have as its target not only today's driver, but also a pyramid of associated objects, the base of which was formed by the patient's earliest recollections of his father's wish "to have me disappear from the face of the earth."

For Mr. C, this process took place with such immediacy and such force that its discreet, particular elements blurred, and they were unavailable as objects of thought or working through. His vengeful, homicidal wish put the patient in danger. The internal-

ized homophobia that followed turned on the repression of that wish. The safer resolution of "we hate me" displaced its more dangerous predecessor, "I want to kill him."

In the session following this incident, Mr. C spoke of how hard it was to be in my presence. Our similarities now seemed meager compared to our differences. In the past, the patient had affectionately and slowly "queered" me, by which he meant that he had found in me sufficient evidence of both an affinity for and identification with outsiders, so that my presumed heterosexuality lost much of its importance as a marker of my essentially alien identity. But now the best we could muster would be an icy standoff, he believed, with neither of us harming the other. The incident on the street had had the effect of reinstalling sexual preference as an essential marker of identity, and homophobia as an insurmountable, bedrock condition. Mr. C noted that "you're either on one side or the other."

I commented that keeping us elementally separate like this seemed a safe way for him to manage an otherwise destabilizing mix of affectionate, violent and, vengeful impulses—all simultaneously aimed at me. The mix would surface only were he to feel that we were back in our usual degree of contact and intimacy, with me in my usual position as "queer." His transiently internalized homophobia attacked both his analyst and his lover; that is, he now renounced analysis as impossible, just as he had recently renounced his homosexuality as impossible. Each renunciation was the direct result of an encounter with sadistic homophobia. The internalization of that homophobia provided a kind of terrible safety, since an identity infused with a continuous and containable, endurable, internal violence was preferable to an identity lost via the limitless consequences of externally directed violence.

It should be remembered that a gay person takes in from the surrounding object world—internalizes—ideas, judgments, and sentiments that directly oppose and attack his or her own sexual impulses toward that object world. The taking in, however painful its consequences, can be transparently seen, and thus interpreted, as an act of adaptation. It is more or less rationally designed to preserve

one's precarious place in that object world. The internalization of homophobia here transforms an unstable and unbearable situation of danger into a more stable, more bearable, situation of pain and renunciation.

Mr. C's situation exemplifies the conventional use of the term *internalized homophobia* discussed at the beginning of this paper. We can see in this patient what Roughton (2000) might have been referring to when he noted that internalized homophobia "shapes in a very significant way the formation of identity and self-concept." But Mr. C's case also seems to me to exemplify the symptomatic status of internalized homophobia, its status as a relatively stable transformation of a prior unstable condition. In addition to suffering the effects of what seemed like a direct assault on his identity, Mr. C also appeared to have symptomatically and defensively identified with the aggressor—here, the driver of the car, and earlier, his father—thus transforming a raw, murderous impulse into a sadistically tinged, self-directed one.

Mr. A

The following account is derived from the first year of Mr. A's analysis, and is intended to highlight some of the operations of internalized homophobia in a heterosexual man.

Mr. A was the youngest of four children and the only boy. When he was five years old, his parents divorced. He was left alone "in a house full of girls." He remembered frequently seeing his mother naked through her partially open bedroom door. He was "disgusted" by her "big black bush": "It was the ugliest thing I had ever seen." She often took his temperature rectally and "pinched me on the butt." He also remembered hearing her "moaning" at night, and associated the sound to something sexual that he was unable to figure out.

Mr. A welcomed his father's visits during childhood, since "he could take me away from that." But his father's visits were also painful because his father was openly competitive with Mr. A, becoming furious and rejecting when outperformed. The patient came to real-

ize that "I had to do it alone." He further resolved his problems by asserting that "I was going to want nothing. My parents had nothing I wanted. Girls were ridiculous, and no boy could compete with me. People were disgusting to me. I was the best at everything; I had it all."

Regarding his erotic/aggressive attachments to both his parents —a mother sensed as excessively sexual, and a father perceived as both too absent and too competitive—Mr. A's primary defensive operation was the transformation of dangerous wishes for attachment and union into dangerous objects to be kept at bay. He was transfixed by his mother, caught by his fascination with her body. He would excitedly rummage through her drawers and peek into her room, hoping to get a glimpse of what, when found, would only frighten him.

Mr. A further recalled that when he was six years old, he decided that he would no longer spend time at home. After school, he would go downtown, shopping, wandering around, anything. "I was the only six-year-old around who could take care of himself like that," he recalled proudly. "I wanted nothing more to do with my mother. She was crazy! She couldn't keep her hands off me." He found safety in this narrative of abusive seduction. His mother was the only danger.

Mr. A employed a similar defensive tactic in regard to his father. "I have never loved anyone like I loved him," he recalled. But this yearning entailed an excessive risk of abandonment and retaliation. Mr. A once had a running race with his father, and realized that he, the boy, was faster than the man. "That was the end of it," Mr. A related. "I was finished with him. He was weak and helpless." Both parents had now been dealt with. And by the time Mr. A was eight years old, he was spending almost all of his time alone. "I was fine—I was already a man. The less I had to do with any of them, the better."

The patient's feeling that he was "already a man" lasted until puberty, when he began to feel overwhelmed by sexual urgency. But girls frightened him: "I couldn't get the image of that black bush out of my mind." He was a star athlete and an honor student.

He sought the company of "the cool kids," but "I never fit in. They always knew what to do with each other, and I didn't get it."

At around this time, Mr. A first became aware of the category *homosexual.* "I didn't get that either; how could a boy like a boy? It was sick. They were like girls. No way could I ever be like that! Me and my friends had nothing to do with them. They were weird, like from another planet." Mr. A's predicament in adolescence resonated with his predicament from childhood. His own desires again drew him into danger. If directed toward girls, he was reminded of the "black bush" and its excesses. If toward boys, as he had desired his father, his masculinity seemed jeopardized. And as had been the case in childhood, his solution was again to externalize the dangers.

In childhood, it was the crazy mother, as well as the weak and useless father, from whom Mr. A designed means of flight; while in adulthood, it was *the homosexual* who housed danger and from whom he could flee. Both the "black bush" and the weak and useless father were condensed into the figure of the promiscuous sissy: "All they want is to get fucked in the ass. It's dirty; there's no end to it. Go that way and it's all over." This externalizing resolution, like that of Selby's character Harry, originated in Mr. A's desire to preserve object ties with his mother and father.

Links to both the patient's parents were excessively erotized. Here, for example, is a representative recollection from Mr. A about his mother: "She always used to pinch my ass as a way of saying hello. 'How cute your body is,' she would say. I never knew what to do. There was something I wanted from her, but not that, and I couldn't figure out what it was." And, also representative, here is a typical memory of his father's remarks to him: "Don't try to hide that little thing. I've seen it, and that's just the way it is. Boys' are little; their dads' are big." It is evident from these accounts that Mr. A's task was to figure out ways to protect object relations with both parents, and for this he had to dilute the excessive sexuality and aggression that permeated them.

The patient's "discovery" of the category of homosexuality in adolescence proved useful. Homosexuality became the dangerous

category whose negation, both internally and externally, was the precondition for Mr. A to affirm the safety of his own interiority. Heterosexuality, for Mr. A, was what remained once sexual excesses had been purged. This solution, the barren product of a massive retreat, brought him scant sexual fulfillment—he remained abstinent throughout adolescence. But it did bring him a sense of safety. His most pronounced, covertly sexual, and symptomatic activity in high school consisted of locating and renouncing male homosexual classmates. By late adolescence, then, for Mr. A, the most threatening sexual dangers were firmly located in the external homosexual object.

But this solution was not stable. Trying his hand at heterosexual relations, Mr. A found himself intermittently impotent. He accounted for this by viewing it as a result of his early exposure to his mother, but this thought failed to comfort him. And for the first time, he began to be afraid that other people, particularly homosexual men, would look at him and see something in his manner—his clothing, eyes, or gestures—that would give them the idea that he, too, was homosexual. He assiduously costumed himself as masculine, but that, too, failed. He wondered whether his exaggerated manner of dressing would be noticed. He grew increasingly anxious, self-conscious about where he placed his hands and legs, and worried about the rhythm of his speech. He then became concerned that his pursuit of the perfect heterosexual posture produced, in fact, exactly the kind of constant preening that had long been for him a marker of male homosexuality. He could then be neither spontaneous nor careful, since each tactic threatened him with exposure. He turned to prostitutes and massage parlors, but could not rid himself of the awareness that he was "trying to prove something." All that had once been effective now seemed to boomerang.

Mr. A's previous equilibrium had depended on the externalization and objectification of dangerous "homosexual" objects. As long as they could be kept external, his interior would, by a kind of never-to-be-tested inference, remain safe. This indirect affirmation proved insufficient in the face of heterosexual impotence. Overwhelmed—as he had once been in childhood—by the convergence

of affectionate yearnings and the female genital, Mr. A found that his externalization collapsed. Around women whom he liked, he felt completely unsure of himself. "I wish I had their power," he remarked wistfully. But this yearning to identify with what he most wanted was unbearable. Now the dangerous object—a layered construction of the feminine and the homosexual—could no longer be kept outside.

Finally, Mr. A sought analysis. His first statements to me about himself were: "I can't get a woman," "I constantly worry about whether I'm gay," and "I can never tell what I think or feel."

The patient's ongoing effort to secure a sense of masculine identity posed a quandary typical for many men. Masculinity felt like an attribute he was missing. It therefore had to be found in other men, then cultivated, and finally internalized. Mr. A thus yearned to be with the kind of men who could provide him with the masculinity he craved. Joined with them, feeling himself at one with them, he could almost identify with them, thus partaking in a masculinity that he sensed was originally theirs.

A hallmark of the masculinity sought by Mr. A was a complete absence of any sign of homoerotic desire. The man Mr. A wanted to be in fantasy was a man who desired only to be with women. For Mr. A, any sign of a desire for what a man already had was a sign that one was not already a man, and therefore an indication of potential femininity. The intense desire to become a man through being with men, even when satisfied, thus invalidated the very masculinity that it might achieve. Mr. A could not tolerate being a man because this experience was inevitably infiltrated with a simultaneous experience of *wanting* to be a man. In the first person singular voice, such wanting was too close to wanting to be with a man. That voice was transformed, then, into its plural form: "Men like us, who desire nothing from each other, hate men like them, who desire everything from each other."

But this transformation was also ineffective. It offered Mr. A nothing in his relations with women, and its tactic of masquerade, of successfully "passing" as the man the patient wanted to be, became the paradigmatic sign of masculine failure. Now, everywhere he

looked—inside and outside—Mr. A confronted an infiltrating homoerotic desire from which he could no longer manage even temporary escape. Only upon reaching such desperation could he finally, via analysis, turn to a man—this time perhaps not for immediate reconfiguration, but for enduring help.

CONCLUSION

Internalized homophobia is a symptomatic structure. Conceptually, it is best thought of as a multilevel phenomenon. At a minimum, it refers both to the widespread internalization of the dominant culture's interdiction against homosexuality and to a particular individual's defensive, and possibly idiosyncratic, employment of that interdiction. Because it is in part the product of an individual's shaping of him- or herself in accord with normative pressures, internalized homophobia is experienced in the first person plural voice. The force of internalized homophobia's first person plural voice stems from its promise of safety and power. The normatively freighted plurality *we* identifies the individual as a member of a strong, masculine collective. The first person plural voice in men thus simultaneously satisfies homoerotic yearning and protects against it; it forbids union between men while promising solidarity amongst men.

In internalized homophobia, *we* yokes the threatened to the strong. In unanimous voice, individuals banding together can then identify, segregate, and attack what is outside/dangerous/deficient. Those who are unable to find sufficient private resources with which to deal with transgressive, sexually driven sources of anxiety can thus bind with their "betters" in common assault against an external, despised, common enemy. This binding together of vulnerable men provides the identificatory exoskeleton for the homophobic first person plural narrative. In the homophobic male imagination, homosexuality circulates via the violence of unbidden penetration, while male heterosexuality, forever threatened, circulates via peaceful and reciprocal exchange.

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80 University Place, Fifth Floor
New York, NY 10003

e-mail: donaldmoss@mindspring.com

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THE INNOCENCE OF SEXUALITY

BY JONATHAN H. SLAVIN, PH.D.

The author explores aspects of sexual experiencing as they emerge in the course of development, especially as structured between parents and children. Is a certain mode of "innocent" sexual relating an important outcome of the developmental process, and does this mode have a place in the analytic process? The author suggests that the restoration of a capacity for sexual experiencing that is relatively free of convoluted developmental legacies may represent an important achievement in analytic work; and that the analyst's participation in this process, using his or her own capacity for "innocent" sexual responsiveness, may be essential to this outcome.

"INNOCENT" SEXUALITY?

Sometimes one has to go half a world away to take a fresh look at something. While teaching in China not long ago, I was taken by my hosts to see an ancient pagoda in a city not otherwise known for tourist sites. As I arrived, a sprightly young woman approached

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me and said, "Hi. I'm your free guide, can I take you around?" As I quickly learned, she was among a group of high school seniors specializing in the study of English. Their assignment was to find Western tourists and practice their English by guiding them. As I was the only Western tourist in view that day, the entire class began to join us, each taking a turn in explaining some minute aspect of the site.

My first guide continued talking with me throughout this jaunt, telling me that there were thirty students in their English class. But, she said, "There are only four boys." She paused and added, "Aren't they lucky?" After a few moments, one of these lucky boys joined the group, a handsome, strapping young man. The first guide went over to him, put her hand on his shoulder and said, "This is one of our boys. Isn't he cute?" Indeed he was, and he smiled in a shy but knowing way. All the other students were grinning and chuckling at this exchange.

I was struck by the direct and public nature of this obvious sexual flirtation, the open way it was expressed, and the group camaraderie that surrounded it. There was something quite uncomplicated about this young woman's sexual appreciation of the young man, of his masculine self, of who he was and who he was becoming, and in his shy but clearly appreciative reaction to her. While to some this might sound calculated to engage a foreign tourist, to my eyes, it had a remarkable openness, naturalness, and "innocence" (as did her apparent and successful effort to charm her guest).

In using the term *innocent* to describe this interchange—as well as in the discussion that follows of the dialogue of sexuality between parents and children (Ross 1990), and between analysts and patients—I recognize the risk of creating a binary, particularly with such a charged word: innocent as opposed to guilty, pure as opposed to corrupt, good versus evil, chaste as opposed to prurient, even simple as opposed to complex and multilayered. However, it is not the intent of this discussion to make such an untenable dichotomization, especially not when the word *innocent* is linked to sexuality, which has its own loaded meanings. In Christian religious

and Western cultural tradition, sexuality has represented "the fall," original sin, the very opposite of innocence. And in the psychoanalytic sense, we know how rich with intricate meaning and motivation sexuality can be, even when it may not have fallen prey to particularly neurotic resolutions. However, if we simply react to the surface connotations of these words, especially when paired, we may lose something that could emerge from an effort to look beyond what is immediately provoked in us.

What, then, do I mean by an *innocent* sexuality? One of the primary dictionary definitions of the word *innocence* may prove useful in framing this discussion more precisely: "uncorrupted by evil, malice, or wrongdoing; not dangerous or harmful; innocuous; suggesting no deception or guile; artless" *(The American Heritage Dictionary* 1995). As will be developed below, the use of the word *innocence* is intended to imply some distinction in the relational *meaning* and *purpose* of sexuality to the individual, as it has become structured in the course of development. However, the term is *not* intended to suggest a sexuality divorced from drive, passion, powerful desire, complex relational meaning, the wish to seek and to provide recognition (Benjamin 1995a; Ross 1990), or accompanying wishes for the expression of one's self and one's agency in a relationship. Indeed, as I suggest in what follows, one of the core therapeutic aims of classical analysis has been a restoration to the patient of a kind of sexuality that I am terming *innocent.*

Let us look for a moment at sexuality that may be less innocent in the sense described here. One of the less than optimal outcomes of the developmental process, often encountered in analytic work, is a very different kind of sexuality than what I am calling innocent. This sexuality is marked not only by familiar intrapsychic conflicts, but has also become infused with interpersonal struggles around power, control, feelings of being used and using, hurting and being hurt, taking and being taken in a nonreciprocal way, possessing and abandoning—all tinged with covert meanings and implications of coercion, aggression, and manipulation. In other words, sexuality has fallen prey not only to common pre- and post-oedipal struggles around self-worth and competition, but to a legacy of misat-

tunement, betrayal, and unacknowledged and unresolved conflicts between parents and children.[1]

For many of our patients, the role of shared intimacy, pleasure, and an expression of noncoercive personal agency in sexuality has been obscured, if not obliterated. Instead, sexuality has become the internalized repository of displaced and disavowed past relational conflicts and agendas that haunt and stunt the individual's sexual experience and relationships. Perhaps most centrally, the legacy of these struggles cripples one's capacity to permit the crucial oscillation in one's sexual life between the assertion of personal desire and agency (Pollock 1998), as well as the ability to "use" the other, and at the same time, the ability to not lose or erase the independent personal or sexual subjectivity of the other.[2] This capacity to be able to *be* fully in oneself and in one's experience, to take for oneself in an unselfconscious and direct way, while also remaining available and vulnerable to the impact and experiences of the other, is, in my view, a hallmark of true relational and sexual intimacy (Pollock and Slavin 1998).

This view corresponds, I believe, to the way healthy sexual intimacy has been understood historically in psychoanalysis, and represents a continuing theme in modern representations of classical perspectives. Fenichel (1945), whose bona fides as a classical spokesperson are well known, stated that:

> One can speak of love only when consideration of the object goes so far that one's own satisfaction is impossible without satisfying the object, too . . . . In love, it must be a kind of partial or temporary identification for empathic purposes which either exists alongside the object relationship or alternates with it . . . [p. 84]

[1] Oxenhandler (2001) provided some very compelling descriptions of the way parents can be attuned, or problematically misattuned, to their children's developing sexuality and its meanings.

[2] As the *American Heritage Dictionary* (1995) notes, the root of the word *innocence* comes from the Greek *nek,* and is related to such words as *noxious* and *pernicious.* It is also related to words having to do with death *(nekros,* or corpse) and to the Latin *nocere,* meaning to injure or to harm.

Forty years later, Bach (1985) noted in a similar vein that "normal sexuality requires the capacity to simultaneously enjoy oneself as subject and as object by identifying with the object; it requires the capacity to accept objects that differ from oneself" (p. 51), and that "the act of love demands an extraordinary interplay, synthesis, and flexibility of both subjective and objective self-awareness" (p. 55).

In this context, at least as can be observed on the surface, the Chinese students I encountered were clearly playing, but they were not "playing games" in the convoluted or manipulative sense that we encounter in the lives of many patients. In the discussion that follows, I will explore this distinction in the meanings of sexuality and the way it may be structured in the course of development and used in relational exchanges, in order to raise the question of its place in the analyst's erotic experience and in the analytic process.

SPIRITS FROM THE UNDERWORLD

In 1915, Freud wrote one of his seminal papers, "Observations on Transference Love." To my knowledge, this was the first paper to address sexuality in the treatment relationship. Although Freud employed the word *love* and did not address the specifics of sexual feelings per se, if his fundamental contribution means anything at all, it means that love and sexual feelings are inextricably interwoven. As Freud (1912) had earlier noted, "all emotional relations . . . are genetically linked with sexuality and have developed from purely sexual desires through a softening of their sexual aim, however pure and unsensual they may appear to our conscious self-perception" (p. 105). (Of course, given the time in which he lived, it might have been impossible for Freud to write directly about sexual feelings in the treatment room—even if he were able to privately acknowledge them in a more explicit sense.)

On its manifest level, Freud's treatise dealt primarily with the patient's love. He cautioned analysts about the dangers of responding to the patient's love as real, or as in any way personally related

to themselves. The patient's feelings, he told us, were entirely derived from sources outside the consulting room, sources that long preceded the advent of the analyst's influence. However, in the latter part of the paper, Freud recanted his denial of the genuineness of the patient's feelings. It seems, after all, that the transference love felt by the patient for the analyst was not so different in his eyes from the love felt in everyday life; both derived from infantile prototypes and both shared an unrealistic quality. What, then, really differentiated these two types of love? Not much. Transference love, for Freud, was simply more inflexible and had a lesser degree of freedom than the love felt in everyday life—"But that is all," Freud wrote, "and not what is essential" (1915, p. 168).

In essence, Freud was struggling with two related issues: whether the love the patient felt was real, and what the analyst was to do with it. He suggested that it would be a mistake to try to push this love away, to shame the patient for it, or to ask that it be re-repressed. To do so, he said, would be like summoning up a "spirit from the underworld" and then sending it back, "without having asked him a single question" (1915, p. 164). His essay represented an effort to try to show the analyst how to explore the meaning of the patient's sexual feelings, without being beguiled by a misunderstanding of their origins.

But what of the *analyst's* love and sexual feelings? As these are regularly engendered in the course of analytic work, shall we also, having summoned up this spirit from the underworld, dismiss it without asking even a single question? And ought we not ask the same question—namely, what is the origin and purpose of this love? Freud did not directly address this issue. But he warned the analyst against allowing any leeway in the experience of "tender feelings" (1915, p. 164), lest they lead down a slippery slope to something more problematic. Indeed, Freud was talking about not only direct sexuality and eroticism, but also, seemingly, the analyst's self-induced seduction to the patient's love and admiration:

> It is not a patient's crudely sensual desires which constitute the temptation . . . . It is rather, perhaps, a woman's subtler and aim-inhibited wishes which bring with them the

> danger of making a man forget his technique . . . for the sake of a fine experience. [1915, p. 170]

Thus, as far as the analyst was concerned, if the spirit of the analyst's sexual feelings had been summoned up, Freud argued that it must be sent back and not allowed to intrude on the analytic work. Now, eighty-seven years later—in the context of changes in our understanding of the sources and function of feelings that emerge in the treatment relationship—we have the opportunity to summon the spirit again and to inquire anew about the meaning of the analyst's sexual feelings.

SUMMONING THE SPIRIT

One way to understand the analyst's sexual feelings is to recognize that if two people are alone together for a long period of time, sexual feelings are likely to result.[3] This is simple chemistry. Perhaps, in the end, this is all that may be said, but in psychoanalysis, we have assumed that very much more is at stake.

The traditional understanding of the analyst's feelings parallels Freud's views of the patient's: the analyst's sexual feelings originate in the analyst's infantile conflicts and prototypes, that is, in the analyst's personal transference—or countertransference, as we term it. If this remains our perspective, then surely we should dismiss the spirit from the patient's analysis and resurrect it in the analyst's own.

An alternative perspective regarding the analyst's sexual feelings emerges from revised understandings of the origin and meaning of "countertransferential" responses and the role of "enactments" in the analytic process. Whether looked at as a projective identification, as the analyst's "role-responsiveness" (Sandler 1976), or as an enactment (Jacobs 1986; McLaughlin 1991) engendered by the mutual reciprocal influences at stake in the relationship (Hoffman 1983), it is something the patient has activated and to which the analyst

[3] Thanks to Seidlitz (1998) for pointing out that sexual orientation does not necessarily have a bearing on the emergence of such feelings.

is responding—not simply from his or her own personal predilections, but because the patient has, at least in part, engendered it. This mutually created emotional and psychic interaction may be potentially retraumatizing (Gabbard 1994), but it may also stimulate a crucial revision of old, internalized relational paradigms (Davies 1994).

Yet there seems to be something missing in this formulation. Whether understood as the analyst's personal countertransference or as some form of complex mutual influence and enactment, the feelings that emerge have their sources in psychopathology, in a view of sexual feelings as stemming from conflicted and unintegrated roots. In a discerning discussion of the relational complexities of the treatment relationship, Benjamin (1995b) asked a central question, one that haunted Freud and has been a conundrum for our work ever since: How is it that one can use the power of another, and a position of dependency and tutelage in the transference, to truly free oneself and become a more independent agent in the world? A parallel question can be asked about sexuality in the treatment relationship: How can sexual feelings that have their origins in conflicted and problematic development—whether of analyst, patient, or both—become the matrix for the emergence of a kind of sexuality that can serve the individual well in a healthy, adult relational context?

DIFFERENT STROKES: THE STRUCTURING OF SEXUALITY IN THE DEVELOPMENTAL PROCESS

Psychoanalysis, in its most essentially classical iteration, has been historically preoccupied with the distortion and stunting of the individual's capacity for direct sexual expression and satisfaction (Fenichel 1941, 1945), and the failure of sexuality to develop unencumbered by deeply embedded conflicts from the past. The core goal of classical analysis has been to free the chained sexual potential of the individual (Fenichel 1945; Freud 1915), in a sense, to re-

vive the capacity for a more innocent sexuality as I have defined it here—that is, not some pure, simple, or selfless version, but a capacity for more direct expression of desire and need that is less burdened by conflict and guilt. As Freud (1915) framed it:

> The aim [that the analyst] has to keep in view is that this woman, whose capacity for love is impaired by infantile fixations, should gain free command over a function which is of such inestimable importance for her; that she should not, however, dissipate it in the treatment, but keep it ready for the time when, after her treatment, the demands of real life make themselves felt. [p. 169]

In a similar sensibility, Fenichel (1941) noted that:

> The warded off portions of instincts have retained their infantile character only because they were warded off and have thereby lost their connection with the total personality . . . . If the energy which was bound up in the defense struggle is joined again to the personality, it fits itself in with it and with the genital primacy arrived at by it. The pregenital sexuality, freed from entanglement . . . is thereby changed into genital sexuality capable of orgasm. [p. 21]

All this, of course, was formulated in intrapsychic terms, with the source of the difficulties, as well as their solution, residing entirely within the individual. Current relational analytic perspectives, in contrast, focus not on the individual's libidinal freedom of expression, but on the relational milieu as the source of difficulty, and on the transference as the matrix from which greater freedom from past paradigms will be renegotiated (Davies 1994; Hoffman 1991; Mitchell 1988; Renik 1995; Slavin 1994). However, in the theoretical sea change that has occurred in the last two decades, sexuality and its central role in analytic thinking have receded into the background.

This is unfortunate. In my view, sexuality, which classical analysis has privileged in the intrapsychic process, also plays a central role in the negotiation of relational interactions, from the time of

birth throughout the entire developmental experience. Indeed, whether expressed directly or in more implicit and unconscious ways, sexuality is a fundamental mode of conveying personal agency (Pollock and Slavin 1998; Slavin and Pollock 1997), of having an impact on another. Sexuality, and the way it is expressed, is a basic statement of one's relational place in the world, of one's sense of self in gender (Fast 1999), and of the expectations we have of others in the most intimate areas of our lives.

A short example, reported in an earlier paper (Slavin and Pollock 1996), might illustrate this concept. During an analytic hour, a patient told her analyst of an episode that had occurred the prior evening with her four-year-old son. She had been reading a bedtime story to him, and suddenly, in the middle of it, the boy had put his hand on the book to push it down so that she would stop reading. She looked at him and he said to her, "Mommy, you're beautiful." When the patient heard this, she melted.

In thinking about this episode, we can observe two important aspects: first, there was a sufficiently safe and accepting relationship between the boy and his mother to permit the occurrence of a relatively direct expression of his loving and sexual (at his developmental level) feelings. Second, his mother "melted." In so doing, she contributed to her son's developing sense of himself as a boy, as male, as someone whose feelings can have an impact on women, as an agent of his own sexuality, and to the internal structuring of his loving and sexual feelings as basically good, desirable, and innocent. Of course, all this is not accomplished in one episode. Rather, interactions such as these, many with implicit as well as direct sexual meaning, occur continually throughout the developmental process, influencing and structuring both the interpersonal patterns that will organize the individual's characteristic ways of relating, and the internalized experience of the child's sexual desires, urgencies, and fantasies.

Clearly, not all interactions will have as benign an outcome. Another parent—perhaps troubled about the acceptability of her own loving and sexual desires, perhaps unsettled in the way similar issues have been resolved toward her own parents, perhaps struggling

with more deeply conflicted or disturbed feelings toward her child —might react differently, structuring the child's experience of his sexuality, and his broader relational expectations, in quite a different way. Imagine, for example, if the mother had said (similarly to D's father, a parent in a vignette later in this paper), "You see me in such a special way. Not even your father sees me this way." What impact could such responsiveness have on the child? How "uninnocently" might his sexuality come to be experienced in this relational context?

When I speak of the structuring of sexuality and sexual experience in the course of development, I am referring to a patterned mode of sexual feeling and expression (a patterning that Fast [1998a] referred to as "I-schemes" [p. 17]) that is different for every individual and constructed uniquely in each person in the process of complex interactions with caregivers and highly cathected parental figures, from the time of birth through the preoedipal and oedipal periods and well into adolescence. While the capacity for sexual experience and feeling per se represents a biopsychic endowment for every person, the way in which that experience is contained intrapsychically, as well as what complex motivations will inhere in its expression, is, I believe, shaped by the particular daily interactions an infant and growing child has with her or his relational world. As Ross (1990) put it, these "*individual variations* on universal lines of development" are constructed "specifically by the *dialogue* taking place between parents and children through the course of the life cycle" (p. 49, italics in original).

As a result of these variations, an individual's sexuality will necessarily reflect all the complexities and nuances of the evolving nature of the parent–child emotional engagement and interaction. The child's developing sexuality will bear the mark and legacy of these complexities and nuances, whether relatively more innocent, or—as we often see with our patients—more overdetermined, infused with undue aggression, or marked by an inability to recognize the other's subjectivity and differentiation. The developing sexuality may also be characterized by difficulty in "coordinating self-love and object-love," as Bach (1985, p. 51) put it, or by the need to use sex-

uality to accomplish aims related to deep inner conflict, or by expression of the legacy of past relational wars and betrayals. In this context, the differentiation of an innocent versus a more conflicted form of sexuality and sexual expression is a matter of degree as well as of adaptive utility (Slavin 1994), not unlike Freud's (1915) gradation of transference love and the love found in everyday life, or the distinction we make between neurosis and psychic health in general.

Another patient, K, told her analyst of a recent interaction with her five-month-old son. She said that she had come to recognize the benefits of the infant's sucking his thumb—including, in no small measure, a certain level of peace and quiet—unlike her experience with her first child, when she had feared the indulgence it suggested to her, as well as the implication of her own potential failure to provide adequate care. As she was holding her son, she said, he had held out his thumb. She mimicked him and held out her own thumb, then put it in her mouth. She encouraged him gently with her hand to do the same. He did not seem to want to, however, and continued to hold out his thumb. K tried a few more times to demonstrate, but with no luck. Finally, in a warmly playful gesture, she took his thumb and put it in *her* mouth. The boy exploded in the kind of hilarious laughter that one can sometimes appreciate so fully only in a baby, and K cracked up with him. He wanted to do this over and over again, and they did. It was, she said, "the best time."

I believe that it is not too far a leap to suggest that these kinds of interactions—repeated, as Fast (1999) put it, "in innumerable exchanges, subtle and gross" (p. 634), from infancy onward, oedipally and preoedipally—create and structure the very nature of the meanings to each individual of what is pleasurable (Fast 1998b), sexual, exciting, a "turn-on," *and the meanings of one's own agency in the process.* Moreover, the parent's response and the meanings held by him or her for the same interaction will have a profound influence on the child's experience. This baby boy's older sister, whose mother was in a much earlier point in her analysis during her infancy, will not have had the same experiences of play, pleasure, and sexual

and interpersonal excitement. Her feelings about being able to touch and excite another, and to be touched and excited, will have different meanings for her in the course of her life than for her brother, not only because she is a different person, or because she is a girl, but because of the nature and relational meanings of the interactions she uniquely experienced with her mother and others.

Viewed in this way—as a central and continuing aspect of our internalized relational experience and as a fundamental building block for our identity—sexuality need no longer be treated as the split-off stepchild of a relational perspective, but rather as a core component of the development and expression of our relational selves, and of our experience of our own agency in the world. In this context, sexuality earns a rightful return to the center of analytic thinking about the patient and about the analyst's erotic response.

PARENT–CHILD AND ANALYST–PATIENT SEXUALITY

In their influential work on sexual abuse, Davies and Frawley (1994), echoing Searles (1959), described a developmental picture that is, although focused on the oedipal period, quite consistent with the perspective discussed here. In Davies and Frawley's view, the parent's responsiveness to the child's developing sexual interest is crucial for the normal integration of the self as a loving, loveable, and sexual person. As they put it:

> Let us . . . reflect for a moment on the child's and parents' oedipal experience in a more or less typical family. There is little as safely assumed in life as the relatively non-neurotic pleasure parents experience in response to the first tender unfoldings of their child's sexual journey . . . . The child experiences herself to be the most delightful of seductresses; her parent, it would appear, is utterly besotted by her most naive and guileless attempts to seduce and cajole. In this best of all possible worlds, each has found in the other the perfect lover, passionate, tender, bemused,

> and without rival. Such love affairs exist only in fantasy, and it is only within this fantasy that they are permitted to flourish unspoiled. [pp. 230-231]

This developmental perspective suggests both a crucial reciprocal responsiveness to oedipal dynamics and a certain quality of innocence to the parent–child engagement, what Davies and Frawley (1994) termed "the mutuality of benign seduction endemic to oedipal love" (p. 233). This view has important treatment implications. As Davies and Frawley stated:

> When such oedipal experiences begin to emerge in the treatment setting, such benign flirtation must be receptively met with a mood of *innocence* and playfulness. The analyst . . . must resonate with the harmless pleasure of the interaction . . . protecting and containing a transitional space, wherein . . . a prematurely foreclosed developmental necessity can emerge and flourish. [p. 233, italics added]

From a somewhat different perspective, Stein (1998) focused on the parent as the agent for the development and structuring of the child's sexuality. Through the medium of her own erotic potential and seduction, the mother "establishes" her sexuality in the child and lays the foundation for the child's erotic journey. Stein's formulation correlates nicely with that of Davies and Frawley. The parent is not simply responsive, but is also an agent, a necessary one for the child, of the child's own sexuality in the relationship. There are two sexual beings in the dyad; both bring their own sexual agency, however inchoate and however innocent, to the engagement between them, and each has an impact on the other.

But, from the perspective of Davies and Frawley (1994), what exactly is the parent's appropriate response? Is it simply to be bemused, charmed, and engaged in a parentally tolerant way ? Does the exchange exist only in fantasy? Or is there something more directly erotic, a real, experienced sexual responsiveness, that is a part of this process? What does it mean for the parent to be a "full participant," as Davies (1994) put it? And from Stein's (1998) perspective, just how actually sexual is the mother's erotic agency? Are

these implicit, unconscious psychic processes that take place "on a covert, inner level of fantasy transmission and bodily sensations" (Stein, p. 615), or are they something more palpably real, something actually and even consciously sexual? And if so, what does this imply for our understanding of the analyst's sexuality, of the analyst's actual sexual response, in the treatment relationship?

Consider the following brief example. A patient, L, told me about the intense feelings she had for her son, now eight months old. As I had heard since the birth of this long-awaited child, L was in the throes of a spectacular romance with her infant. But she was feeling concerned. She spoke of strong sexual feelings that were triggered when she nursed him, although she understood that this is a common experience among nursing mothers. She was more troubled by the sensuous way in which she felt drawn to interact with him, to touch his skin, and by the powerful gratification she felt when he recognized her with smiles, laughter, and a particular reaction displayed for no one else. She said it felt very charged, very erotic, and slightly disturbing.

L's concerns were expressed in a recent dream. She was lying in bed with her son's head in the bed with her, though she could not see the rest of his body. There was a strong erotic feeling. Most disturbing was that his head was full sized, adult-like. Gradually, the head transformed into the head of her husband, and she felt relieved.

In an extraordinary article in the *New Yorker* (1996), Noelle Oxenhandler wrote evocatively of the intense sensuousness and eroticism in relationships between mothers and their babies, much like the feelings reported by L. Oxenhandler lamented that this component of experience could not be more openly talked about in an era of rampant concern about abuse and incest. But this is an eroticism that she saw as central to the experience of mothering and the bond between mother and child. Although Stein (1998) suggested that mothers' communication of sexuality to their infants is largely unconscious, focusing specifically on the mother–infant relationship, my own explorations reveal that the experience of sexuality and sensuality between parents and their children is not

only common, but can be, in fact, quite conscious. Oxenhandler (2001) elaborated on the nature of sexual exchanges that occur in the course of ordinary development between parents and children, and the kind of acquired attunement or "intimate knowledge" (p. 156) that emanates from an openness to the impact of the other (versus the violation that proceeds from a failure to differentiate the parent's experience from the child's).

And mothers, at least, are often quite ready—indeed, sometimes relieved—to talk about their eroticized experiences with their children. To give some examples, when I recently discussed the sexual feelings parents have in regard to their children with a colleague at a social engagement, his wife, a professional in an entirely different field, suddenly interjected a vibrant affirmation. And another colleague mentioned the subject of this paper to a female friend, who became interested in speaking with me in greater depth about it; she shared with me not only her experience of the sensuousness of her relationship with her son during his infancy, but also the stirring of muted, yet clearly sexual, feelings that accompany her appreciation of his developing manhood, now that he is an adolescent. And as a third colleague put it when speaking of her general —but also clearly sexual—appreciation of her late-adolescent son, "He's a guy! And his *shoulders* . . ."

With fathers, the issue is more complex. Fathers may be both less consciously aware of parallel feelings toward their children and more reticent in sharing them. Lippe (1998) suggested that male sexual responsiveness is inherently more threatening. As Stockhamer (1998) noted, if a father has such feelings for his son, they are homosexual ones, and if for his daughter, they are abusive or exploitative; in either case, the feelings are inadmissible. In fact, we might suggest that lower awareness and tolerance for such feelings in men may lead to a greater propensity for their being acted out when they become more intense—among both parents and analysts. (A related observation is my impression that women analysts tend to have greater access to sexual feelings with patients—or at least more willingness to discuss such feelings in supervision—than men do.)

When I asked a male colleague about this issue, after much hesitation, he spoke vaguely of his appreciation of the womanliness of his daughter. When told that women speak of more frankly erotic responses, he acknowledged his discomfort in having experienced an erection when his daughter sat on his lap. "But that's simply a mechanical thing," he added. He paused. "Well," he continued, "maybe it's true that I was responding to the fact of my understanding that there was a young woman sitting on my lap."

This father's experience, including his hesitance and embarrassment in discussing it, is, I believe, not at all uncommon, and may often apply to even the merest stirring of erotic feeling that fathers may feel toward both sons and daughters. Fathers have a role in the structuring of their children's sexuality, just as mothers do, from infancy through adolescence. This role may include being charmed by (or rejecting of) a daughter's flirtation (Ross 1990); the complex interactions between fathers and sons in their dealings with mothers, sisters, other women, and one another; and the capacity (or incapacity) of a father to integrate the developing sexuality of his adolescent daughter. As Ross (1990) framed it, out of the daughter's "elemental dance before 'daddy,'" a view of herself will emerge that determines "the nature and quality of a woman's sexual and self-identities, her self-love, her expectations of others and, to some degree, even her initiative in work" (p. 69).

Although Davies and Frawley (1994), as well as Stein (1998), steered us in this general direction, psychoanalysis has not addressed what appears to be an ordinary, normal—not game-playing, not manipulative, not pathological—sexuality between parents and children that *spans the entire developmental process.* Indeed, it is striking, given the historic preoccupation of analysis with sexuality, that the first book-length discussion of this subject comes not directly from our field, but from a professional writer, albeit one with an innate psychoanalytic sensibility (Oxenhandler 2001). It appears that we find it less toxic to contemplate the hate between parents and children, as Winnicott (1949) and Kraemer (1996) described. But if, as Winnicott suggested, the child needs the mother's hate,

and needs to hate her in return in order for real growth to occur, cannot the same be said of sexuality ?

The fact of the existence of children's sexual feelings for their parents is one of the central discoveries of psychoanalysis. Perhaps it is time to recognize that parental sexual feelings exist not only with a pervasiveness that has previously been unappreciated, but that these feelings, too, are essential to the developmental process, however unvocalized or indirectly felt. The mother who "melted" when told by her son that she was beautiful responded directly, if implicitly, to his sexual overture. It is my contention that this child needed that response, needed the experience of his own sexual agency, in order to foster his growth as a man and as a sexual person, as much as he might have needed to learn that he and his mother could experience and survive their mutual hatred. In both cases, love and hate—played out in the myriad interactions that occur throughout development—the child learns that he or she can be an agent of his or her own feelings and experiences with others. In the process, the child incorporates the recognition of the self that the parent provides (Benjamin 1995a), a recognition that has a *real,* not just fantasized, sexual component. K, the mother who put her infant's thumb in her mouth—to his excited delight—was engaging in a real way in the initial structuring of his capacity for excitement. And her experience of this as "the best time" suggests her appropriate but erotic involvement, just as was the case with the mother who "melted." It is through *real* interactions such as these that parents implant, as Stein (1998) put it, the child's sexuality through the medium of their own sexuality.

In contrast, when the parents' struggles around their agency, especially their sexual agency, have been deformed by their own developmental experience—if they are less able to know and take authorship for their own motives and agendas—that legacy will play itself out in the relationships with their children. Something of their own sexual responsiveness must be disowned or displaced, as is demonstrated in such a strikingly clear way in a case reported by Davies (1994). Instead of a direct, reciprocal ownership of one's feelings (albeit not necessarily openly stated), there will be subtle and

sometimes overt toying and game playing between parent and child. Where sexual feelings come from and where the agency for them lies (Pollock and Slavin 1998) are issues that become convoluted and obscured, as we so often find in the lives of our patients.

CLINICAL VIGNETTE

Consider these issues in the context of the following clinical vignette. B, a woman in her thirties, chose her analyst because she felt he would provide the kind of warmth she needed. But the first year or two of work were acutely disappointing. Although the treatment evoked the intensely enmeshed relationship she had had with her father, B felt frustrated. Her analyst was warm enough, it seemed, and open in the concrete way she had expected, but she did not feel this warmth and openness as personal; it was not about her. He would be the same for any patient.

For his part, the analyst also felt frustrated. B's expectations felt very constraining, and he experienced himself as less deeply engaged than he was used to being. A turning point occurred when B described her frustration, and her analyst noted the tight, enveloping transference she had harbored toward him even before they met. "There is no room for me in here," he told her. She got it, and slowly, things began to change. As B permitted her analyst to have more impact, an increasing warmth and excitement about the work began to emerge for both of them.

At the end of a session during this period, the analyst, without conscious intent, addressed B by a diminutive of her name. In the next meeting, B asked why he had used that name. As the analyst thought about it, he felt it must have to do with the warmth he felt as B allowed him to have more of an impact. But he was not clear, at that moment, what more might be involved. He asked B for her thoughts. Only her father used this name, she said; it felt paternal. At that point, the analyst recalled having known this, although it had not been in his consciousness when he used it.

B associated to a time when she was nine years old and her father kissed her good night. She asked her father if he also felt the

same "funny" feeling she did when he kissed her. (B assumed in retrospect that she had felt sexually excited.) Her father responded that he felt the same when he kissed her as he did with her brother, and this response both reassured and disappointed B. The analyst asked what B thought her father had really felt. She paused, and then talked about her feelings with her six-year-old son. She felt a certain sexual excitement while holding and playing with him. She said, "Not that . . . ," and the analyst said, "I know," understanding implicitly that B did not have perverse sexual feelings for him, and that her experience was part of the ordinary relating between a mother and son—particularly a mother able to tolerate awareness of it. B remarked that perhaps her father could not say what he was truly feeling, and maybe that was best.

B then associated to a male friend, who, like her father, was incredibly inaccessible, yet very needy of something from her. She felt a similar excitement with him. Being needed was what she wanted most from men and from her analyst. But unlike her father and her friend, the analyst was the most un-needy man she had encountered. It frustrated her terribly; she felt she had no impact. "That" was what she really wanted to know, she revealed. The analyst inquired, "That?" B answered, "Do I turn you on?" She wished that it were not so, but this question had haunted her relationships with men all her life.

The analyst suggested to B that her son would probably not ask the question she had asked her father. She was a different kind of parent, one who was aware of and felt okay about her feelings. B agreed. She associated to her son's current oedipal excitement with her, his noting how pretty she looked and saying, "Mommy, I just love you too much!" B said she knew how he felt. She remembered problematic boundaries as she grew up: the frequent nudity, the way she was seductively invited into her father's psychic core, and how careful she was now about these things with her own children.

As the hour closed, the analyst wrestled with the idea of what, if anything, he should say. Was he unsure of what to say for B's benefit, or was his dilemma about not exposing his own feelings? He thought of her not having to answer a similar question from her son,

who would not ask because there was no need. As B told it, the sexual feelings between them were very real, but were being processed in the subtle and appropriate ways that this kind of sexuality should be. The analyst noticed that the session had run several minutes past the ending time, something he rarely allowed to happen. He asked how B was feeling. "Vulnerable," she replied. She had never said it so openly: that what she really wanted was to know that she could turn him on.

THE ANALYST'S SEXUAL SUBJECTIVITY AND THE ANALYTIC PROCESS

This vignette provides striking contrasts of owned and disavowed sexual feelings in parent–child sexuality, and raises questions about the manifestation of these in the analytic process. How shall we understand each of the sexualities in this vignette—B's toward her father, her father's, and her feelings for her son and his for her? What about the patient's for her analyst? And what of the analyst's feelings, as represented in his saying that there was "no room" for him in her transference, as well as in the use of her diminutive name and of running some minutes over? What if the analyst had felt conscious sexual stirrings? The question is not simply whether the analyst should tell the patient about them, but also, and more crucially, *what they might mean.* This is a question that I believe is not as simply answered as we might first think (as I hope to show in the vignette of D later in this paper).

The potentially repetitive and "uninnocent" aspects of the analyst's interaction with B are manifest. In the context of received analytic thinking, we might understand that there is a complex enactment at play. Looked at from a relational perspective, or a more classical one, B needed, or felt she needed, a relationship that would repeat and/or heal the one she had with her father. Depending on our theoretical predilections, she was, as we might frame it classically, caught in a compulsive repetition of something old that was crying to be brought to light, to be understood and relinquished;

or, from a relational point of view, she was engaged in an effort to undo and repair something that had felt too traumatizing and entrapping in an agenda that was not truly her own—or perhaps both these perspectives are valid. In these alternative—albeit quite schematically rendered—readings, the analyst's sexual stirrings can be understood as responsive to the dynamics of B's struggles, and/or linked with his own personal needs to have an impact on women. (He complained, we recall, that there was no room for him in her transference.) His reactions can be understood as a signal for self-analysis, and/or as information about what was at stake for the patient in her need to be a "turn-on" to men.

But is there an alternative reading to consider before we move directly to familiar ways of understanding such charged feelings? Can there be, in the analytic encounter, a more innocent form of sexual experience that is not necessarily infiltrated by ulterior motives and agendas, but represents instead an authentic appreciation and engagement of the other—of who the other is, can be, and is becoming—as was true of B with her son, and the tour guide with her classmate? Can the analyst's sexual responsiveness to the patient, even in the context of the complex enactments that occurred here, also be an act of more innocent appreciation, not dissimilar to parents' uncomplicated but multifaceted appreciation of a child, when it is not confounded by the legacy of their own overdetermined agenda for the child?

Fitzpatrick (1999), for example, presented a vignette in which her tenderly sexual feelings for her patient stood in stark contrast to the shame and disgust he was convinced must accompany them. Her "matter-of-fact" yet very nuanced (p. 123) disclosure of aspects of her feelings led to a much deeper exploration of the sources of the patient's contempt for his own sexuality, as well as his longing for loving appreciation. Fitzpatrick's thoughtful and direct communication of her feelings to the patient made something that had felt disgusting speakable, and thereby less fraught with danger and shame—indeed, more innocent.

Fitzpatrick was able to work in this direct and considered way, I believe, because she became aware of her feelings before they

emerged more openly in treatment; thus, a judicious decision about their disclosure could be made. In Fitzpatrick's example, the analyst was aware of her feelings and so able to plan how to deal with them. Nevertheless, it is difficult to say that those feelings were less "countertransferential" in origin than those that may emerge inadvertently. To some extent, even though known and thought about, such feelings must emerge in some fashion from the analyst's unique personal configurations and struggles, as well as being shaped in a way that is responsive to the patient and his or her agency.

As analysts, we know that the disclosure of our feelings is not always well planned, nor is such disclosure always as effectively conveyed as in Fitzpatrick's example (Slavin, Rahmani, and Pollock 1998). In the case of B, the disclosure was more inadvertent, signaling, perhaps, a more overdetermined quality to the analyst's feelings. Nevertheless, might the analyst's request for "room," and the unconscious use of the name by which her father called her, constitute not simply a repetitive enactment, but rather an act of appreciation of something about her, as she became more openly engaged and impacted? Did the analyst's use of this particular name or lack of precision in the timing of an hour represent a crossing of boundaries, or may it have been also unconsciously engendered by the patient, in the context of what the analyst knew about her, as she allowed him more of a real presence? As we see in this vignette, these experiences enabled the surfacing of not only an important facet of the patient's problematic experience of sexuality with her father, but also the way in which her sexuality with men, including her analyst, had been distorted by that experience (as evidenced by the urgent need to turn men on).

In this context, I am suggesting that, beyond the ways in which psychoanalysis has so far described them, sexual feelings are also a way of apprehending another person. And in adult life, when things work well—when developmental conflicts have not confounded things too much—sexual feelings can be an adaptive mechanism designed to guide people into relationships that they sense

in some unconscious way may be "good" for them.[4] In a sense, we can suggest that Freud failed to take the implications of his sexual theories far enough, to their most radical meanings—namely, that sexual feelings may not necessarily represent dark, complex spirits from the underworld, or perverse motives and meanings, but in their most manifest sense, can represent a kind of "objective" or disinterested form of love, a vision of who a person is and can become.[5] Looked at in this way, sexual feelings in fact become a part of the neutrality of the analyst. Loewald (1957) suggested something of this "vision" in the analytic situation when he stated that "as in sculpture, we must have, if only in rudiments, an image of that which needs to be brought into its own . . . holding it in safekeeping for the patient, to whom it is mainly lost" (p. 226).

When patients come to us, their sexuality is not innocent. Rather, it has gotten caught up in a legacy of entangled and covert interactions, of disavowed parental agendas, as Ross (1990) noted. It is this ensnared sexuality that emerges in the transference. The patient's capacity for an innocent sexuality has been "lost," as Loewald put it. And it is in the engagement with the analyst that he or she must find it, initially through the analyst's ability to envision it. The urgency to frame the analyst's responsiveness in terms of personal countertransference, or an enactment engendered by the patient's pathogenic transference, may represent a flight from a direct and therapeutically necessary sexual experiencing and envisioning of the patient, just as the child needs the parents' appreciation and vision. The patient needs first and foremost the appreciation of the analyst, including, when it occurs, the analyst's sexual appreciation.

Fitzpatrick's (1999) comment that, beyond an exploration of the transference, her patient needed "information about the effect he

[4] *Adaptive* is used here in the sense discussed by Slavin and Kriegman (1992)—that is, as a mechanism, like transference, designed for probing the relational world (Slavin 1994).

[5] I use *disinterested* here in its traditional sense of "free of bias and self-interest; impartial; having no stake in (an outcome or issue)" (*The American Heritage Dictionary,* 1995).

had on me" (p. 122) suggests a way in which a recognition of the patient's sexual agency can serve as a central part of the healing process. In this way, the restoration of the capacity for an innocent kind of sexuality—the capacity to be able to play, rather than a compulsion to play games—represents a critical achievement of successful analytic work (Fast 1998). B's urgent need to "turn her analyst on" can be understood both as the pathological outcome of a complex and disavowed sexuality too directly played out with her father, *and* as the effort of the girl inside her to find a more appropriate sexual affirmation and responsiveness.

In this context, should the analyst, like B's father, say to the patient, "I feel the same way with you as I do with my other patients"? Whether patients ask directly about our sexual feelings or not, I believe this is what we communicate, in effect, when we too quickly place sexual feelings into the realm of countertransference and enactment. Not only does this reflexive interpretation erase the analyst's authentic subjectivity (Kraemer 1996), it also robs the patient of the experience, however implicit, of him- or herself as a sexual agent (Pollock and Slavin 1998), able to stir, arouse, flirt, and play in a way that is not deceitful, manipulative, dangerous, or destructive, but rather, innocent.

However, if we place in our thinking the version of analytic sexual responsiveness that I have been describing, how shall we differentiate sexual feelings that emerge from our personal countertransference, sexual feelings that are stirred by the patient's projections, and sexual feelings that represent some intuition or vision of who the patient is or could be? In fact, I do not believe that we can honestly and authoritatively make such differentiations; they are interwoven with each other (Slavin 1994). But somewhere, we must believe that we have the capacity to *see* or envision another person, and that our sexuality is a part of that process. If this kind of innocence is not held as one version of ourselves and of our sexuality, it is difficult to imagine how any of our feelings can ever be trusted, or how our patients can come to trust their own.

I will conclude with an example reported to me in an analytic supervision. As a particular hour ended, the patient, D, arose from

the couch and began to leave. The analyst noticed one of her earrings lying on the couch. He picked it up and walked over to give it to her. As she turned to accept it, their hands touched for a moment, after which the analyst looked away.

In the next hour, D spoke of the analyst's decision to glance away. She imagined that he had sensed her embarrassment about losing the earring, and that he glanced away to protect her. The analyst agreed, but said that there was an additional factor as well. When their hands made contact, he felt it was a touching moment in their relationship, and his looking away arose from his experience of the meaningfulness of that moment.

In the next hour, the patient recalled earlier fantasies of being a little girl riding on her analyst's leg, a "horsy" type game. She remembered feeling that the experience would be very stimulating, but would lead to two stark choices: if the analyst participated, he would be like a pedophile, but if he did not, it would be a terrible rejection of her sexual advances. The analyst interpreted this in terms of D's experience of her father, whose boundaries with his daughter were problematic and convoluted. Father would tell her, "No one understands me like you do, not even your mother." This childhood experience had been confounded in adolescence when the patient was abused by a family acquaintance. The analyst suggested that the only way she could rescue both herself and her father from this bind was to deny her own sexual desire and agency.

The next day, D wore the same earrings. She said that she had put backings on them so that they would not fall off. She was happy to be wearing them, and her mood was playful, flirtatious. She associated to a friend who had said that the earrings reminded her of female genitalia. The analyst suggested that D was re-creating with him a piece of the interaction with her father, but this time with a sense of some "backing" and safety, that she was in effect demonstrating an ability to be flirtatious and sexual without feeling that she would lose control of it. The patient agreed, and spoke of her pleasure in wearing the earrings.

In the next session, D felt "fuzzy" about the previous series of interactions. The analyst took her through it, step by step, including what had happened in the touch, the disavowal of her sexual agency with her father, and the deliberate donning of the earrings and the safe flirtation they represented. The patient said, "What you are saying is exactly correct. I feel I want to play it over and over. And you speak of it," she added, "in such a lovely way."

In the following session, D said that she had thought for the first time that she could have a relationship with a man like those she had with women friends: less "complicated," and in which she could feel less easily vulnerable and have a greater sense of agency of her own feelings. She commented that "I know what has happened here is not temporary." Toward the end of the session, the analyst found himself looking at her, aware for the first time of his appreciation of her as a woman. "And," he told his supervisor, "it felt fine for me," indicating his belief that his appreciation of her had been appropriate to the moment.

Clearly, many aspects of these interactions can be understood from different perspectives on enactment, countertransference, and the meaning of D's dynamics. However, from the perspective suggested here, were it not for the analyst's readiness to share something of his own experience of the patient (that it was a "touching" moment), his muted but nevertheless real—and, I suggest, fundamentally innocent—sexual experience, and experience of her as a sexual person in the moment when their hands touched, this unfolding of a crucial aspect of D's denial and then repossession of her sexual agency might not have occurred. Indeed, it might have repeated the burial of something implicit and covert with her father. As the analyst later put it, "Not to have addressed this would have left something hollow in the treatment." The analyst's willingness to share his experience, as well as his subsequent interpretive activity, detoxified the patient's experience of her own sexuality and sexual agency. When she noted that he described their interaction "in such a lovely way," it no longer felt dirty or corrupt. For the first time since childhood, her sexuality had become innocent.

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Counseling Center
Tufts University
Medford, MA 02155

e-mail: jslavin@tufts.edu

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CONVICTION AND INTERPRETATION: HIDING AND SEEKING WITH WORDS

BY ZENOBIA GRUSKY, PH.D.

A patient who was developing her career as a writer evolved a unique process of reading her fiction aloud during analytic sessions. This paper explores this unconventional approach and the inevitable illusions, fantasies, meaningful explanations, and creative fictions that form a part of every technical/theoretical choice. How do analysts reach an integrated, rather than a theory-led, *sense of conviction about a theoretical/technical choice? The development of integrated conviction is illustrated by showing the accumulation of ordinary, everyday emotional responses that are gradually integrated with theory, over time, until the analyst achieves an inner feeling of fit.*

INTRODUCTION

This paper makes the argument that the analyst is continually searching for conviction—that is, searching for a way to resolve the tension about how psychoanalytic theory can be emotionally or intuitively anchored in clinical material. I have chosen the word *conviction* as a way to address the problem of the analyst's having a mind

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of his or her own (Caper 1997; Schoenhals 1994), in the context of today's climate of pressure toward both theoretical diversity and theoretical affiliation. I am also drawn to the word *conviction* because it calls attention to the analyst's inner feelings or inner integrative process about whether a particular idea fits the case at hand. Although the details and nuances that make up the process or state of mind that I am labeling *conviction* will be tracked, organized, and expanded upon in what follows, I will also try to return to the following working definition—that *an integrated state of conviction* is reached through the analyst's use of both thoughts and feelings, or affect and theory, with the aim of achieving an inner sense of fit.

Perhaps some of the controversial shifts in psychoanalytic thought—toward a focus on reverie, toward intersubjectivity, and toward the developmental approach among child analysts and infant researchers, as well as toward a broader understanding of countertransference by many different theoretical groups—arise partly out of the analyst's need for an inner, integrated feeling of conviction. It may be that one aspect of what is implicitly generating enthusiasm for all of the above is a common impulse to move away from an overly intellectualized approach to interpretation (and the related issue of being too authoritarian), and toward a more balanced, common-sense, or feeling-based approach to thinking analytically. Perhaps there is a common desire that cuts across theoretical divisions, a desire to avoid mystification or overintellectualization of the analytic process.

CONVICTION AS PART OF OUR PSYCHOANALYTIC VOCABULARY

Why haven't analysts fully claimed the word *conviction?* Perhaps it is because of the arduousness of the task of working back and forth between inner and outer reality, or between theoretical and clinical conviction and intuition, in a way that truly fits. For example, Britton (1998) stated that intuitions or inner feelings unrelated to outer reality (and, I would add, those feelings unrelated to a theoretical

community or a "conviction-world" [Almond 1997]) can be a form of delusion. In addition, there is an equivalent potential for delusion or distortion when a theoretical community does not adequately integrate theoretical diversity or what might be called "the analyst with a mind of his or her own." For both of these reasons, I use the term *conviction* with an awareness of the tension between an extreme reliance on inner feelings and an extreme or forced reliance on theory.

I will be repeating many related words and phrases (such as *inner feelings, gut feelings, common sense, beliefs, intuitions, convictions, emotional background, intellectual understanding, impulsive theorizing, obsessional theorizing,* and so forth) because I cannot find one word, or even one combination of words, that fully conveys the tension or the gap that I think exists in the written psychoanalytic literature. I use these expressions, therefore, with an awareness that none of them alone has quite the right connotation. For example, following up on Britton's (1998) discussion, the word *intuition* is particularly problematic, I believe, because it is often used to mean an "immediate apprehension by the mind without reasoning" *(Oxford English Dictionary,* 1995, p. 715), or something that we "just know" in a way that connotes an overly omniscient kind of knowing. Alternatively, although the word *conviction* can be used to mean an overly "firm belief" or passionate "opinion" *(Oxford English Dictionary,* 1995, p. 293), we do not find here the complete rejection of thinking or reasoning conveyed by *intuition.* Rather, as I explored in a previous paper (Grusky 1999), words such as *belief* or *conviction* imply the coexistence of thinking and feeling, a tension between an inner "mind of one's own" and externally accepted theories, or between orthodoxy and creativity.

For the sake of furthering discussion along these lines, I would like to deliberately expand on an exact use of the word *conviction* because I think it can more easily be extended to suggest that there are two sides to this conflict. Recognizing that words such as *conviction, intuition,* or *common sense* can all be used in rigid, simplistic, or overly omniscient ways—just as analytic terminology can be used in overly intellectualized ways—I will try to organize my discussion

by returning periodically to the idea of a balanced or integrated sense of conviction.

Although it is commonly acknowledged in today's analytic communities that analysts intentionally use multiple theories (Hamilton 1996; Sandler 1987), paradoxically, it is just as commonly understood—by analysts of many persuasions—that optimal clinical understanding occurs during moments of "evenly suspended attention" (Freud 1912, pp. 111-112) or during efforts to "inhibit dwelling on memories or desires" (Bion 1970, p. 41). It would be unrealistic not to conclude that the superhuman quality of this set of expectations must, in day-to-day practice, give rise to many partial, preconscious, or imprecise uses of theory and intuitive processes (Hamilton 1996). Not enough is understood about the actual practice and details of using multiple theories and emotional or irrational processes. What are the turning points or critical moments in the analyst's mind that lead to the decision to use one idea, to discard it, or to wait and think or feel some more? Similarly, there is very sparse literature about the following topics: differences between impulsive, intuitive, obsessional, and intellectually based interpreting; contradictory uses of different theories; the need for theoretical correctness or certainty; and the potential overuse of a single, overvalued theory. Most important, not enough is understood about the inner workings of the analyst's mind or the specific theoretical, technical, and emotional integrations that add up to a genuine, integrated moment of clinical conviction.

I will continue to develop a definition of the word *conviction* in order to focus on some of the undefined and overlapping aspects of related concepts, such as *reverie, countertransference, projective identification, enactment,* and *self-analysis.* With regard to the term *countertransference,* in particular, neither of its two usual usages—the narrower definition referring more exclusively to the analyst's inner conflicts, or the broader meaning that describes the analyst's function as a guide to the patient's inner conflicts—identifies the next step of how the analyst then develops and applies his or her theoretical understanding. Furthermore, we do not have a term for the ordinary ways in which analysts use their feelings—those occasions when an

analyst says, "I intuitively believed that . . ." or "I sensed that emotionally," in a tone that communicates an everyday kind of assumption that there is a judgment that we make that something does or does not "feel right," and that this category of the analyst's functioning is a larger or more encompassing one than countertransference or projective identification.

Similarly, although Schoenhals (1994) discussed maintaining the position of the "thinking analyst" (p. 167), and Caper (1997) referred to the "analyst with a mind of one's own" (p. 265), neither of these authors delineated the analyst's struggle to integrate emotional and theoretical knowledge in the context of countertransference. Analysts may also benefit from paying more attention to an inner sense of technical or theoretical conviction—an integration of theory and feeling—that occurs as a result of a moment of enactment or reverie.[1] Although contemporary analysts accept more of the complexity and ubiquity of countertransference and enactment, and the emotional background thus implied, there are still many automatic or unconscious theory choices (Hamilton 1996) that result from a lack of awareness or definition of these very processes. The area least well defined by our usual terms, and one that can perhaps be captured by the term *conviction,* is the gap or tension between theory and ordinary emotional responses.[2]

THE ROLE OF CONVICTION IN ANALYTIC THINKING

When does a feeling shift over into a more highly organized, more articulated, or more theoretical level? How does an analyst distin-

[1] Reading Ogden's (1998) rich and compelling descriptions of his reverie experiences inspired me to think harder about my own undefined inner experiences. Perhaps many analysts experience a less articulated version of this search for theoretical conviction.

[2] I am focusing here on theoretical conviction in the analyst's mind, since analyst–patient interaction and negotiation have been extensively addressed elsewhere. In contrast, there has not been enough discussion about how the analyst's inner process is formed, or limited, by the intellectual nature of the theoretical language and attendant literature that develop primarily between analysts.

guish an interpretation that is theory led or has been forced to fit (in other words, when it represents an unintegrated conviction) from an interpretation that might be termed *conviction led* in a positive sense—i.e., as a gradual, inner integration of emotional responsiveness and theory? Many original contributions have been made in this area by relational and social constructivist writers. Hoffman (1998), Mitchell (1991), Pizer (1992), and others have "thrown away the book" (Hoffman 1998, p. 193), so to speak, or explicitly recognized the value of uncertainty, paradox, and spontaneity. However, taking into account the fact that this body of literature is still evolving, we can nevertheless recognize that we do not yet have enough written material available that illustrates this process of uncertainty while simultaneously integrating relational formulations—for example, with contemporary Kleinian or ego psychological formulations.

While it is extremely difficult to convey abstract and complex concepts in a clinically alive or meaningful way without viewing them through the framework of a particular theory (especially in the context of one's desire to join the dialogue within an existing school of analytic thought), it is exactly this tension that needs further exploration. In order to render analytic discussion less intellectualized and more accessible, and to emphasize that it is part of the everyday functioning of the ordinary, devoted analyst not to draw links with any one theory too quickly, it is important to initially describe some of our difficult-to-define impressions more simply as gut reactions or common-sense beliefs that gradually lead to an inner, integrated feeling of theoretical conviction. Many of our terms, such as *reverie, enactment,* and *countertransference,* emphasize the emotional, irrational, or spontaneous side of the tension, and yet the process is rarely lined up with theory in a way that clearly links thinking and feeling, or that illustrates the evolution or development of the analyst's theoretical convictions. Despite notable exceptions among both classic and contemporary analytic papers, too many articles seem to have been scripted to convey the impression that analysts are able to think rapidly on their feet, accessing and selecting from within the whole corpus of analytic theory, and

seamlessly applying appropriate data to individual patients within seconds (Coen 2000; Hamilton 1996).

Imagine how different the experience of reading an analytic paper would be if it were taken for granted that intuitive theoretical conviction was always tossing and turning in the mind of the creative, integrative analyst. Tustin (1986), for example, has been one author who assumes that an "intangible" concept such as "rhythm of safety . . . is beyond our rational understanding. It is an everyday miracle" (p. 274).

An ordinary act of conviction—an everyday miracle of the sort Tustin described—is what enables a mother to know when it is the right time to linger by her child's bed after a frightening dream, and when that child is ready to face the scary thoughts and feelings in his or her own mind because they have now become depressive anxieties. How do we understand the way that analysts and patients reach similar points of integrated conviction, achieving similar everyday miracles? Although there is no direct correlation between the developmental shifts of adults in analysis and the changes in growing children (the "genetic fallacy" argument is often erroneously attached to the term *developmental),* there may still be a great deal to learn from the emotional processes of the ordinary, devoted mother, of the ordinary, devoted teacher, or of anyone with a kind of commonplace personal or professional understanding based on an everyday combination of feelings, beliefs, and experiences (Bion 1970; Winnicott 1953).[3]

Although it is not my purpose in this paper to review the literature on therapeutic impasses and/or the shift to the depressive position, it is interesting to note that Meltzer (1967) believed (as did Sandler [1987] and Tustin [1986]) that analytic failures or transformations occur most frequently at the threshold to the depressive position, and that our theories are only partially descriptive of this process. How can we address our awareness and our anxiety about the fact that, despite our having many theories about these more irra-

[3] In this regard, one of the best training environments for an analyst is a preschool where parents and teachers work together at "intuitively feeling their way" through important developmental turning points (Grusky, unpublished).

tional or emotional processes, many treatments probably fail or succeed at these junctures without our knowing exactly how or why (theoretically or technically) we are failing or succeeding at a given moment?

Wondering if I were indeed at one of those moments, and not knowing if I was failing or succeeding, I agreed to listen one day as a patient of mine read aloud one of her first attempts to write fiction based on her life. Although I never felt certain that the course I was following was the right one, and my conviction initially fluctuated, the reading of each new story became, for quite some time, a significant part of this patient's analytic hours. The following clinical material traces the conviction process, the back and forth involved in matching theory to a feeling-based clinical choice. (Again, my definition of *conviction* is the accumulation of ordinary, day-to-day emotional responses that are gradually integrated over time with theory, until the analyst achieves an inner feeling of fit.)

RACHEL'S STORY

I have tried to resolve the serious issue of the patient's confidentiality by replacing some of the real facts in a way that will convey with equivalent emotional accuracy the overwhelming feeling of loss or dislocation that has haunted Rachel's family for generations. Although inevitably the reader will experience the same feeling that I do that some of the details do not quite fit in, even within these limitations, I was surprised to discover the extent to which the act of writing helped me to integrate my thoughts and feelings. For example, I had not previously asked myself how I had managed to reconcile my experience of the patient as both a wealthy and intimidating, middle-aged woman and a dissociated, motherless and fatherless child.

Rachel's parents were European Jews who came to America just before the Second World War. It took a while before I was able to confirm my *hunch* that there had been many loved ones left behind, who later perished in the camps or while attempting to escape.

(Perhaps this was an example of an ordinary hunch or gut feeling that does not precisely fit into the category of countertransference, but one that informs the analyst's understanding in an ordinary way that we take for granted.) As it turned out, Rachel had forgotten the names of some of these relatives, and in fact, in some cases, she had never actually known clearly or consciously of their existence—until, motivated by events in her analysis, she started to ask more questions of the few surviving friends of the family.

After many years of infertility, Rachel's parents had begun the sporadic pursuit of a baby to adopt, which was interrupted when Rachel was conceived and delivered. Four years later, Rachel's sister was born. Both girls had fairly serious medical complications at birth, although these were ultimately resolved. When Rachel was two and a half years old, her mother was hospitalized for several months with cancer and then recovered. When Rachel was five, her mother was diagnosed with terminal breast cancer, dying when the patient was seven. When she was eight, her father was also diagnosed with cancer. When Rachel was nine, her father died. After this horrific cataclysm of events, Rachel and her sister were adopted.

Some of the most upsetting but key pieces of Rachel's history first emerged in the form of her defensive denials and my requests for clarification. Privately, I thought, "Shouldn't Rachel be seen, in some respects, as a child of Holocaust survivors?" Or "Isn't the emotional truth that, as a child who lost both parents" (although she confusingly referred to her adoptive mother as "Mom"), "she essentially lived a large part of her childhood feeling like an orphan?" I waited, keeping these thoughts and emotional responses to myself, while trying to listen for openings in her associations, but it always seemed that no matter how long I waited, or how carefully I tried to phrase my questions ("Who were the members of your family ?" "How did you decide to call your adoptive mother 'Mom'?"), I would feel that I was clumsily setting off land mines or tactlessly intruding on her defenses.

More often than not, Rachel's dismissive tone put an end to the possibility of further exploration: "It's not that I felt like I didn't have a mother. I was very well taken care of by my adoptive mother";

or "I wasn't really affected by the Holocaust. My family left Europe in plenty of time." Although I intuitively felt that her words belied the emotional truth of what she was conveying, when I spoke to her about this perception, she imperiously denied it. It was easy to get drawn into a kind of collusion of feeling, as I think she wanted me to, and to find myself thinking, "Who am I to tell her what has happened in her life?" I would remind myself (a bit too defensively) that she was probably smashing my mind with an antipsychological stance because she desperately needed to use denial as a defense. However, after a certain amount of inner wrestling along these lines, and along with the feeling that I was living more than I should with this jarring inconsistency, I decided that it would help me as an analyst to try to think things out by writing about Rachel.

Later, I was to wonder if it was the difficulty each of us had in thinking about the degree of loss in Rachel's life that propelled both of us toward the act of writing. Perhaps in my case, the writing process represented a conscious choice to integrate my thoughts and feelings—or to confront the more painful aspects of the truth—in stark black and white on the page.

For four years, Rachel refused to see me more than once a week. Typically, she was openly hostile and contemptuous toward my efforts at "analyzing," and even more so toward comments in which I tried to be sensitive or responsive to her pain or confusion. I felt as though she were telling me that she needed me so much that she *refused* to need me. Many hours were filled with direct or indirect declarations of indifference, especially after separations, and I made the common-sense decision to proceed slowly with my recommendation for analysis. (This is another example of what I would describe as an ordinary kind of emotional responsiveness that does not fit neatly into the usual technical terms with which we describe how a patient communicates unconsciously; instead, it is a response dependent on the analyst's more generalized ability to use his or her feelings or common sense in clinical decision making.)

Eventually, Rachel and I found a few safe topics that enabled her to move back and forth between a kind of semifriendliness and a more subdued version of her earlier derisiveness. Thinking at first

that this was a global change, I was surprised to learn later on that a particular quality of mine was responsible for this shift in attitude. In one of those accidental encounters that are inevitable in a relatively small city, Rachel discovered that we were both members of a Jewish organization. It was because of this link between us—for this reason alone, she eventually told me—that she allowed herself to trust me enough to begin four-times-a-week analysis.

The Psychological Function for the Patient of Reading Her Fiction Aloud

It was not until several months after shifting from therapy to analysis that Rachel confided in me about her short-story writing and her ambitions to become a writer. (Until then, her attendance at analytic sessions had been very touch and go.) The first time that she read one of her stories aloud, she felt to me like a very small child who was proudly displaying her first drawing—or, younger still, demonstrating one of her first steps on her own two feet. I did not have the heart (a common-sense term?) to raise any issues that might quell the emergence of what I experienced emotionally as new and precious feelings of autonomy and enthusiasm.

My thoughts developed in the following direction: "Should I follow my gut feeling or emotional inclination, even when it doesn't feel fully integrated with my theoretical understanding?" I felt I had to consider, on the one hand, the issue of the patient's resistance, and at the same time, the possibility that her reading her stories aloud might represent a necessary but temporary therapeutic compromise. Describing the situation as an enactment seemed accurate enough (Renik 1993), but when is an enactment a *folie à deux,* an enclave, or an excursion (O'Shaughnessey 1992; Zalusky 1998), and when is it actually an accumulation of not fully articulated intuitive or emotional responses to the patient?

There may be many ordinary moments in analysis (such as my hunch about Rachel's lost relatives, my emotional recognition of her as an orphan, my emotional understanding that she had to enter analysis on her own terms, and my common-sense feeling about her

reading aloud her stories) that do not precisely fit the definitions of countertransference or projective identification, and that we therefore note only preconsciously, or even discard prematurely as ordinary, unscientific, or unfounded beliefs or gut feelings. It is important to note that I am not suggesting here that there is anything omniscient, mysterious, or even particularly remarkable about intuitive responses in the sense they are being used here. Instead, I hope to demonstrate the need for a more ordinary, feeling-based, or experience-near description of these processes. At the same time, I do not mean to suggest that I am unaware of the relevant work of many theorists, whose ideas will be discussed below. Another way of framing my remarks, perhaps, is that I am attempting to formulate a more accurate description of the gap in time (a gap that is not usually written about) between an approach that "feels right" and the translation of that technique into theoretical language.

It is difficult to describe why I followed my partially formulated feelings and beliefs about the story reading in Rachel's treatment. Although her desire to read her stories aloud made me feel pulled down an unknown road and uncomfortable about not knowing where we were going, it also made me feel hopeful that perhaps we were going *somewhere*. I realized that the story-reading "enactment" could be seen as addressing or fitting the following problems that I had been emotionally sensing all along:

1. Time and again, Rachel would relentlessly and systematically squeeze the life out of our verbal exchanges through an obvious parroting back of ideas, or through the complaint that, in bringing up a certain question, I had forced her "to be a good girl" or "to do her homework."

2. Periodically, I had the distinct intuitive feeling that Rachel was asking me to help her cope with deep feelings of despair, but these requests (if one could call them that) surfaced only nonverbally, or through her despondence over the persistence of psychosomatic symptoms.

3. I gradually became consciously aware that Rachel's most emotionally charged and symbolized interactions with me were restricted almost exclusively to experiences that occurred in the context of either her writing or her Judaism.

This last point made me wonder whether the contents of the stories were actually a fuller expression of Rachel's subjective experience than what she had been able to discover simply by talking on the couch. So often the themes of her writing centered around the significance of her Judaism, and indirectly, her need to see us as "sisters" in a larger, glorified Jewish family.

Story Reading as Family Romance "Play": The Beginnings of Conviction

It is assumed by most people, almost without giving it a second thought, that a sense of belonging is fundamental to having an identity. Yet one does not have to be a student of Heidigger to feel impressed by the dire necessity of this for someone with Rachel's history. Surely the origin of my emotional responses to Rachel was my recognition of this most desperate image of aloneness—the image of the solitary and dependent child.

I was aware at this stage of trying to feel my way toward a better integration of my emotional response to Rachel's Judaism (and in very similar ways, to her writing) with theories about family romance fantasies. When Rachel discussed with me the meaning of holidays such as Rosh Hashanah, Yom Kippur, or Pesach, she became preoccupied with certain ritual words that were repeated over and over in prayers or blessings or at pivotal ceremonial moments. These words and ideas centered on the connection between *all* Jews across generations, a connection that went back thousands of years. Every year, she told me that tears filled her eyes during the repetition of phrases such as, "Let us do what our ancestors have done for thousands of years," or "As my mother and father before me have done, so shall I . . ."

As I came to recognize the importance of Rachel's Judaism, I also began to understand more deeply the significance of the larger emotional constellation surrounding the idea that Rachel was essentially an orphan, a child who had lost both her parents, and to appreciate the strength of her yearning to establish replacement ties. The meaning for Rachel of the fact that she and I were both Jewish seemed to contain the simplest, most basic kind of intuitive logic. It meant to her that we were related, that we had a blood tie, that we were in reality members of the same family.

Again, what I am describing very clumsily as my emotional understanding of Rachel's intuitive logic took a long time for me to understand theoretically and to translate into theoretical conviction. In what follows, I will try to retrace my first steps toward integration of theory. On the one hand, it did not feel right for me to approach her feelings about our "real relationship" as simply a transference delusion or collusion. At the same time, I felt and believed theoretically that it was crucially important that I not yield to the pressure of her denial of the inevitable limits of our relationship. Both the surface and latent meaning of what Rachel was saying was that she desperately wanted to feel that she and I were connected and would never have to separate; and this had to be understood, at least partially, as a defensive resistance to the idea of mourning the death of her parents, and simultaneously of mourning her separateness from me.

I also considered the idea that this preoccupation of Rachel's could represent, at the same time, the seed of internalization. That is, her family romance fantasy—that she and I were part of a glorified, larger-than-life Jewish family—could represent part of the "play" or "potential space" of the transference (Winnicott 1953), and as such, would likely evolve into a more mature wish to hold onto a "good enough" maternal image inside herself. As I thought about these ideas, I recalled Jacobson's (1965) documentation of the dramatic and relentless nature of family romance fantasies among adopted and orphaned children, as well as Greenacre's (1958) emphasis on the intensity of the wish for heroic mentors or patrons among creative people. I also turned to Steiner's (1999) and Segal's (1952)

further elaborations of the idea that a heroic self, founded on the mother's idealizations of the baby, is a crucial part of the development of the ego, of the creative process, and of the reparative process of analysis.

As I examined these theories in more detail, it became clearer to me that Rachel's stories, which almost always used the rich symbolism of the Jewish religion, provided clues about her search for a separate identity. Since the Jews as a people have always historically and metaphorically been searching for an identity and a homeland, have needed to depend on their psychological ability to remember and carry inside all the rhythms of safety and connections from the past, and in so doing, perhaps, have created a religious system that strives to ensure the internalizations of their ancestors. Rachel's use of these symbols in her fiction, in her daily life, and in her fantasies about me provided me with a vital link (both emotional and conceptual) for furthering my understanding of her. And yet, as I became increasingly able to integrate such emotional links, fitting them with theoretical examples that felt right, I was still uncertain about how to handle the technical issue of the story reading itself. In what follows, I will examine some of the disconcerting but inevitable technical/theoretical incongruities that arose as I tried to combine my responsiveness to Rachel's developmental need for the story reading with tactful questions about it over the long term.

ELABORATIONS ON THE CONCEPT OF A CONVICTION MODEL OF INTERPRETATION

Since so much of the psychoanalytic literature fosters the impression that analysts are able to shift gears smoothly between feeling and thinking, or between multiple theories and emotional processes, the next section will be devoted to illustrating the gaps in this process with more clinical detail.

The following material illustrates Rachel's strong reaction to my comment that "it must feel like you and I are worlds apart some-

times." The interaction that Rachel and I then had was compounded by several ongoing events in the treatment. As described above, I made the intuitive decision to listen to her read aloud her fiction from the couch about six months into the analysis, and this reading went on sporadically for the next six to eight months. In addition, there were two other particular influences on the session described below: First, Rachel had called at the last minute to cancel the previous session, saying she had decided not to come because it was Rosh Hashanah. For several years, she had criticized me for working on that day, or sometimes taking the day off, and described how painful it was for her not to know whether I attended services, or to accept the fact that we were Jewish in different ways. Although the pros and cons of charging for a missed session had been discussed with her, the discussion had been inconclusive because, until this year, either I had taken the day off or Rachel had managed to keep her appointment and attend services later in the day.

Second, a week before this session, I brought up the idea for the first time that perhaps Rachel and I might not want to assume that reading her stories aloud would *alway*s be the best way for us to understand her. I said that I wanted to talk to her more about why she thought we had gotten so much closer in this particular way. Up until this point, whenever Rachel had written a new story, I let her choose when or if she felt like reading it, without suggesting that she restrict herself to merely telling me about the story or discussing her associations to it. Rachel became very upset with me when I questioned what I knew felt to her like a cherished way of proceeding, and I was constantly in doubt during this period about whether I was being as tactful, as interpretive, or as containing as I might be.

A Key Session with Rachel

"You'd better not penalize me for a canceled session on a Jewish holiday. It's in very bad taste that you didn't take off for Rosh Hashanah yourself, you know. You have no standards, no respect for Judaism." (These comments were made in a scathing tone.)

I said, "It must feel like you and I are worlds apart sometimes."

"And don't say this is because we are different people, or that everybody is separate and lives in different worlds," she continued. "Rosh Hashanah is one of the holiest days of the year! What's the matter with you! If you aren't on my wavelength, if you don't go to services, how can you help me? It becomes just a business relationship."

"I think you feel you need me to be on your wavelength in order to make progress, and that I don't always understand that need," I replied. "This has been happening more lately, about my listening to your stories as well as about going to services, which we have talked about before."

"Yeah!" Rachel interjected. "Before you brought that up about the stories, I was really starting to feel like I was a special person to you, like you really cared about me—that I'm not 'just a patient.'" She grew teary-eyed.

I said, "Maybe now it feels like I've started to treat you like an adopted daughter, like I'm not the real mother you thought I was."

Rachel began to cry. "It's so jarring! I don't know what happened."

"It's like losing a mother again," I commented.

"Yes," she agreed. "I really am scared to trust you again. Just because you're being understanding now doesn't mean you won't do it again. It's like reading my stories to you—first I feel like I've finally found this special person, and you're like a mentor, and I want to write it all down because I feel you'll understand. But either you care about how I feel, or you don't. Why do we have to talk about whether I should spend my sessions just talking, or reading my writing and talking? It's all what I feel, so why does it matter? I feel like you've spoiled everything because suddenly you don't understand."

"I think at least a part of you knows that I can't always share or understand all the same feelings you do," I told her. "I am wondering how we can begin to talk about some of the painful realities that are an inevitable part of any relationship. We will terminate some day; we will die; I don't always see things the way you do, even

though we have that closeness at other moments. Do you really think we can avoid talking about these things?"

"But maybe I *will* want to see you at least once a week for the rest of my life!" Rachel retorted. Very angry now, she demanded, *"How do you know what I want?"*

This was one of those junctures with Rachel when I was truly in doubt about what I was doing. Where do analysts turn at these moments? When do we trust our gut feelings, and how do we use the many complex theories that are so important to us in integrated rather than force-fit, overly intellectualized ways?

Attaining a Sense of Conviction

I will now explore several different ways of looking at this material and the back-and-forth process I went through in order to achieve an integrated sense of conviction. I will try to show how a generalized emotional background was translated into an integrated theoretical understanding—a theoretical understanding that I believed in—via a process of feeling my way toward specific articles or theories that helped me to draw out and elaborate on my thoughts about Rachel.

On the one hand, the above-described interaction with Rachel seemed strikingly reminiscent of a type of narcissistic object relationship, vividly described by Caper (1997) as a "fantasy that the patient's mind and the analyst's are somehow the same" (p. 268). Stating that the task for both analyst and patient is to have "a mind of one's own" (p. 267), and linking this achievement to the shift to the oedipal stage as well as the shift to the depressive position, Caper elaborated on the emotional tone of this state of mind, describing it (as did Rachel) as the feeling that one is "finally being understood" (p. 269). In this emotional state, he believed, "there is no anxiety, guilt, depression, or resistance to interpretation" (p. 269).

As I read these comments, I felt that Caper had identified extremely well the feeling that Rachel was so thirsty for—the one that had led her to insist on reading her stories aloud to me as if I were a special mentor, as well as her need for certainty about the feeling

that we had a special connection because we were both Jewish. But my choosing to think of it in this way meant that I had to question whether, in Caper's terminology, Rachel and I were in danger of collusion, in a state of pathological merger, or in a delusional relationship (p. 269), to the extent that we carried out these enactments. Although applying Caper's ideas and interpreting Rachel's desire that we share the same mind made sense in a rational way as a means of introducing a necessary tension in the treatment, I also wondered about another theoretical perspective—one in which the above-described exchange with Rachel might be seen as a premature disruption of her need for idealization (Winnicott 1953).

I was aware as I wrote about these ideas that this first attempt of mine to translate a clinical moment into theoretical language felt too intellectual, too categorical, and too unemotional. I also noticed that, to a certain extent, I felt I had to dress up, fit in, or tailor my thoughts, so that they would more clearly correspond to Caper's or Winnicott's theories. I decided to try again to more accurately describe the *emotional background* behind my thoughts.

Specifically, how were these ideas mixed in with my more spontaneous feelings that were not fully articulated as theories? It seemed to be the case that, if I really paid attention to what was happening internally, the feelings as they emerged actually existed in a different or cruder or more intuitive form. A closer description of my inner thoughts went something like this: How much can Rachel tolerate my saying no to her, disagreeing with her, or being separate from her? Does she feel held enough by the fact that I have already shared many stories with her? Have I met her needs enough yesterday or last week, such that she can now tolerate more distance as she keeps those past experiences in mind? Or has she still not had enough of that kind of merging experience, meaning that she may become overwhelmed by anger, panic, or paranoia if I am more distant from her? Was my interpretation that "it must feel like you and I are worlds apart sometimes"—motivated by my technical/theoretical questions about the story reading—actually a force-fit, theory-led interpretation, rather than an integrated use of theory and feelings, and was that why Rachel became so angry?

Or was I sensing that she could begin to fight with me about these possibilities? After all, is it not the case that before one can separate, one must build up an internal picture of a good enough mother or mother-analyst? How does one know and/or test the ongoing development of this kind of resiliency or the existence of this good enough internal picture?

At the same time, another set of my thoughts contained the belief that perhaps Rachel's anger was based on a fantasy of omnipotence or a defensive resistance against dealing with the uncomfortable but necessary tension that facilitates growth toward separateness. Here I was emotionally moving toward Caper's (1997) ideas. In that case, the patient's anger would be viewed as an attempt to control me. Was I afraid of her temper tantrums? I did, in fact, experience them as unpleasant and manipulative. Did I want to rescue both her and myself from these feelings of helplessness, because it was more comfortable to see myself as the all-giving and all-good maternal figure? Or was my desire to listen to Rachel's stories more akin to the ordinary way that a mother might sing to a child at bedtime, as a way to ease separation? All these feelings could fit with a hypothesized conflict about separation on both of our parts; and, therefore, my interest in Caper's ideas, even if they were prematurely used, could be an initial, intuitive recognition of my need to have a "mind of my own." Caper emphasized that it is precisely because of the analyst's need to vacillate between a feeling of separateness (or a mind of his or her own), and an inevitable responsiveness to the patient, that the analyst is able to interpret the patient's conflicts about separateness.

In summarizing my emotional background, then, I noted that it included organizing, integrating, and coming to terms with where Rachel and I fit along the spectrum of the above-described extremes. Another way of portraying what I am calling my *emotional background* is to say that I felt torn by the recognition that both theories might be right or partly right.

I was aware that I did not want to make the mistake of relying in an overly intellectualized way on one theory out of a feeling of helplessness about not knowing what I really thought. After further

consideration, I felt that making my "separate worlds" interpretation at that moment in Rachel's treatment had been too clunky, too intellectualized, or perhaps too far ahead of the emotional process. I had been thinking too hard about "good technique," rather than feeling the idea as conviction-based in an integrated way. This realization pushed me to go back to my reading, and I then discovered (or rediscovered) another compelling idea portrayed by a theorist whom I admired, an idea that I felt fit with some of the other hard-to-define aspects of my emotional background.

Alvarez (1997), while noticing her own use of different ways of thinking about clinical material, described a patient who, like Rachel, insisted on "foreverness." Alvarez wrote of her shift from seeing this insistence as defensive to seeing it as expressive of a need for duration and durability of positive experience. The patient "felt he must have a forever mummy . . . . I was still using an unmasking model. I treated the insistence on foreverness as a defense . . . instead of seeing it as a rightful need for continuity" (p. 761). Alvarez continued, "I was using a technique designed to reveal . . . omnipotent defenses. I think now that these so-called defenses . . . carried elements of basic developmental needs for . . . a sense of agency and potency" (p. 754).

Thinking especially about this last quote, I realized that at least part of the problem for Rachel was that she did not allow herself to become puffed up or omnipotent enough.[4] Not only did she frequently ignore or smash with scathing words my efforts to think about her or to be compassionate toward her, as described above, but she also behaved the same way with herself. Her chronic sense of inadequacy was attested to by the fact that, with almost every job she had ever held, she had felt so strongly that she was about to be fired that she had ended up quitting.

For someone like Rachel, to have been able to discover a passion for writing in herself was a monumental achievement. As men-

[4] This is not to say that I was not simultaneously developing an emotional and intellectual understanding, similar to Caper's (1997), of the patient's desire for omnipotence. What I would like to illustrate here is the importance of keeping in mind that one theory does not necessarily contradict another.

tioned above, she had first begun to spend time writing on a regular basis shortly after shifting from therapy to analysis. Although she protested that the writing was "forced" (she often felt that her writing class was forcing her, or that I was forcing her), once she began reading aloud to me, it became clear to both of us how far this was from the truth. Furthermore, Rachel's ability to divulge her genuine, passionate feelings to me seemed like a second monumental achievement.

As I went back and forth between these views of Rachel's case, I began to feel, in a common-sense way, that whether one described her as too omnipotent, as having not enough ego or lacking an ideal ego, or as having never had a secure base of attachment, the important point was that sharing the story writing at this moment in time was clearly making her feel stronger—an observation that could no doubt be made from within many theoretical frameworks. Of course, in my thinking and writing about Rachel, much as I tried, I could not steer my thoughts away from words such as *self, identity, ideal ego, security, attachment,* and so forth.

On the one hand, I felt tempted to quote Steiner (1999) about there being "no need to go into Byzantine discussions of chronological order" (p. 704), but on the other, I felt just as strongly a desire to summarize Mitrani's (1993) comments on the debate between primary envy versus environmental deficiency.[5] However, I then realized that it was exactly this back-and-forth process between the de-

[5] Steiner (1999) described Klein's belief that introjection and projective identification stem not only from primary envy and aggression; indeed, a baby also projects good parts of him- or herself into the mother, and in fact, this is the beginning of the capacity to love. Mitrani (1993), Rosenfeld (1987), and Spillius (1993) made similar clarifications. These are all examples of a trend toward integration of Kleinian and Winnicottian thinking. Bion (1970) provided the necessary technical link with his attention to the analyst's or parent's capacity for the kind of reverie or maternal preoccupation that nurtures creativity. Steiner (1999) did a wonderful job of further integrating these ideas by using the notion of the heroic self. In retrospect, I believe that I was trying to reach a similar integration in my treatment of Rachel, through my emotional acceptance of her loving idealizations of me (as a writing mentor and a beloved member of a Jewish family), while simultaneously thinking of her with my separate mind, using Caper's (1997) ideas.

sire to be antitheoretical at one extreme, and overly theoretical at the other—that is, the process of developing an integrated feeling of conviction—that I was trying to pinpoint more precisely. I became aware that the analyst must notice when theory is being overused, used categorically, or used as a way to avoid integrating other seemingly contradictory theories.

Because of my positive experiences in training with several ego psychological child analysts, my thinking turned at this point to one of Anna Freud's (1965) comments. This time I tried not to be prematurely categorical; I fought against the idea that in order to feel legitimate about being an analyst or about writing a paper, I had to adhere to one theoretical system. Perhaps, in the context of paying more attention to my emotional reactions, it began to seem that this was an instance in which some ego psychological child analysts could be seen as sharing a common outlook with some object relations theorists.[6]

Although coming from an entirely different theoretical orientation, Anna Freud's (1965) belief in the importance of knowing when it is necessary to tolerate regressions during a child analysis seemed very much in line with Alvarez's (1997) perspective: "By returning to early forms of being protected and comforted in the symbiotic and preoedipal relationship . . . it will be beneficial for . . . [the child's] freedom if the way back is not blocked by environmental disapproval" (A. Freud, p. 107). In rereading Anna Freud, I wondered if Rachel experienced some of my comments about separateness as a form of disapproval. Was I in danger of squashing an early seed of internalization with a premature reminder of our separateness?

[6] For example, Wolfenstein (1966) was one of the best spokespersons for the idea that the demand for the return of the lost object is the definition of pathological mourning. There is a clinical and theoretical convergence of ego psychological and object relations ideas in her descriptions of the relationship between object loss and internalized object relations—a conviction born directly out of her understanding of children. Similarly, superego theory was reformulated from the Hampstead Index research (Sandler 1987) to include more emphasis on the notion that to feel love or to restore narcissistic cathexis is a powerful motive for ego development—thereby bringing Alvarez (1997) and Steiner (1999) to similar conclusions.

Here we have another example of the difficulty of developing an integrated feeling of conviction, or of working back and forth between emotions and theory. At times, Anna Freud's writing implies an interest in object relations, expressed in her theoretical and technical recognition of the importance of the *real parents* and the *real analyst*. Her discussions of these ideas were often far ahead of her time. However, at other times, she assumed—in a contradictory way—that the need for a developmental replacement object necessarily means that one cannot analyze conflicts or anxieties.[7]

In my treatment of Rachel, my desire to use an integrated, conviction-based method of interpretation pointed me toward the ideas of both Anna Freud (1965) and Caper (1997). The former helped me to realize that an interpretation could be experienced as disapproval in a way that could disturb an important and delicate balance. However, I was simultaneously trying to find a way to say to Rachel that there must be a part of her that would want, at some point, to consider *her analyst's* ideas about doing analytic work (and here I was responding to Caper's ideas), in order to be able to get more help from me. In keeping Caper's writings in mind, I could focus on my goal of analyzing Rachel's anxieties or conflicts about having a separate mind from mine.

ADDITIONAL CLINICAL MATERIAL AND DISCUSSION

I will now try to show how, in the context of the back-and-forth exploration of my emotional background, I came to have more of a feeling of fit with all these theoretical ideas during the period in

[7] It is not my intention to single out the writings of Anna Freud on this point, but rather to illustrate the limits of any given theory. I have had the same feeling, of the presence of contradictions or double messages, while reading works of contemporary Kleinians, and when trying to imagine a clinical translation of Winnicott's (1953) notion of a transitional object. In regard to the latter, my attempt to develop conviction about my clinical choices with Rachel has enabled me to understand far more deeply how Rachel's reading her fiction in sessions could be described as a transitional object.

which Rachel read her fiction aloud. It eventually became clear to me, in the thinking and feeling way described above, that the story reading was the first step or the first opening where Rachel's yearning for vitality could break through. As mentioned above, her hostile rejections of me and my ideas, and her stiff, deadpan parroting, were conspicuously absent during the hours devoted to reading her stories. In fact, as I will try to show in the following, through using her displacements onto her characters, Rachel became someone with dreams, someone who cried, and someone with values and beliefs that she could call her own.

For example, it was only in the context of reading her stories aloud that Rachel was finally able to see clearly that her preoccupation with old people, old books, and antique furniture—and even her intellectual fascination with history—was directly related to holding onto her dead parents. Although the same kind of material had emerged in her associations during a standard analytic hour, she had been unable either to see the connections herself, or to appreciate even the most tentative linking proposed by me, without feeling controlled and taken over. However, with her stories as the backdrop or container that provided a greater feeling of distance from herself, as well as more control over the situation and closeness to me, Rachel experienced herself as creatively coming up with these ideas.

Although these developments contributed to a greater feeling of conviction on my part that Rachel and I were on the right track, I still noticed and wondered about times when I felt she was shutting me out or controlling me during the reading. Often, her writing style was extremely authoritarian and pedantic, and quite difficult to listen to. This was particularly so at the times when she wanted to convince the reader that a certain character was worthy of being despised. In order to manage my countertransference feelings, I would try to think of myself as playing a role similar to that of a child therapist—one who accepts the fact that she is being puppeted around and told to "make that bear hit the puppy dog," or even, triumphantly, "Now *you* be the mommy doll that has to die!" I thought that if Rachel's characters were allowed to come alive in the dis-

placement, perhaps we might eventually be able to move back and forth between this pretend play and a franker discussion of the transferences and countertransferences between us.

It was during this time that we began to play a kind of game, in which Rachel would ask me to make up lines using the voices of her characters. Ostensibly, we were trying to rewrite her sentences together to improve her writing, but it also felt like we were playing or playacting. Once Rachel had assigned me (or "pinned me down," as it sometimes felt) to a particular role, she seemed freer to expand on the character herself. Although she mocked me (and we had to talk about that), I was able to experiment by asking her, "Is that a voice from your childhood?"—particularly at the moments during which I felt I was being controlled.

Here again, I was using several theoretical perspectives: I was thinking about and responding intuitively to the ideas of Caper (1997), about pathological merger and omnipotence; Alvarez (1997), about potency; and Winnicott (1953) and Anna Freud (1965), about play. One day, it became clear to Rachel that the very authoritarian tone she was using was the voice of an internal introject of the grandmother whom she felt she had wrongly punished for her mother's death. It was at that moment that Rachel was able to acknowledge that she sometimes wanted to punish me for being the "grandmother" instead of her real mother.

Gradually growing bolder about this experimental method, I began to wonder, in the context of another story, how the character of a little girl might feel about the knowledge that her mother's breasts had been removed. I "invented" thoughts and feelings for the girl, but only under the guise of improving the writing or the believability of the character, since those were the silent rules of the game. Although Rachel cried silently while I talked—and of course, we both knew that we were talking about her (and her mother's terminal breast cancer)—she continued to refer to the girl in the third person, and I felt intuitively that I had to respect this. Again, my response to Rachel here could be described as countertransference, but I think it also belonged to a larger category of conscious, ordinary, emotional responses that need to be recognized and val-

ued for their own sake. Once Rachel had rewritten this story so that, from a writer's perspective, the voice of the little girl character rang true, she was able to admit, on her own, that her feelings at the time she cried were feelings that really belonged to her.

As she became increasingly more aware and more able to tolerate her deep feelings of sadness, Rachel was finally able to discuss the idea that getting in touch with these creative parts of herself also meant confronting the very blackest places inside of her. For example, she once read aloud a story she had written that retold the ancient tale of the breaking down of the walls of the temple during the period between Rosh Hashanah and Yom Kippur. She then explained that her fascination with the religious meaning of this story grew out of a parallel psychological process, or a mourning process, that she knew she was going through with me. She explained that she experienced the breaking down of the temple walls as akin to the breaking down of the symbolic, defensive walls inside of her, necessary before she could get to Yom Kippur, or a sad and reflective stage of atonement. It is interesting to note, in light of Segal's (1952) ideas about creativity and the depressive position, that this particular story was the piece of writing that touched me most deeply, and also the one that was praised most highly by those in Rachel's writing class.

Although there were many painful periods, and Rachel continued to be dismissive of what she called "this stuck-in-the-mud analysis," both she and I were able to recognize, at moments, that she had for the first time been able to confront the deep, underlying depression she had been avoiding for her entire life. Although the fiction reading remained an important pathway of exploration, as time went on, it receded to become just one of many avenues, rather than the only entryway that Rachel would allow.

CONCLUSION: HIDING AND SEEKING WITH WORDS

Knowing that the unconscious takes shape in a way that we cannot rationally understand, how can we be guided in the clinical

moment if not by an integrated sense of conviction or a process of working back and forth between theory and irrational emotional processes? In other words, what lies behind my exploration of the word *conviction* is the larger issue of how we can talk more openly about what *really* happens in analysis. What are the pivotal moments when we need to question whether our theories feel right, and whether we are failing or succeeding with our patients? By elaborating on the pitfalls of an over-reliance on either theory or intuition, I have been trying to show that more often than not, the experience of being an analyst feels rather like the childhood game of hide and seek—teetering on the edge of a dark forest, being pulled in different directions, and alternating between the roles of hider and seeker.

My sense of what really happened with my patient Rachel was that it was only after trying to define my process of *conviction* that I saw that, during the hour in which I interpreted Rachel's discomfort with our "separate worlds," I was actually hiding in (or prematurely applying) my theory. It now seems to me that I was motivated in an overly intellectual way by the wish to interpret separateness, and that although this interpretation was important and valid, it was not fully integrated with my less articulated, emotional understanding of the patient's need for the rhythm of safety that is created in a playful atmosphere. The development of Rachel's writing talent, along with her capacity to mourn and to feel her own feelings, seemed to hinge on an analytic process in which I only gradually came to understand my everyday emotional responses to Rachel, and to integrate these feelings with my theories. I believe that a case can be made that this less rigid, conviction-led use of theory may in fact be an everyday occurrence among some analysts—but unfortunately, it is talked about only in private, among friends or colleagues, and is not generally reflected in our written or public discourse. Since there are internal inconsistencies in all theories, shouldn't our written discourse reflect the fact that our clinical experiences are bigger than our theories?

Another way of putting this is that to be an analyst today is to participate in a rigorous emotional and intellectual marathon. It is rigorous because it is hard to ask oneself, "Can I use some of Ca-

per's or Anna Freud's ideas, but not all of them?" or "Do I have a right to do this, or am I going too far out on a limb?"

Although I am trying to illustrate the benefits of an inclusive attitude toward multiple theories, I do not mean to suggest that there is never a time when a particular theory (or parts of a theory) is not a good fit. In the case of Rachel, an easier, single approach (and a potentially safer choice) might have been to settle into a more supportive treatment with her. This decision, like many decisions, could have been theoretically justified by applying some of Anna Freud's (1965) ideas about the need for a real object. Although choosing to be a real object is something that all analysts do (to varying degrees, of course, and with different kinds of patients), the reasons why we choose such an approach may not be entirely rational or theory based. An alternative approach to Rachel's case—a desire not to shortchange the analytic process, or to remain true to an idea such as Caper's (1997), for example—might have led to the continued interpretation of the patient's conflicts about separateness (despite her rage), and perhaps she would not have continued as an analytic patient. Theoretically, this would also have been a justifiable position, and all analysts probably err in this direction, too, at one time or another. Yet to what extent does the psychoanalytic literature illustrate and encourage the creative development of the analyst's inner theory-integration process (Grusky 1987)?

It is extremely important for analysts to recognize that our thinking forms part of a theoretical tradition or "conviction world." For instance, I felt more comfortable listening to Rachel read her fiction from the couch once I had linked her feelings about Judaism with analytic theories about family romance fantasies. I was also more comfortable with my emotional responses when I was able to integrate them with articles that had led me to a sense of conviction. And yet, why do we need this link with others to feel comfortable or legitimate? Why is it difficult to think for oneself?

I find in my own clinical work that, until I engage in a mental back-and-forth process, with the aim of coming to a feeling of integration in my own mind, my theories do not feel right, or I catch myself being too intellectual or stiff in my use of theory. Previous-

ly, I was not aware of the extent to which I felt I had to choose only one theoretical system. But what else might have been behind this intellectual stiffness? Wouldn't such a clash between obsessionally theoretical and intuitive processes also reflect something about me personally as an analyst? How does one feel one's way toward an intuitive, integrated use of theory, an evenly hovering way of perceiving, or a reverie-like focus on ideas? Another part of the answer must involve one's own analysis and self-analysis, as well as a very individualized inner recognition of the feelings of loyalty, disloyalty, and conviction that accompany new integrations (Grusky 1999).

I now understand more than I did when I set out to write this paper about why I chose the word *conviction* as a major focus. Although perhaps my hunch about Rachel's "forgotten" Holocaust relatives could be broadly defined as countertransference, I hope I have also illustrated that, in addition to valuing the contemporary emphasis on topics such as countertransference and enactment, there is additional benefit to the recognition and acceptance of many everyday, down-to-earth, even obvious intuitive moments that analysts do not highlight or privilege with technical terms. Judging from the psychoanalytic literature, as well as from private conversations with colleagues, I find that many analysts seem confused about whether to "go in head first," so to speak, or to "follow their hearts," and to what extent to try to do both. Perhaps this is because, instead of having words or a language that fully acknowledge the use of feelings, analysts have a very obsessional or intellectualized language that is paradoxically meant to capture the most irrational areas of human experience. In other words, we do not seem to have a word such as *conviction* in common analytic parlance that specifically emphasizes this self-analytic kind of exploration of the tension between thinking and feeling.

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1939 Divisadero St., Suite 4
San Francisco, CA 94115

e-mail: ZGrusky@aol.com

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ON IMMEDIACY: "VIVID CONTRAST BETWEEN PAST AND PRESENT"

BY WARREN S. POLAND, M.D.

What gives immediacy to the immediate?

The Tempest, the last of his plays that Shakespeare wrote entirely alone, was the only one that respected the classical demand for unity of time: the time of the story unfolded in the drama is the same as the passage of time in the action on stage. Thus, scenes from the remote past could not be enacted but had to be recounted as a present telling in order to inform the audience of what had led to the current moment.

To accomplish this, Shakespeare had Prospero tell Miranda the history of their situation, simultaneously offering the explanation to the theater audience. This speech, starting with "My brother and thy uncle" (I.ii.66) runs on for forty lines, ending "Dost thou hear?" (I.ii.106). Frye (1986) described a common reaction to the speech, calling this recounting of the somber tale of treachery "no really convincing general source" (p. 72). Indeed, Kermode (2000) was so strongly struck by Shakespeare's uncommon clumsiness in this speech that he conducted a linguistic analysis of it, trying to understand its "taut, compressed, anxious" quality, its "dissipated" and "relatively unimpressive" effect, its being "unnecessarily awkward" (p. 288).

What possible significance might there be in an exposition so awkward and unengaging near the start of so famously poetical a work? Offering his own answer, Kermode made a point fully as telling for us. He wrote that:

> What can be said of this performance is that by abolishing the great gap in time between the early events and the arrival of Prospero's enemies on his island Shakespeare has forfeited immediacy; there is no vivid contrast between past and present. [p. 289]

I take "vivid contrast" here to mean vital connection, relevant similarities and differences, not mere opposition. The word *immediacy* implies more than present tense. Rather, it suggests a present tense that carries emotional vividness. To be poignant, a stimulus must evoke, wittingly or not, emotional echoes of older depth. To convey immediacy, the present must bear more than recognition of the manifest here and now.

As one of many who have tried to reclaim the present in a psychoanalytic world dazzled by the past, I wrote:

> . . . (1) that life exists in the present moment; (2) that like a crystalline drop of water mirroring the universe, the worlds of past and present, self and others, are made visible by exploring the reflections in the tiny and fragile drop of the immediacy of the moment; (3) that what we see when we look closely at those reflections are the lights of the present —the past does not merely repeat itself in the present, but the present creates our pictures of the past; and (4) lastly, that it is the emotional sensations experienced in the moment that shine the light that makes possible our seeing and knowing the inner universe of buried dynamics and of the past. [Poland 1996, p. 36]

Unfortunately, historical psychoanalytic tilting to the past in ways that undid the power of the present now too often sounds as if it has been replaced by a modern tilting to the present in ways that would undo or minimize the power of the past. Recent analytic attention has at times turned to views of co-construction and intersubjectivity in a manner that with distressing frequency seems to emphasize concern for the here-and-now present as if that here-and-now or experience-near quality could stand alone. Without the emotional power of unvoiced meanings and their context from the

past, the here and now is merely the present tense, a more or less interesting passage of time and events, rather than the unspoken "vivid contrast between past and present" that gives emotional immediacy to any moment.

Immediacy speaks of the present, but with the intrinsic implication of a context of hidden affective meanings that transcend the manifest here and now; and those meanings are born out of urges, feelings, fantasies, and experiences alive from the past. Without due regard for those, attention to the here and now loses not only its poetry but also its immediacy, becoming as ineffective, dry, and academic as did Prospero's expository lecture.

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5225 Connecticut Avenue
Washington, DC 20015

e-mail: wspmd@erols.com

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DEFINING THE GOALS OF A CLINICAL PSYCHOANALYSIS

BY OWEN RENIK, M.D.

The purpose of this brief communication is to point out the advantages of the analyst's and the patient's trying to define, as explicitly as possible from the very outset, the specific goals of their work together. I find that goal orientation facilitates analysis, including the analysis of transference. Elsewhere (Renik 2001), I have explained why I believe the goals of a clinical psychoanalysis are best formulated in terms of the patient's experience of therapeutic benefit; and as an illustrative example, I used the extreme case of a treatment that lasted only one session. Now I would like to describe how the same emphasis on defining specific therapeutic goals permitted successful establishment of a more extended clinical process. What follows is an account of my first meeting with a patient who eventually undertook analytic investigation at some length. There is nothing unusual or dramatic about the material. I intend it as an ordinary instance of a clinical analytic approach in which definition of the goals of analysis is a productive, ongoing task.

SHEILA

Sheila consults me because her previous therapies did not work out. She developed complex, emotionally charged relationships with her therapists and examined them carefully; she learned things about herself; but her life failed to change. What does she want to change about her life? I ask. She is not sure: not sure what she was

looking for in treatment in the past, or what she is looking for now. She knows she wants to be rescued, but she is not certain what she wants to be rescued from. Loneliness, maybe. She knows that she has used therapy to provide herself with a relationship; however, she dismisses that as not a good reason to be in therapy. I ask Sheila what she thinks *would* be a good reason to be in therapy, and this is a hard question for her to answer, she says.

She rummages around, discussing her marriage and how it went bad. Her ex-husband was an underachiever, dependent and depressed. After a few years, she got tired of taking care of him. Now she is alone at age fifty, and would like to feel more connected to people, but she cannot say what prevents her from feeling connected. I suggest that as a first order of business, we look into the problem she has specifying what it is that she might want to change about herself, what would be a reasonable objective for therapy. She agrees that would be a useful focus.

She thinks about how withdrawn she feels from other people. She tells of an Asian woman in whom she became interested because she wanted to learn all about the woman's culture. As soon as Sheila had learned a good deal about the Asian culture, she lost interest in her friend. Sheila began to spend less time with the woman, who was hurt. Sheila feels bad about that. I ask Sheila if she believes that she has no right to follow her real interests. Does she think that her not continuing the relationship out of obligation means she is not a good person? Sheila answers that she assumes she *is* bad for withdrawing from her friend, and is surprised that I seem to be questioning this assumption.

Now Sheila begins to talk about Carol. Her relationship with Carol is probably the most important one in her life. Sheila has been withdrawing, she believes, from Carol, too, now that Carol is moving to the suburbs with her boyfriend. Sheila feels that she is not nice to Carol because Sheila resents the geographical distance Carol's move will create and Carol's dependence upon her boyfriend. Sheila pursues the idea that she is not nice for resenting Carol in this way. She talks about how controlling she is, how she frequently lectures Carol.

I say to Sheila that it might well be helpful for us to question the attitudes that she criticizes in herself on a pragmatic basis—to ask whether they are useful—but I am not sure I understand what she sees the moral issue involved to be. Sheila is surprised by my comment and interested in it. She considers the moral aspect of her relationship with Carol. It turns out that Carol is an ex-prostitute and has been very druggy. Sheila really gets on Carol's case; and sometimes Carol resents it, but she appreciates it, too. Actually, as I listen, it sounds to me like a nice quid pro quo between Sheila and Carol: Sheila gets to feel like an important caretaker, and Carol gets the care she needs. I say this to Sheila, and she tells me that, after attending a Jesuit college, she entered a convent. She became a nun and was part of an order whose mission was to care for delinquent girls.

Now Sheila talks about why she became a nun. The eldest of six children, she knew she did not want to be barefoot and pregnant like her Catholic mother, nor did she want to submit to her father's intimidating rages. He was a bully, but a charmer. Sheila talks at some length about her father's appeal, as well as about his temper tantrums.

Still, she says, she just does not feel that she is a nice person. She argues with motorists who cut her off, exhibiting a kind of "don't-fuck-with-me" attitude. Sheila feels bad when she does that. She sees it as not grown-up behavior; she ought to be different. I ask her if she feels like her father when she loses her temper. She certainly does, she says. I point out that, apparently, there were some good things about her father and some bad things. I would think that Sheila needs to criticize herself when she imitates bad things about her father, but not when she puts to use good things that she learned from him. Deciding which are which is an important sorting process, and not always an easy one.

Sheila agrees, realizing that she has always been on a moral quest when she has been in therapy before. My approach is different: practical, and it makes sense. But she needs to find some way to feel like a good person, something she has not known how to do since she

gave up her religion. She wants therapy to provide salvation; she wants therapy to make her feel morally good.

I say that feeling morally good seems like a very reasonable goal for therapy, but the feeling cannot be achieved by looking for an authoritative judgment from the therapist. I have the impression that she was looking for that in her prior treatments. Sheila confirms this, telling me that eventually she always saw her therapists' clay feet, at which point their blessings meant nothing to her. I tell Sheila that, obviously, in order to feel okay, she will have to be her own authority; there is no other way. If there are traits in herself that she thinks are bad, she will have to change them; and if there are ways in which she unrealistically disapproves of herself, she will need to find out why and change that. She reflects for a while, and tells me that I am presenting her with a way of thinking about how therapy will save her that is different from before. In her previous treatments, she bought in to the idea that she would be saved by entering into a healing regression over which the therapist presided. It never seemed to do any good.

Instead of inviting her to do that, she says, I seem to be offering her my own perspectives, not the same as hers, to consider. The big issue will be to make sure that she does not merely accept a new dogma from me. She has no desire to become a nun in my church! Thinking about what has happened so far, Sheila decides that this idea that she is burdening herself by moralizing is very helpful.

Now her thoughts turn to the film director Luis Bunuel and his depiction of the Last Supper in *The Discreet Charm of the Bourgeoisie*, in which people eat in the bathroom and defecate in the dining room. She chuckles, thinking about it. I suggest that perhaps the appeal of the scene in the Bunuel movie is that it shows the absurdity of received morality by turning it on its head. Sheila agrees, and adds that she likes Bunuel because of his refusal to accept orthodoxy. She has the idea that I do not want her to worship in treatment with me; she wishes she had worshipped less in previous treatments.

We are nearing the end of the hour, and Sheila remarks that it has been an unusual session. It feels like it took place for *her,* not

for me. She realizes how much she has always deferred to her therapists—at least at the beginning, before they fell off their pedestals. She always assumed that she would have to be in therapy all her life, as a necessity in order to remedy her moral faults. Now she thinks she has a choice about whether she even needs to be in therapy at all. Maybe if she had choices more often, she would not feel so angry; and maybe, if she were not so angry all the time, she would not believe herself to be such a bad person. Sheila starts crying, aware that she is feeling more sympathetic to herself than she can remember having been in a long while. She has spent so much of her life feeling resentful about being oppressed, which causes her to get rebellious and disobedient, which only convinces her that she is a bad person. She has always been angrily trying to break out of prison. Now she thinks that maybe the real prison has been her own moralizing against herself.

DISCUSSION

If we look at my initial hour with Sheila, we see that my clinical approach was obviously determined by my assumptions concerning the utility of formulating specific therapeutic goals for the analytic work. My orientation toward defining what the patient would consider an experience of therapeutic benefit influenced the focus of my attention from the beginning. For me, the first order of business was to identify what Sheila thought of as her symptoms and to spell out what symptom relief meant to her. Obviously, a patient may not be able to be specific about the nature of his or her distress and about what he or she needs to change; but if the patient cannot be clear about his or her particular therapeutic goals, then clarification takes priority in the analytic work. That was the case with Sheila, and I was explicit with her in discussing that I thought our first task should be to look into her difficulty saying exactly what she wanted out of analysis. I clearly communicated my view that there can be no effective analytic work unless and until analyst and patient know what they are trying to achieve.

Some analysts fear that such a deliberate and purposeful, goal-oriented approach will constrict the range of analytic investigation and eliminate possibilities for surprise and discovery. Quite to the contrary, I find that a careful and serious effort to define symptoms and to define and pursue symptom relief propels the analytic couple into surprise and discovery, again and again. As a patient's understanding about the nature of his or her symptoms evolves, the patient's vision of symptom relief evolves correspondingly. This was true for Sheila, for example, even within our first meeting. She started by being aware, only in a general and opaque way, that she wanted to be rescued from loneliness; and she wound up wanting to discontinue her habitual confining, self-punitive moralizing—a very specific, psychologically rich ambition.

Some analysts avoid working, as I do, to help patients specify from the very beginning, as explicitly as possible, the goals of a clinical analysis. These analysts are concerned that paying too much organized attention to conscious goals encourages intellectualization and avoids exploration of the affective, unconscious aspects of the patient's mental life. Analysts who have that idea steer away from defining symptom relief and formulating therapeutic objectives because they believe that a therapeutically oriented approach will hinder, for example, the analysis of transference. I do not find this to be true at all, and again I would offer my session with Sheila as an instance in point. Paying meticulous attention to Sheila's conscious view of her treatment goals did not distract her from exploring the influence of past relationships upon her current life. In fact, it led her to recognize, among other things, her previously unconscious identification with her father and to explore how her tendency toward harsh self-criticism related to that identification. This line of investigation produced an intense emotional response in Sheila of a kind that had been unavailable to her for a long time. By the end of her first session, she was looking into her urge to and fear of submitting to me. She was already engaged in transference analysis —in an affectively charged, not an intellectualized, way.

Related to the topic of transference analysis is another consequence of defining the goals of a clinical analysis in terms of the

patient's experience of therapeutic benefit: namely, that a collaborative analytic relationship is established from the outset. I think we can see how this was happening in my first meeting with Sheila. She brought up the issue of the analyst's authority, earned and unearned. She was able to identify and articulate what she appreciated about me (the session felt like it was for her), what intrigued her but left her a bit uncertain (my pragmatism), and what worried her (she did not want to be seduced into worshipping in my church). She could mention these various considerations, making them matters we looked into together.

The freedom Sheila felt to put on the table her observations about me and my way of working was a direct result, I believe, of my communicating to her that the final reference for our formulation of the goals of analysis, and of our assessment of progress toward those goals, would be located in *her* subjective experience of benefit. Consider how lost and confused she claimed to be, how plaintively passive she was, at the beginning of the hour, and how quickly she became an active participant. It might have been otherwise, had Sheila been approached differently. When the goals of a clinical analysis are defined in terms of the analyst's theory of mind, rather than in terms of the patient's self-report of symptom relief, the patient reacts accordingly: the patient realizes that the analyst, being an expert in theory, is positioned as an expert on the goals and progress of the analysis as well; and this perception of the analyst tends to elicit deferential caution, rather than adventurous candor, on the patient's part.

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388 Market Street, Suite 1010
San Francisco, California 94111

e-mail: Odrenik@aol.com

BOOK REVIEWS

OEDIPUS IN BRITAIN: EDWARD GLOVER AND THE STRUGGLE OVER KLEIN. By Paul Roazen. New York: Other Press, 2000. 240 pp.

The narrative line of Paul Roazen's latest monograph is fairly straightforward. Among the illustrious but now almost forgotten psychoanalysts of the past stands Edward Glover, who according to Roazen, has received unfair treatment from biographers, psychoanalysts, and historians alike.[1,2] Almost from the inception of the British Psychoanalytical Society in 1920, Glover stood as Ernest Jones's right-hand man, a faithful "second in command" who occupied a variety of powerful offices for many years: director of the clinic, director of research, chairman of the training committee, scientific secretary, and honorable secretary of the *Bulletin of the IPA* (p. 23). More notoriously, in the early 1930s, Glover's analysis of Melanie Klein's daughter, Melitta Schmideberg, had begun to fuel the growing opposition to the influence of Klein's clinical theories by 1938, when the Freuds emigrated to London. Caught between two powerful and rivalrous theorists, Klein and Anna Freud, Glover became inextricably entangled in a prolonged struggle for power and dominance in the British Psychoanalytical Society.

Originally an advocate for Klein's ideas, Glover had reversed his opinion by 1935, at which time he "felt that Klein's work became a betrayal of [Sigmund] Freud's own conceptions" (p. xxx). If there was a first victim of the ensuing Controversial Discussions (1941-1944), Roazen would have us believe that Glover was the sole candidate for that distinction by the time he resigned his membership from the British Society in 1944. In Glover's defense, Roazen offers his own

[1] Grosskurth, P. (1986). *Melanie Klein: Her World, Her Work.* New York: Knopf.
[2] King, P. & Steiner, R., eds. (1991). *The Freud-Klein Controversies, 1941-1945.* London: Routledge.

research with the "hope to restore historical balance about Glover without trying to paint him as any kind of saint" (p. xxxiii).

In this rehabilitative project, Roazen orders various kinds of data in a particular way to accomplish his task. First, he privileges a series of nine oral interviews that he personally conducted with Glover in 1965-1966, using his own handwritten notes of their discussions, which dealt with Glover's historical role in the British Society. Second in importance is Roazen's discovery of a cache of letters in the Library of Congress—letters written by Glover to Lawrence Kubie (whom Glover analyzed between 1928 and 1930, in London)—that seem to be ideal documents to inform us about analytic struggles in both London and New York. Third, of course, are the actual clinical and theoretical writings of the main principals themselves—certainly a great amount of material, since Glover and Klein were both prolific writers.

From his interview data, Roazen constructs a personal view of Glover as an "exceptionally kind spirit, someone with charmingly courtly Old World manners" (p. xxx). Roazen sets out to ascertain how someone like Glover could arrive at such a dismal professional state by the end of his career, noting that he had become "an outsider, someone who seemed to have gotten a raw deal from everyone" (p. 1). The more Roazen spoke with Glover, the more he came to agree with the latter's view that the tumultuous struggle with Klein was both "important and unrepresented" (p. 6). Aware that it is often the victorious who write histories commemorating their actions (thereby vanquishing their opponents once again), Roazen seeks to recalibrate the historical scales of justice by allowing ample air time to Glover's side of the controversy. This strategy might stir skeptical responses among historians and analysts alike (after all, how reliable can a person be in the recall of tumultuous events that occurred decades before?), and in fact, Roazen appears to take Glover's manifest pronouncements a little too literally, rather than using them as important evidence in a cross-interrogation of Glover's own written texts. For example, in the central chapters on the Controversial Discussions (pp. 45-108), Roazen commits a methodological error (to my way of thinking) by leaning too heavily and uncritically

on what Glover told him. In Roazen's own words, "If I provide here relatively little discussion of Glover's substantive objections to Klein's ideas, this is because he did not emphasize these points in conversation with me" (p. 45).

This approach has lamentably flawed the portrait Roazen renders of the passionately held views of the principal participants in the Controversial Discussions, which as Riccardo Steiner has pointed out,[3] revolved around so many varied and crucial issues: (1) Of Klein and Anna Freud, which could best and most meaningfully account for the baby's first year of life in terms of conscious and unconscious factors? (2) Could a psychoanalytic institute exist that housed two or even three divergent analytic points of view, complete with their own separate training tracks? (3) With Sigmund Freud's death in 1939, who was to be regarded as the legitimate standard-bearer of his work and views, and who would ensure their longevity into the future? (4) Could compromises be worked out—rather rare in the history of analytic institutes—that would avoid the more usual tendency to fragment training and result in the establishment of rival institutes? These important questions, significant both then and now, are skimmed over by Roazen in favor of a focus on the personalistic and rivalrous animosities to which analysts are prone.

To give a flavor of what Roazen gleaned about Glover's enemies and friends within the British Society, the book records that, at some point in the 1930s, Glover became convinced that Klein was a "deviationist" (p. 49), and accused her of "advancing a new *Weltanschauung*, one that began with a 'mystical interpretation of life immediately after birth'" (p. 46). As his conviction grew that "originally Klein's system was conceived as a substitute for Freud's" (p. 50), he began to oppose her ideas, especially after having analyzed her daughter. As his anti-Kleinianism ripened, Glover saw Klein's ideas as a "matriarchal variant of the doctrine Original sin" (p. 53) —a sort of child-blaming, mother-justifying type of analysis.

[3] Steiner, R. (2000). *Tradition, Change, Creativity: Repercussions of the New Diaspora on Aspects of British Psychoanalysis*. London: Karnac.

Glover sensed an opportunity to move more aggressively against the Klein group when the Freud family emigrated to London in 1938. Since Anna Freud had had an antipathy toward Klein's ideas for many years, which she had evinced in her first book, *An Introduction to Child Psychoanalysis* (1926), she could presumably join forces with the Glover faction and attempt to push Klein to the periphery. Since the Viennese analytic émigrés were confined to London, while some of the Kleinians left during the Blitz (and Ernest Jones had conveniently "retired" to his country home in Elsted, leaving Glover in charge), Glover must have felt good about the prospect of ousting what he had come to consider a "pseudoscientific" deviationism, something akin to the pernicious "schismatics" from the past.

But as Klein and her followers, such as Susan Isaacs, articulated and defended their position, it became clear during the period between 1941 and 1944 that it would be impossible to root out the Kleinian faction. At the end of the struggle, when a group of British empirically minded, "non-aligned psychoanalysts" (i.e., neither Kleinian nor Anna Freudian), such as Marjorie Brierley and Sylvia Payne—contemptuously referred to by Glover in his private correspondence as "compromisers"—proposed the now-famous three-tiered training track for the British Society, Glover felt he could foresee a dismal end. If senior training analysts could not decide what constituted correct and proper theory, chaos and divisiveness among candidates would result. Glover had had enough, finding membership in an analytic society with two or more training systems to be absurd. He resigned first from the Training Committee and then from the British Psychoanalytical Society itself.

At the time of his resignation, Glover made dire predictions, spelled out in a letter of January 24, 1944, to Sylvia Payne, then president of the British Society, quoted by Roazen as follows:

> The present situation, as I read it, is as follows: (a) the Controversial series of Discussions will end in smoke. Indeed, it is already pointless to continue them. The Klein group will continue to maintain that their views are either strictly Freudian or legitimate, not to say valuable, extensions of Freud's work. The "old middle group" will hedge, but end

> by saying there is no ground for a split. Only the Viennese Freudians and a few isolated members will continue to maintain that the Klein views are non-analytical; and these will be outvoted by a combination of the Klein group with whatever younger groups are interested less in the present controversies than in the future administration of the Society, so the outcome is a foregone conclusion. [p. 73]

While Glover's letters vividly depict the factionalism and personal invective of the Controversial Discussions, they are by themselves insufficient to convey the substance of the institutional and theoretical stakes involved in that great struggle. Without demonstrating that he has sufficiently footed himself in the theoretical and clinical texts issued by Glover and Klein during the gestation of the Controversial Discussions, Roazen veers in a rather one-dimensional and overly personalistic direction, in my view, in terms of his approach to the substantive analytic issues at stake. For example, although Roazen writes that American analysts had an image of Glover as a staunch Freudian bulldog, a defender of analytic orthodoxy, this was not always the case; in fact, my research indicates that, in the years following Klein's emigration to London in 1926, next to Ernest Jones (who encouraged Klein to come to London, and even referred members of his immediate family to her for analysis), there was no more vigorous supporter of Klein's innovations than Glover himself.[4] From 1926 through 1932, Glover consistently and enthusiastically endorsed Klein's views, both at the IPA Congress and in his journal publications. While remaining an orthodox Freudian—he and Klein had both been analyzed by Karl Abraham—Glover supported the integration of what he termed Klein's "fresh phantasy systems" of the infantile or pre-oedipal period into Freud's structural theory. In his IPA Oxford Congress paper of 1929,[5] for example, Glover confidently suggested that clinical and theoretical rapprochement was possible. If Freud stressed the resolution of the

[4] Aguayo, J. (2000). Patronage in the dispute over child analysis between Melanie Klein and Anna Freud, 1927-32. *Int. J. Psychoanal.,* 81:732-752.

[5] Glover, E. (1930). Grades of ego-differentiation. *Int. J. Psychoanal.,* 11:1-11.

oedipal complex, along with the structuralization of the superego in latency, why couldn't Klein deal with the inception of the superego and postulate a maternally driven oedipal complex in the first years of life?

Through his stated attempts to integrate Freud and Klein, Glover explicitly argued that he did not see any fundamental incompatibility between the two theorists. In his view, Freud's earlier libidinally oriented analysis should be supplemented by Klein's infantile aggression-oriented views, so that previously "incomplete" interpretative work could now be more "exact" and "complete" (p. 408).[6] Glover's praise for Klein's work crescendoed in 1933, when he wrote an extensive and extremely laudatory book review of Klein's *The Psychoanalysis of Children*. At the outset of his review, he pronounced, "I have no hesitation in saying that it constitutes a landmark in analytic literature worthy to rank with some of Freud's classical contributions."[7]

As fascinating as this early attempt at theoretical rapprochement was, the time was not ripe for it, and Glover's efforts were ultimately ill-timed (or so runs my argument), at a historical juncture when Klein and Anna Freud were escalating their separate claims to hegemony in the nascent field of child analysis. By the time Klein's work met with a negative reception among continental analysts, she had moved to a new theoretical phase, that of the developmental "positions," beginning in 1935. Given her marginalization of Freud's structural model, there was now little left for Glover to mediate or reconcile. His contemporaneous analysis of Klein's daughter reinforced his turning away from Klein's theories after 1935. However hopeful he may have felt when the Nazi *Anschluss* delivered the Freud family to London, in this polarized, strife-ridden atmosphere, old loyalties were counted on as well as bitterly remembered. And while later participants in the Controversial Discussions perceived

[6] Glover, E. (1931). The therapeutic effect of inexact interpretations. *Int. J. Psychoanal.,* 12:397-411.

[7] Glover, E. (1933). Book review of M. Klein's *The Psychoanalysis of Children. Int. J. Psychoanal.,* 14:119.

the Glover and Anna Freud factions as collectively opposed to the Klein group, in my opinion, Anna Freud never got over her earlier distrust of Glover as a Kleinian enthusiast. His previous advocacy of Klein had caused his loss of credibility among the Viennese. Increasingly finding himself in an organizational and institutional "no man's land"—and here, his length of tenure in some of the most powerful offices of the British Society smacked to many of autocratic privilege—there was ultimately no viable course for him but resignation. The degree of Glover's professional isolation by the time he died in 1972 was marked by the fact that, apparently, no one came forward from the British Society to write his obituary for the *International Journal of Psychoanalysis*. That task fell to his former American analysand, Lawrence Kubie.[8]

While Roazen does our field a valuable service by bringing to light the letters from Glover to Kubie, he fails to use them in the service of the purported aims of his monograph: namely, to detail Glover's struggle with Klein in *both* England and America. One has only to read Kubie's (1973) pejorative account of Klein's ideas in his biographical sketch of Glover to understand that, in all likelihood, Glover had communicated to Kubie his antipathy toward Klein and her London followers.[9] More in keeping with the theme of Roazen's monograph might have been an outline of some of the problematic consequences of the Controversial Discussions in the United States. Since Kubie was in a powerful and vocal position at the New York Psychoanalytic Institute, one has to wonder to what extent he became part of the nonreceptive climate of opinion in the United

[8] Kubie, L. (1973). Edward Glover: Biographical Sketch. *Int. J. Psychoanal.*, 54:85-94.

[9] Kubie mentioned that Glover's youthful "undisciplined extravagance in ideology and methods" (p. 87) had been rigorously analyzed by Karl Abraham, but it was after his analysis with Abraham that Glover adopted a rather strident advocacy of Klein's work. In spite of this, Kubie labeled Kleinian psychoanalysis as "preposterous adultomorphizing of infantile psychology" (p. 91) and a "pseudo-science fiction" (p. 93). Glover would no doubt have approved of these remarks, since (according to Kubie) Glover thought that aspects of the Controversial Discussions between the Klein and Anna Freud groups had been a "pseudo-scientific manifestation of the battle of the sexes" (p. 91).

States—dominated by Anna Freud and the ego psychology of Hartmann, Kris, and Loewenstein—that for years kept Klein's ideas marginalized in American psychoanalysis.

While Roazen brings to light previously unpublished documents that can enrich our understanding of crucial issues, such as analytic factionalism and the struggles for theoretical as well as institutional power and authority, in the final analysis, he fails to sufficiently integrate his oral interviews and documents to give us a more complex and compelling historical understanding of the factors that made those earlier discussions so controversial both in England and in the United States.

JOSEPH AGUAYO (LOS ANGELES)

CLINICAL AND OBSERVATIONAL PSYCHOANALYTIC RESEARCH: ROOTS OF A CONTROVERSY. Edited by Joseph Sandler, Anne-Marie Sandler, and Rosemary Davies. Madison, CT: Int. Univ. Press, 2000. 142 pp.

This volume is not really a book. Rather, it is an edited transcription of a conference in which André Green and Daniel Stern heatedly debated the merit and liability of deriving theory from infancy observation to inform or modify psychoanalytic ideas. Joseph Sandler chaired this debate, which was held at University College, London, on November 1, 1997. Anne Alvarez, Rosine Perelberg, and Irma Pick served as discussants. The book includes two articulate, thoughtful essays, one by André Green and the other by Robert Wallerstein, that place this debate in the broader context of the relevance to psychoanalysis of any formal research.

The terms of the controversy are as follows: Green believes that there is no way of reconstructing the life of the infant that can be meaningful for psychoanalytic thought. Since all events from that early period of life must be reconstructed after their occurrence, observations of mother–infant interactions are subject to distortions of unconscious processes, defenses, and projections that are personal to any adult observer-interpreter who creates a narrative. In other words,

since we are unable to successfully separate the observer from the observed, the effects of subjectivity must inevitably contaminate what is described. For Green, the clinical analytic setting is the only place where one can attain real analytic knowledge, which he defines as relating to sexuality and affects in the psychic reality of the baby. It is the infantile, not the real infant, that interests Green. Analytic knowledge can be obtained through free association and interpretation of unconscious conflicts of patient and analyst. The triangular situation, as in the oedipal complex, drives, and language are central to his view of analysis. No empirically based developmental research can be relevant to analysis because such research cannot reveal intrapsychic life. In other words, Green believes that empirically based research threatens to destroy the very thing that is, by his definition, psychoanalytic, by introducing information derived from methods that lead to gross simplifications.

In contrast, Daniel Stern asserts that an empirical, observational approach is indirectly useful to psychoanalysis. Through the observation of mother–infant interactions, Stern believes, the perceiving baby's point of view can be captured via preverbal, nonverbal, and aconflictual communications. This point of view is not so contaminated by Green's après-coup, and it can be recaptured later on. Therefore, the observations and hypotheses derived from his method have value for analysis. The "vital contours" of the baby's affective and cognitive experience shape the baby's "intentionality" (pp. 85-86). The observer should try to understand the baby's experience of time from the perspective of the baby's intentions. Based on his observations, Stern believes that this intentionality reflects an aspect of relating that seems to have taken into account the existence of another from the earliest time, albeit only in some primitive way. Stern sees himself not as hypothesis testing but as hypothesis generating. He tries to determine what are likely or possible hypotheses in analysis based on developmental observations. His perspective encompasses data from cognitive, experimental, and statistical studies, as well as ideas from neuroscience, philosophy, the arts, and methods of observation. He wants to relate analysis to all these other bases of knowledge. He argues that when analysis becomes too disconnected

from other intellectual arenas, it becomes uninteresting and may be marginalized as a field as knowledge.

Even without hearing the inflections and timbres of speech of these two theorists, one finds that their different affect styles are vividly conveyed. Green's tone is impassioned and at times quite caustic; he forcefully asserts his views. Stern's tone is modulated and firm; he holds to his own position, refusing to be intimidated. The debate is turbulent and charged, with intense affect on both sides. It creates a lively read, and must have been riveting for its live audience. The book's introduction informs the reader that this is not the first time Green and Stern have debated each other; indeed, they seem to welcome the opportunity to reengage in this controversy.

Both the report of the discussions and the audience comments that follow add to the richness of the account of this meeting. Perelberg uses a case example to show how both theorists have contributed to her understanding of the clinical material. Alvarez points out that some of the disagreement relates to how the terms *research* and *psychoanalysis* are defined. Pick joins Green in his point of view that "the overvaluation of 'research' often goes together with the undervaluation or devaluation" (p. 109) of the kind of in-depth investigation of a problem that can occur in the analytic setting itself. At the same time, Pick places enormous value on observation and experience with infants, in order to gain an understanding and an empathic appreciation of patients' conscious and unconscious states of mind. She points out that Stern's observations relate to attunement between mother and infant, but he pays little attention to what happens to the inner experience of the infant when that attunement is disrupted.

In the two essays that begin this volume, Green and Wallerstein spell out the issues of definition of *research* and *psychoanalysis,* raised by both Alvarez and Pick. Green argues that most investigations neglect the intrapsychic and unconscious, and underestimate

> . . . the parameters of the analytic situation related to the concept of the setting, with the implicit idea that an obser-

> vational procedure of interpersonal relationships can better account for the object of psychoanalysis than the speculation of psychoanalysts drawn from their therapeutic experience. [p. 240]

Green believes that Freud's topographic model has been misinterpreted in relation to the ego. As a result, both the id and the whole theory of drives have been increasingly undervalued and ultimately rejected, being instead replaced by a psychological interpretation of behavior. He argues that the unconscious and transference cannot be directly observed and therefore must be deduced.

Wallerstein agrees with Green that the focus of analysis is "mental concerns of desire and will and intention, in all their subjectivity and elusiveness and ambiguity" (p. 29). His view, however, is not that we should give up systematic investigation of analysis, but rather that we need to devise methods that do not violate or distort the "nature or spirit of the enterprise being studied" (p. 29). Wallerstein takes issue with Green's restrictive definition of analysis, preferring a more encompassing view, a "unifying framework from the manifest surface to the unknown depths of the human mind" (p. 30). He sees the separation of conscious and unconscious as misrepresenting "their inherent interpenetrations" (p. 30), and therefore interfering with the most comprehensive understanding of "the mind in action" (p. 31).

Riccardo Steiner's clear, reflective introduction enables the reader to consider the controversy in a broader way. He raises the question of whether dissimilar cultural perspectives may provide a way to account for the very different methods of understanding and interpreting analysis. Perelberg makes a similar point in her discussion. Steiner describes the French as having an "anti-scientific and anti-objectivistic attitude" (p. 3). There is a strong influence from Lacan, who was vehement in his negative views of "behavioristic, biologistic adaptational and reductionistic psychologization of psychoanalysis coming from American ego psychology and its scientific ramifications during the 1950s" (p. 6). Steiner describes Stern's perspective as the "typical, pragmatic, rich, but at times rather eclectic

open-mindedness of contemporary American culture . . . that has led to all sorts of pluralistic avenues since the end of the 1960s" (p. 9). Steiner places the entire debate in a historical context of controversy over the role of infant observation in psychoanalysis.

Steiner's observations implicitly raise questions about the appropriateness of assuming that the written word can convey the full complexity of another's ideas. He notes that in the written version of Stern's remarks, the reader misses Stern's ability to mimic and "act" his observations through voice, gesture, and body movements. Deprived of Stern's capacity to dramatically convey the meaning of "vital contours" in these nonverbal ways, the reader may get the erroneous impression that Stern was overpowered in this debate. Steiner suggests that the two debaters have different skills, but may be more evenly matched in the art of persuasion than their words alone convey, and this observation may have broader implications.

Green's concern is that we will be seduced into settling for what is manifest, or assuming that it is no different from what is latent, and that we will reduce the complexity and ambiguity of analysis as a result. When Stern "acts" the baby for the audience, he seems to be trying to convey more than what can be put into words, more than empirical analysis is able to convey. One might then wonder whether there may be more agreement between these two theorists than they acknowledge. Both seek to illuminate the affect-laden interior of the mind. In the absence of direct verbal or behavioral data from the infant or the patient, they bring their unique, creative understandings to their efforts to interpret the phenomena observed. Stern's mimicry and Green's inferences enable others to see an aspect of another's interior life that is not usually perceived without training or talent.

The debate presented at this meeting is not one that exists only between these two men; rather, it is at present a hotly contested topic of general interest. The Training Analyst Pre-Congress in Nice in 2001 placed a major emphasis on this issue. As Wallerstein writes, the challenge is to develop methods of investigation that respect the essential aspects of analysis, and specifically its unconscious depths. But violence will be done to the nature of our understanding of the

mind if we try to study only the depths and not the surface manifestations as well, since the latter are in fact the clues leading to the depths of intrapsychic experience over time. However, until methods are developed that respect the "nature and spirit" of analysis, Green's argument should not be minimized; others may share the fear that findings from studies that fail to take into account the complexity and ambiguity of analysis will be taken as acceptable data, and consequently used to modify our understanding in ways that oversimplify and distort rather than illuminate.

This volume provides a view of the nature of this affectively charged debate. It is clear, readable, and very interesting. It should enable analysts who are themselves unfamiliar with analytic research to understand the terms of the debate and the serious concerns being raised.

JUDY L. KANTROWITZ (BROOKLINE, MA)

ANNA FREUD: A VIEW OF DEVELOPMENT, DISTURBANCE, AND THERAPEUTIC TECHNIQUES. By Rose Edgcumbe. London/Philadelphia, PA; Routledge, 2000. 232 pp.

In this volume examining the work of Anna Freud, Rose Edgcumbe, her former student and colleague, takes a fresh look at Anna Freud's theories and techniques. All psychoanalysts, regardless of their theoretical orientation or of what age of patients they treat, will find this book pertinent to their clinical work.

With a critical eye, Edgcumbe aims to describe and examine Anna Freud's innovative and relevant work in the observation, upbringing, and care of children, as well as child psychoanalysis. She elaborates the developmental point of view for which Anna Freud became so well known; indeed, Anna Freud spent her life expanding and refining it in an attempt to understand and help individuals who suffered from both conflict and developmental disturbances. Edgcumbe considers three questions: (1) Why did Anna Freud fail to accept "developmental help"—her own innovative approach to deficiency disorders—as a legitimate part of psychoanalytic tech-

nique? (2) Why is she still thought of as a drive theorist only, in spite of her excellent theory of object relations? And finally, (3) Why is she not better known? Edgcumbe comes to some conclusions, but in the process of answering them, she does much more as well.

Edgcumbe begins with a discussion of Anna Freud's basic theory as it originated in her first major contribution to psychoanalysis, *The Ego and the Mechanisms of Defence* (1936). In the next chapter, she gives a succinct summary of the observations of children and families in the War Nurseries, from which one can see the development of Anna Freud's thinking, leading to her later theoretical formulations. As Edgcumbe states:

> Over the years, these increments in understanding built up into a detailed theory of the development of the child's attachment to objects, and the vital role of this attachment in the development of personality, as well as in the areas of cognitive and emotional development. [p. 24]

Edgcumbe goes on to examine two of the psychoanalytic debates in which Anna Freud was involved, outlining both the controversies and the repercussions: the Controversial Discussions, conducted in the British Psychoanalytical Society during the early 1940s, and her debate with John Bowlby.

In the next two chapters, Edgcumbe gives the clearest understanding of Anna Freud's diagnostic profile and theory of developmental lines that I have found anywhere. It is obvious that she understands how complex these theories are. As the author says in relation to the often misrepresented notion of developmental lines, they are "extremely condensed statements which cannot be undusted without elaboration and illustration; and their deceptive simplicity contains a view of the complexity of human development" (p. 115). Edgcumbe succeeds in making Anna Freud's developmental viewpoint and its relationship to technique comprehensible to the reader. In addition, she beautifully outlines an area that was always of central importance to Anna Freud and the work of the Hampstead Clinic, that is, the application of this psychoanalytic developmental point of view. Specifically, Edgcumbe discusses parenting, teaching,

working with physically ill children, and issues of children and the law.

Edgcumbe goes on to elaborate Anna Freud's theory of psychopathology and technique, and the issues that were a major focus of her thinking during her later years. These pertained to the understanding and analysis of patients whose disturbances were not based in neurotic conflicts, but in whom aspects of development had been delayed or distorted. Anna Freud's method of exploration was a clinical and developmental one, as she continued to examine various developmental lines where one could pinpoint specific deficits and distortions. In addition, she studied analytic technique, looking at what analysts did in addition to making interpretations, as well as what patients made the most use of. As Edgcumbe states:

> Anna Freud eventually arrived at the position of distinguishing not between analytic and non-analytic work, but between the primary analytic tasks: interpretation of resistance and transference, and the subsidiary techniques, classed as developmental help. Deficit illnesses require more developmental help before and alongside interpretation. [p. 161]

In her careful examination of the expansion of these ideas, Edgcumbe includes a discussion of the work that has continued at the Anna Freud Centre (formerly the Hampstead Clinic) since Anna Freud's death, as well as work by some of her former students elsewhere.

In her conclusions, the author notes that Anna Freud made important contributions through the following: elaboration of her developmental viewpoint; her distinction between the two basic forms of psychopathology, conflict based and deficit based; and discussions of the different forms of psychoanalytic technique appropriate to the treatment of each of these. Anna Freud

> . . . used her own lifetime of experience and work with colleagues to create an extensive and detailed framework for the psychoanalytic study of development which remains immensely useful to all who care to use it, whether in treat-

> ment, research, or in applications of psychoanalytic thinking to other professional services for children. [p. 208]

Edgcumbe makes a valuable contribution to our understanding of Anna Freud and her theories. This is a superbly written book that makes the ideas described understandable and clinically useful as applied to all patients. At a time when many analysts are examining their theories of psychopathology and technique, especially with patients who do not fit the classical concept of neurosis, a look at Anna Freud through Edgcumbe's eyes is extremely beneficial.

JILL M. MILLER (DENVER, CO)

HOW TO MAKE A PARANOID LAUGH: OR, WHAT IS PSYCHOANALYSIS? By François Roustang. Philadelphia, PA: Univ. of Pennsylvania Press, 2000. 182 pp.

Do not judge this book by its cover. The catchy title and the blurb on the back overemphasize the iconoclast in Roustang and do not give him the recognition he deserves as a serious psychoanalytic thinker. The book is eloquently written, but at the same time it is not easy to read. Roustang's radical ideas, reflective of his diverse professional background, are sometimes hard to swallow. A Jesuit priest before undergoing analytic training, he spent his years as a candidate in an institute that was steeped in Lacanian doctrine. It did not take long before he became disillusioned with Lacan's thinking. As he broke with Lacan, he developed a feverish desire to unearth the roots of what he perceived as dehumanizing attitudes in Lacanian doctrine, as well as in other psychoanalytic schools. He became a provocateur whose works were designed to jar, disturb, and disorganize. He wishes to show us what we do not want to see and to tell us what is difficult for us to hear.

This book contains fifteen essays, written over a period of ten years beginning in 1982. Roustang raises some meaningful questions: Why is it that psychoanalysis in many instances produces little or no benefit? Why do some patients actually deteriorate over the

course of an analysis? Why do some analyses never end? Roustang comes to the conclusion that failures in psychoanalysis are related in large part to the fact that some psychoanalysts take theory too literally, and as a result respond dogmatically to their analysands. Roustang caustically asserts that these analysts turn themselves into "con artists" (p. 7) who misuse their patients. He is especially critical of analysts who take Freud's recommendation of *abstinence* to mean the *emotional absence* of the analyst. By aspiring to be nothing more than a transference figure to the patient, the "absent" analyst becomes a nobody, only a projection of the patient's Other. This keeps the patient imprisoned in repetitive patterns. Referring to the treatment of a hysteric, for example, Roustang writes:

> If the analyst implicates himself—that is, if he becomes relative and partial, and ceases to represent her Other in the guise of the law—then she [the patient] will be able to fantasize without guilt she is making love with him. Not acting out that fantasy will mean that she has made a choice, that she has recognized that she is dealing with both the person of the analyst and a person fantasized in the transference, rather than having come up in exasperation against an interdiction that never presents itself for what it is. [p. 8]

A seasoned analyst, the author understands that the hysteric's love is not a request for the analyst to make love to the patient, but a request for the analyst to be a caring presence in the analysis. When Roustang says "we are no longer back in the days of Freud" (p. 6), however, he gives the impression that Freud was an absent analyst, which simply is not true. Freud emphasized the importance of self-restraint and sexual abstinence in the analytic situation, but he was not an absent analyst, nor did he recommend that analysts be emotionally absent while working with patients.

To my mind, Roustang would have been more convincing if he had also written about analysts who place too high a priority on the analyst's presence and on countertransference as mutative factors. Analysts who have been disappointed with their own experiences in analysis with "absent" analysts sometimes become involved coun-

tertransferentially with their analysands with such a vengeance that they lose sight of the patient's dynamics (and of their own as well). Paradoxically, they then themselves become dead analysts. The concept of projective identification, for example, is taken so concretely by some analysts that they interpret all countertransference reactions as the result of a kind of mystical transmission of dynamics from the patient's unconscious into that of the analyst. This conceptualization is a gross oversimplification of what are actually enormously complicated dynamics. It does not distinguish between contributions from the analyst's own psychology and what is evoked in the analyst by the patient's attempts to realize a transference fantasy. In a related vein, current theoretical overconcern with enactments can make enactments goals in and of themselves, distracting from the spontaneous unfolding of derivatives of unconscious conflict in analysis.

Roustang repeatedly criticizes overdependence on theory, but he does not give recognition to the importance of theory as a guideline. This gives the impression that he is dismissive of theory. Perhaps he could have said more about the evolution of an analyst's attitudes about theory. Candidates necessarily depend on theory to help them build a framework for the discipline of psychoanalysis; theory serves as a kind of internal compass that helps them conceptualize where they are with a patient in an analysis. A part of their growth is to be able to thoughtfully reject certain theories or aspects of theories that they come to find incompatible with the way they think and practice.

In my opinion, the author's most disturbing essay is "On the Epistemology of Psychoanalysis." He shakes analytic theory to its foundations by impugning Freud's concept of the unconscious, audaciously asserting that "the expression 'Freud discovered the unconscious' should be permanently erased from our vocabulary once and for all. In reality (and this is not at all the same thing), Freud *invented* the unconscious in order to account for certain facts" (p. 42, italics in original). Roustang points out that, in his 1915 paper on the unconscious, Freud repeatedly stated that his theory of the unconscious was a hypothesis. Then he tells us that Freud tried to

prove this hypothesis by adducing facts, so that he began to believe, and made us believe, in the reality of a fiction!

Roustang's subversive words make me bristle. After reading this particular essay, I reread Freud's 1915 paper, and Freud did indeed indicate there that his ideas about the unconscious were hypotheses. However, Roustang ignores the evolution of Freud's thinking about unconscious mental activity *after* 1915. One of his most severe attacks on Freud includes the criticism that "the theory of the unconscious does nothing more than repeat in a different guise the facts it is supposed to explain" (p. 40). He describes Freud's theory of the unconscious as tautological: if something did not make sense, then Freud simply attributed it to the unconscious. This view does not take into account that Freud came to conceptualize the unconscious as an organized and organizing mental agency; what is unconscious is not simply a collection of repressed ideas and memories, as Roustang seems to describe it. (In his later essays, Roustang does acknowledge that Freud had two different perspectives on the unconscious.) Roustang's view also does not take into account the fact that new developments in neuroscience confirm Freud's observations about unconscious mental activity.

After a while, I came to understand that in this essay, Roustang is intentionally incendiary in order to set the stage for the perspective on Freud, psychoanalysis, and the unconscious that follows in subsequent essays. His provocative style is intended to rock the reader's complacency. One of his overarching goals is to get analysts to view themselves and analytic theory in a less dogmatic way, so that in the end, analysts can help their patients take themselves less seriously.

The author makes the point that, in order to cure our own and our patients' obsessive focus on mastery and control, it is essential to be able to step back and laugh at ourselves. Humor can provide a breath of fresh air that will eventually enable our patients to stop seeing us as their persecutors, their "counterforces." Roustang tells us that he chose a provocative, tongue-in-cheek title for the book to amuse us in order to draw us in. Then he could confront us with the serious matters that trouble him about psychoanalysis. He

amuses us because "we are, in the end, only amused by serious matters" (p. vii).

Another essay, "The Components of Freud's Style," makes Freud approachable as a human being with both genius and foibles (some of which I found to be endearing). Roustang looks at the stylistic construction of Freud's papers. Unlike a philosopher, Freud neither proceeded by deduction nor submitted his ideas to the method of proof. Instead, he constructed his paragraphs through successive additions that built his case. Roustang writes:

> Freud . . . makes us participate in his quest; he thus begins by indicating the task he wishes to accomplish but does not tell us where he is going to lead us and where he will be able to end up, as if he himself did not yet know before writing it. He advances toward that end in the way that waves move at high tide. In the first part of each paragraph, he ebbs toward what is behind him as a source of support, and then wins ground by formulating a new hypothesis that draws upon the preceding hypotheses through the repetition of certain words, which often acquire a new meaning as a result of the progression. He does not, however, reveal the reason underlying his movement. That reason will not become apparent until later, when the basis of the proposed solutions has been explored (before disappearing) and when the different levels of objections have been submerged. [p. 64]

Because of Freud's persuasive style, we get caught up in and submit to his arguments and conclusions. In this manner, we lose track of the fact that he has expressed doubts and hesitations. To remove the "veil of mystery covering the anxiety of the human condition" (p. 66), Freud found it necessary to construct hypotheses and fictions that transcend the boundaries of rational thinking.

Roustang emphasizes that psychoanalysis is not exactly a science. When analysts insist on establishing it as such, he declares, they deaden their thinking about their work via intellectualization. Freud belonged to an era in which there was a continuous interpenetration among literature, education, and psychology. Extraordinarily

well versed in literature, Freud often wrote up cases in the form of novellas.

The author then argues that Freudian analysis is rooted in mythology, because its goal is to reveal some of the mysteries of the patient's unconscious life to the patient. He tells us that

> . . . the knowledge of the unconscious, as Freud describes it, may also repeat humanity's oldest gesture of seeking to bring to light the grand secret of existence: namely, that man is caught between the powers of heaven and hell . . . . Freud was . . . a giant who had the audacity to confront the infernal powers. [p. 85]

Roustang feels that psychotherapists and psychoanalysts should be mythmakers who help create human existence by bringing power to the imagination. He not only admires Freud for having invented hypotheses and fictions that transcend reason, but he also feels that it is essential for every analyst to be able to invent: "The psychoanalyst will attempt to achieve it [invention] by lifting repressions . . . by bringing forth phantasms or drives—in short, by making available to the patient powers that will allow him to live more intensely" (p. 91).

In "Transmitting Anxiety," Roustang argues in favor of doing away with the distinction between the conscious and the unconscious. Here he acknowledges Freud's having defined the unconscious in two different ways. Failure to recognize this distinction can have disastrous results for psychoanalysis, he now states, particularly since the two definitions are directly opposed to each other.

> By maintaining the ambiguity of the term *unconscious* and neglecting to bring that ambiguity to light, we leave the door open to the constitution of psychoanalysis as a science, thereby introducing a possibility for its transmission. But in reality we have simply created a confusion that will have fatal consequences both on the level of theory and on that of practice. [p. 96]

The first meaning of the unconscious, the memory-unconscious, is the more familiar one. Psychoanalysis cannot accomplish much,

however, if it aims only at effecting the recovery of repressed ideas or facts. Freud understood this, and as a result developed a second concept, involving a mental agency that is "defined in a dynamic manner, in relation to drives and affects" (p. 95). Roustang suggests that we replace the distinction between conscious and unconscious with one between consciousness (which includes the memory-unconscious) and what he terms *psyche*. His choice of the word *psyche* underlines his notion that psychoanalysis has a spiritual effect: it touches a person's soul. Drives are tied to the living body, which is tied to the psyche.

In a related vein, Roustang claims that it is important to help patients become attentive to sensations as well as to thoughts and emotions:

> For what becomes primary is not the relation to the therapist, but the relation of the patient-agent to his own body—that is, to his own life. Instead of remaining fixated on the person of the therapist and reproducing through him the type of relation he has with everyone else, the patient concentrates on what he is through an echo effect created by the therapist's concentration; he reconstitutes his own limits through the contact and tact of the initiator, and thus individualizes himself further. [p. xv]

My major difficulty with this book has to do with the chronological organization of the papers within it. Chronological ordering allows the reader to see the step-by-step evolution of Roustang's thinking, but Roustang does not always tell the reader where he is going, and at times it is hard to follow him. If he were easy to follow, however, Roustang would not be Roustang. His gift is his ability to make his readers stretch their minds.

KATHERINE B. BURTON (BETHESDA, MD)

FREUD AND PSYCHOANALYSIS. By William W. Meissner, S.J., M.D. Notre Dame, IN: Notre Dame Univ. Press, 2000. 280 pp.

Freud and Psychoanalysis is the most recent book in an esteemed tradition. Like Freud, Fenichel, Alexander, Nunberg, Waelder, and

Brenner before him, Meissner summarizes the findings and theories of psychoanalysis in a contemporary context while emphasizing significant historical roots. He does so in a comprehensive way, covering and evaluating many important trends and theoretical perspectives. His book is thus an excellent compendium of many classical and modern views.

Meissner traces Freud's thinking step by step from his early work (including the "Project," "Studies on Hysteria," and the "Dream Book") to his late contributions ("Analysis Terminable and Interminable" and "Outline of Psychoanalysis"). He includes shifts from drive emphasis to ego integration, from libido domination to the giving of equal standing to aggression, and from topographical to structural theory. His survey encompasses the studies of Klein, Winnicott, Fairbairn, Erikson, Kohut, and Kernberg. The author covers Sigmund and Anna Freud's integration of the function of the ego and superego, as well as attempts by Hartmann, Loewenstein, and Kris to establish a general psychology. There are descriptions of the developmental studies of Mahler and a brief critique of Freud's views on female psychology. Indeed, *Freud and Psychoanalysis* can and does serve as a textbook of psychoanalysis. Quite a task for a relatively short book!

Nevertheless, it displays a number of limitations. The book is so broad and detailed in its coverage that it may overwhelm the reader, especially one without clinical experience. There is relatively little clinical material to illustrate the theories that Meissner describes so well. At times, he is repetitious, particularly when examining concepts from different points of view. The intended audience, according to the book's jacket, includes "therapists, psychoanalysts, psychiatrists, medical students, collegiate, graduate and divinity students and professors, as well as the general public." I suspect that many of these readers will find the book rough going. It is comprehensive and detailed, but also, in places, compact and condensed. It is often abstract and demanding.

A seasoned analyst will be able to supply the observations that lie behind Meissner's description of theory, and will find much of his or her own thinking clarified. A clinician with a vast amount of psychotherapeutic experience, but without analytic training, will have a

degree of trouble understanding how theory meshes with the observations of actual patients. Medical students and the general public will enjoy exposure to Meissner's thinking, but may fail to truly understand what clinical phenomena he is addressing. In using the book as a text, an instructor must supply relevant clinical data. Nonetheless, I can see a young student returning to *Freud and Psychoanalysis* repeatedly while growing more experienced, in order to profit increasingly from this tour de force.

Although the book encompasses a broad vista, it is not up-to-date; the most recent references are dated 1985 and 1989. It fails to evaluate the current craze for intersubjectivity and postmodernism, the recent scrutiny of the neuropsychological and neurological interface with psychoanalysis, the effects of medication on psychoanalytic efforts, or the growth of psychoanalytically influenced psychotherapy. Nor does Meissner cite in sufficient detail the many recent observational studies of infants and the influence of these studies on our understanding of development. So, too, are recent contributions of modern Kleinians omitted. And, although Freud's concepts of female psychology are criticized, the details of subsequent studies of gender identity are absent. As a child analyst, I observed that, despite Meissner's description of adult analytic technique and its modifications, the technique of child analysis is ignored. Further, although the book is part of a series called the "Gethsemani Studies in Psychological and Religious Anthropology," it does not include studies of either religion or anthropology.

A note on the book's cover (not included inside) provides further evidence that the book is not totally up-to-date. *Freud and Psychoanalysis* "was originally published as part of a reference work addressed to psychiatrists. The University of Notre Dame edition [the subject of this review] of this classic makes it available for the first time for a wider audience." In fact, inquiry reveals that this book originally appeared as a chapter in H. Friedman and B. Sadock's *Comprehensive Textbook of Psychiatry,* fourth edition, published by Williams and Wilkins in 1985.

Nevertheless, *Freud and Psychoanalysis* is thought provoking and thorough in presenting the topics it does address. It can serve as a

stimulating introduction to psychoanalysis and a helpful resource as one grows more experienced.

JULES GLENN (GREAT NECK, NY)

SIGMUND FREUD REVISITED. By Richard W. Noland, M.D., Ph.D. New York: Twayne Publishers, 1999. 168 pp.

ON FREUD. By Michael S. Trupp, M.D. Belmont, CA: Wadsworth/Thomson, 2000. 84 pp.

These two brief works attempt to present Freud's ideas in a favorable light to nonprofessional audiences, and to situate him in an intellectual context apart from that of the sciences and the healing arts. Noland's *Sigmund Freud Revisited* is part of the Twayne's World Authors Series, which "offers a critical introduction to the life and work of a particular writer, to the history and influence of a literary movement, or to the development of a literary genre," according to the book's jacket. Trupp's *On Freud* appears in the Wadsworth Philosophers Series, which will include the work of some three dozen thinkers, ranging from Socrates and Lao Tzu to Marx and Habermas. Both series state an explicit goal of influencing the student to read the original works. Noland's intended audience is "an educated reader who knows something of Freud's influence on this century, who has a limited knowledge of what he actually said, and who would like to learn more about the man and his work," a readership including but not limited to "undergraduates and graduate students in psychology" (p. ix). Trupp's first chapter, entitled "Who Are You?" (p. 5), identifies the target reader as a high school or college student.

Noland's book is a masterpiece of succinct clarity. He presents an intellectual biography comparable in structure and scope to those of Jones and Gay, but condensed to 124 pages of text, without sacrificing depth or subtlety. Beyond giving us concise and accurate summaries of Freud's ideas, he follows each topic with an overview of subsequent controversies in the field. These discussions include

both clinical issues, such as the status of outcome research, and major theoretical debates in such areas as instinct theory, female psychology, and the scientific status of psychoanalysis. The discussions are well written and easily readable without being simplistic. The footnotes and bibliography provide both evidence of the author's thorough grounding in Freudian scholarship and a useful guide for the reader interested in further study.

A summary that is at once so concise and so inclusive could be of value to a wide variety of readers. Certainly, the university student, or even the advanced high school student, who is being introduced to Freud for the first time will do well to start here. This work is also sophisticated enough to serve advanced scholars in other fields as an accurate and nuanced summary of the Freudian corpus. Residents and graduate students in the mental health disciplines who are considering psychoanalytic training will find here a serviceable introduction to the field. Perhaps the greatest service *Sigmund Freud Revisited* can provide lies in its potential to correct the misapprehensions of those Freud-bashing critics who are acquainted only with isolated portions of his work. Without trying to defend all of Freud's ideas or to gloss over his errors, exaggerations, and blind spots, Noland presents a comprehensive view of a thinker and of a field engaged in a constant process of experimentation, reevaluation, and self-correction.

Trupp uses a very different approach, presumably in the service of different goals. His primary agenda is apparently to win over the skeptical late-adolescent reader, by adopting a style of writing that might be suited to a college term paper, and by emphasizing that Freudian ideas lie unrecognized at the core of modern sensibilities —and especially that Freud anticipated many of the findings of modern neuroscience.

The effort to relate to the late-adolescent reader on his or her own terms involves such devices as the use of the second person, as in the section entitled "Why You Are (Probably) a Freudian" (p. 16), and the assignment of "'exercises' to help 'tune in' to the mind/body continuum" (p. 9). The tone varies between the condescendingly casual—"Perhaps as you read this page you are eating an apple (or a

slice of pizza or some chocolate or peanuts)" (p. 7), and the ostentatiously overblown:

> Thus, when the psychoanalyst "silently" wonders what the analysand is hoping, fearing, needing, desiring, imagining and so forth and asks, "How can *we* best understand this?", she or he may be "tuning in," so to speak, to the (tensor) resonance of their shared spheres—and hemispheres. There past and present, fear and wish, symptom and dream, symbol and "reality" all become "audible" via shared "ratios of curvature," a dense orchestration of biomathematics. [p. 80]

Trupp seems to assume that, for his intended audience, the gold standard of truth and intellectual respectability is modern neuroscience, along with related areas of physics and mathematics. The fourth of his five chapters is devoted to the arguments that Freud anticipated the later discovery of cerebral bilaterality, and that this prescience underlies his theories of symbolism and dream formation, while the final chapter presents a strained and confusing argument that analogizes Freud's theory of mind to holography, wave mechanics, and tensor mathematics. It is not at all clear that the contemporary college student will share Trupp's intellectual predilections and thus be impressed by this line of argument, but the greater danger is that psychoanalysis will be seen as subservient to the "truth" established by the quantitative sciences. If Freud's work were of interest only to the extent that it demonstrates a clever anticipation of ideas later shown to be scientifically "true," it would have no independent intellectual value, and his more expansive contributions to our understanding of the nature of meaning and truth would be lost.

The goal of convincing modern high school and college students that Freud has something worthwhile to say is certainly an admirable one, but in attempting to speak their language and in enshrining "science" as the standard of truth, *On Freud* may do more harm than good.

KEVIN KELLY (NEW YORK)

THE COURSE OF GAY AND LESBIAN LIVES. By Bertram K. Cohler, Ph.D., and Robert M. Galatzer-Levy, M.D. Chicago, IL: Univ. of Chicago Press, 2000. 538 pp.

Cohler and Galatzer-Levy provide a comprehensive overview of the present state of our understanding of homosexuality. The book covers so many topics so extensively that I find myself referring to it as a textbook. It takes into account the historical context as well as the social context, and presents a multitude of research studies of diverse nature. It integrates life course theory with psychoanalytic theory, and gives us a view of the developmental course of the gay and lesbian individual. It addresses psychoanalytic intervention and understanding. It proposes that we consider the impact of stigma and shame, rather than resorting to formulations of narcissistic pathology and inherent deficiencies. Three major topics are explored: the search for etiology, the developmental course, and psychoanalytic intervention.

The search for etiology is explored and dismissed following a review of pertinent biologic research. Genetic, anatomic, twinship, hormonal, and brain structure studies, as well as prenatal influences and maternal stress, are reviewed and presented as inconclusive. The fact that sexual orientation is fluid across the life course, and awareness of same-sex sexual orientation often appears in midlife, points away from a purely biological determination. Biological factors may be necessary, but are in and of themselves not sufficient determinants. The pressure toward the search for origins is attributed to the twentieth-century need for an objective scientific explanation, as well as a sociopolitical pressure to counter discrimination.

The intertwining of the twin focuses of this book, psychoanalysis and life course social science, allows for an appreciation of the influence of culture on science. This is noted in the review of the development of our understanding of homosexuality over the past one hundred years. Cultural changes have strongly impacted our scientific understanding. Homosexuality became an entity in the late 1800s, resulting in its becoming more of a medical issue, thereby

somewhat diminishing its moral significance. The Stonewall Inn riots in 1969 led to the emergence of gay liberation and the American Psychiatric Association's reevaluation of the place of homosexuality in the *Diagnostic and Statistical Manual.* The AIDS epidemic promoted a focus on the presumption of promiscuity. All this has led to research—and, no doubt, to the compiling of many of these studies and the writing of this book.

A historical review of the psychoanalytic understanding of same-sex sexual orientation begins with Freud's interest in unearthing the past in the present, with its focus on the oedipal conflict. This was followed by an interest in the early mother–child relationship, and subsequently in the intertwining of genetic determinants with family interaction. References are made to many of the important contributors to this reworking of our understanding, such as Bieber, who introduced the gay profile. Isay gave us the perspective of the gay man who has experienced a different oedipal constellation, resulting in a son raging at his father's distance. Socarides is referenced and refuted (however, he, too, should be understood within the context of his time). Mitchell, questioning the deficit view, reminded us that sexuality is only one aspect of adjustment, and Kirkpatrick, in her understanding of lesbian love, noted that the quest for intimacy is more a primary motivator for women than genital release.

This last point is one of far too few references to lesbianism in *The Course of Gay and Lesbian Lives.* The authors are not unaware of this deficit; however, greater note should be taken of the absence of attention to the lesbian life course.

Finally, interpersonal, intersubjective, and self psychological perspectives are discussed in their applicability to the understanding and treatment of individuals with same-sex sexual orientation. The authors utilize these multiple theoretical models in looking at individual psychological development occurring within a specific social and historical context. Our understanding of the meaning of being gay or straight, therefore, varies with social circumstances. At present, it is heavily weighted by our overriding concern with origins.

In utilizing the contribution of life course social science, the authors note that differences in life experiences occur within a generational context. In a typical older group, the individual has often kept his or her homosexuality hidden. In the middle-aged group, there has been more openness—a coming out, and therefore the need to deal with stigma. This group has also dealt with AIDS. In the youngest group, sexual orientation has been less limiting; this is the context in which these individuals have come to experience their sexual orientation. The establishment of a gay identity thus means different things to each of these cohorts.

The master narrative is another aspect of the life course viewpoint. The culture of the moment shapes the way childhood experience is recalled and a narrative is developed. Here reference is made to Bieber's 1960s study of 100 gay men and 106 straight men; it demonstrated a typical family constellation of a seductive, controlling mother and a hostile, distant father. A present-day version of the master narrative for being gay includes such factors as being born gay and having gender atypical interests.

Studies of gay and lesbian development are explored to gain an understanding of what is normative. Two quite extensive studies of adolescence are cited, both of which emphasize the importance of a supportive environment, and both of which relate primarily to the gay male. An important outcome of these studies was the finding that involvement with a gay community reduces the individual's sense of isolation and stigma, and promotes mental health. In this context, there is no higher incidence of psychopathology in gay adolescents than in their straight counterparts. Problems that do arise are attributed to the consequences of homophobia and harassment, rather than to an inherent deficiency. However, there is a greater incidence of suicide and suicidal ideation among adolescents with a same-sex sexual orientation; this finding needs further elucidation.

In looking at the developmental course over the adult years, a variety of pathways are described, including different paths—both continuous and discontinuous—into gay and lesbian adulthood.

There are cohort differences. There is a wide range of intimate relationships, with intimacy being primary in lesbian relationships. In gay relationships in general, sexuality is primary, at least initially. There are a variety of roads to parenthood. Offspring are indistinguishable from offspring of straight couples. The transition to midlife is no more difficult, but it is different for gays and lesbians than for heterosexuals, different for gay men than for lesbians, and different for those with and without children.

Gay and straight individuals were studied and compared across the life course. Few differences were noted in personality adjustment or symptom formation as evaluated through structured assessment tests, in-depth interviews, and multiple other modalities. Methodological problems have not been absent from this research, since many studies were clouded by stigma, isolation, cohort issues, the influence of the master narrative, a striking absence of differentiation between gender identity and sexual orientation, and sampling prejudice. The findings that suicidal wishes are more common among gay adolescents and lesbians, and that there is a higher incidence of alcoholism and depression in the gay population in general, are attributed to sampling error. Increased suicidality, anxiety, and substance abuse, when present, are attributed to antigay prejudice and stigma in the absence of a supportive community.

This book challenges the entrenched psychoanalytic view of homosexuality as psychopathology. Sexual orientation and psychopathology are considered to be independent variables. The focus is away from inherent psychopathology and toward an understanding of the profound impact of stigma and shame. A study by Goffman is cited, indicating that internalized homophobia may be responsible for much of the psychopathology assumed to be intrinsic to persons experiencing same-sex desire. This arises as a result of the father's discomfort with his son's erotic orientation, with consequent distancing that is compounded by a distancing of the boy's peer group, society's criticism, a sense of emotional isolation, self-criticism and self-loathing, and the development of shame. (Again, where are the women in this discussion?) There seems to be a mi-

nority voice that questions whether dysfunctional adjustment might occur even in the presence of greater social acceptance.

In trying to integrate all this information, one wonders whether, in their effort to undo bias, the authors may be downplaying intrapsychic difficulties, thereby introducing a different bias. This may result in a closing off of exploration and understanding, with too quick an explanation of distress. Not every stigmatized individual reacts in the same way and with the same outcome. We need to understand how stigma interacts with individual psychodynamics, and whether there is something specific to homosexuality or homosexual development here.

In the book's final section, the authors consider psychoanalytic intervention. Same-gender sexual orientation is understood as an alternative/non-normative developmental pathway. The analyst is advised to focus on the meaning to the particular individual of his or her sexual orientation as it is experienced within the analytic situation, as would be the case with any other aspect of experience. It is suggested that this is especially important in light of the lack of evidence to substantiate a relationship between sexual orientation and psychopathology, or between early life experience and the inevitability of one or another means of expression of sexual desire in adulthood. Ego dystonic homosexuality, the importance or lack of importance of the analyst's sexual orientation—as well as the importance of disclosure of the analyst's sexual orientation—are considered in this section.

In my view, *The Course of Gay and Lesbian Lives* inadequately addresses the lesbian life course. Assumptions are made that what is true for gay men holds true for lesbians as well (although occasionally, differences are noted). This is quite consistent with our very late attention to female psychology and the related late notice given to women in medical studies. Possibly, there is an important parallel here: With the recent reexamination of our long-entrenched theoretical understanding of female psychology, we have enhanced our understanding, providing us with a new opportunity to hear women patients and to help them; and it is to be hoped that this book will give individuals with same-sex sexual orientation an equal

opportunity. Psychoanalysis can thereby gain greater insight into the sexualities.

I wonder about the assumption of sameness in the gay and lesbian life course, and even the search for the normative life course of the gay male within his cohort. What does it mean when we group people according to their sexual orientation? How does this impact our understanding of a range of sexualities?

This book is both comprehensive and a fine beginning. I am reminded of the ending of *Portnoy's Complaint:* "So. Now vee may perhaps to begin. Yes?"[1] Many of our long-held psychoanalytic truths have been held up to the light of day and have been found wanting, and thus we are given an opportunity to begin to look anew. Let us not prematurely foreclose our exploration.

RUTH S. FISCHER (BRYN MAWR, PA)

[1] Roth, P. (1969). *Portnoy's Complaint.* New York: Random House, p. 274.

THE THERAPEUTIC ALLIANCE (WORKSHOP SERIES OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION, MONOGRAPH 9). Edited by Steven T. Levy, M.D. Madison, CT: Int. Univ. Press, 2000. 138 pp.

Experience cannot be reduced to meaning.

In 1993-1994, a conference was held that generated the material published in this book. One of the participants, Owen Renik, suggested at that time that discussion of therapeutic alliance is no longer an interesting way to approach the understanding of psychoanalytic technique, process, and therapeutic action, and most important of all, of the nature of the relationship between the analyst and the patient. Is this accurate, or was he pushing his own agenda of the inevitable subjectivity of the analyst? Have we indeed moved that much toward intersubjectivity and relational views of psychoanalysis? Has Lawrence Friedman's idea that the therapeutic alliance is a fiction truly taken hold? Does an analyst "find" a cooperative patient, and is all participation in treatment simply wishful compliance and submission?

The concept of therapeutic alliance was introduced in the 1950s by Elizabeth Zetzel, and was elaborated upon, in a somewhat different version, by Ralph Greenson in the 1960s. It was an outgrowth of Zetzel's clinical work and of her investigation of cases analyzed by candidates at the Boston Psychoanalytic Institute. This led to her landmark paper on the "good hysteric," as well as to other papers on technique and supervision. Her clinical study was an important step toward the delineation of the borderline patient. It highlighted the shortcomings of basing diagnosis and prognosis upon manifest symptoms alone, since such symptoms do not inform us sufficiently of the patient's degree and level of ego organization, or of his or her potential to work in analysis. Zetzel emphasized that the capacity to form a durable working relationship with the analyst is built upon early mother–child dyadic experience that has led to the development of the ego capacities, including object constancy, which are necessary to sustain analytic work. Her observations led her to focus on the development of an alliance between the two participants in analysis and on the necessity of helping or encouraging this collaboration to evolve. In making early interventions, the analyst must be mindful of the patient's wishes and fears in forming a relationship. She was, I think, in part reacting to the idealization of interpretation as the *only* true analytic intervention, a viewpoint promulgated by Kurt Eissler and later fostered by the 1954 definitions of psychoanalysis formulated by Merton Gill and Leo Rangell.

We have come a long way in the half century since then, and we now recognize much more fully the analyst's role as a participant as well as an observer in what goes on in analysis. This has led most of us to accept the analyst's emotional participation in the field of interaction as an important source of data—although the unfortunate term *contamination of the transference* is often still used, including in this book. A good review of all this (especially by Morton Shane) is contained in the book, as is commentary about the usefulness and limitations of the concept of therapeutic alliance.

As there is no aspect of the cooperative collaboration between the patient and the analyst that is not infused with desire and fear,

the issue becomes one of when or whether to cultivate this collaboration via modeling, reinforcement, identification, or some form of psychoeducational maneuver, or whether to always treat it as resistance. This is a central issue in *The Therapeutic Alliance*. In some ways, all the participants are correct. For Sander Abend, all of what goes on is suspect and open to analysis: the therapeutic alliance is an example of the "unobjectionable positive transference," and therefore ultimately serves as resistance. To Theodore Jacobs, a basic, core relationship between the patient and the "mensch" analyst, which exists despite anger and negative transference states, represents a "gesundheit" factor, allowing treatment to proceed. Is a therapeutic alliance a parameter, a necessary deviation that for a time is allowed, but is later "analyzed away," a matter of tact and timing? Axel Hoffer offers an interesting view of the therapeutic alliance that centers around neutrality. The analyst's interest, he believes, should consist solely of exploring and bringing conflicts to the surface, in order to open them up for resolution by the patient. Because the analyst is disinterested in what the patient does with what emerges, this neutrality thus leads to a more genuine collaboration and exploration. Gerald Adler refers to work with borderline patients who are initially incapable of having a relatively neutral relationship and relatedness with the analyst, but who can be enabled to do so. This ability of the patient and the analyst to work together represents a substantial achievement; it is a crucial step in the treatment, perhaps the goal of treatment. Initially, the patient's affects and reality distortions are so great that the main attention must be directed toward the patient's experience of the relationship with the analyst and the vantage point from which it is experienced. (Much of this is now incorporated in analytic work in general.) Judith Chused speaks of the particularities of the therapeutic alliance in the treatment of children. At least at certain points, this alliance may be established more with the parents than with the child, in order to keep the treatment viable.

For me, some of this evokes Freud's references to a "wild rider," i.e., an image of the self seated on a more or less unsteady, im-

passioned horse.[1] My very abbreviated summary of this book's participants' thoughtful, cogent, and experienced comments conveys my own view of the therapeutic alliance as well. We, the analyst and the analysand, have to have some way of working together. We need this base of collaborative cooperation to do the work. Furthermore, what the two of us do together has meaning and history, and therefore must be continually scrutinized in the analysis.

The Therapeutic Alliance includes well-written summaries by the editor, Steven Levy, of all the participants' contributions, although Levy rides the horse of rationality too much for my taste: he offers too much intellect over emotion. I am inclined more toward integration of past and present emotion and thought, rational and irrational, as the aim—or perhaps the result—of treatment.

To reiterate: the experience of relatedness cannot be reduced to its meaning.

ROBERT M. CHALFIN (NEW YORK)

[1] Freud, S. (1923). *The Ego and the Id,* trans. J. Riviere. London: Hogarth, 1927.

ROMANTIC OUTLAWS, BELOVED PRISONS: THE UNCONSCIOUS MEANINGS OF CRIME AND PUNISHMENT. By Martha Grace Duncan. New York/London: New York Univ. Press, 1996. 272 pp.

A sociologist with an interest in understanding the psychological makeup of terrorists and recidivist criminals, Martha Duncan came to the Psychoanalytic Institute at New York University Medical Center for analytic research training. She went on to Yale Law School, eventually becoming a law professor at Emory University where, among other activities, she has been teaching courses on Psychoanalysis and the Law and on Law and the Unconscious. This extremely interesting book is a very welcome product of her educational peregrinations. In it, she examines unconscious determinants of attitudes toward prisons, both of the criminals who are incarcerated in them and of the noncriminals who put them there. Her conclusions shed light upon the psychological basis of the use by modern socie-

ty of prison systems far more for punishment than for rehabilitation. It also raises significant questions about the effectiveness of imprisonment in deterring crime.

In Part One, Duncan examines the view of many criminals that prison is a refuge to which they can flee from an impersonal, intensely competitive, complex world that is far too difficult for them to handle. Prison, she points out, can appeal to the need for external control of violent impulses over which, because of developmental deficiencies, lawbreakers tend to lack adequate internalized self-control. At the same time, it provides protection against violent attacks from the people with whom they tend to associate in the external world, and it fulfills their basic need for the food, shelter, and care that they are unprepared to obtain for themselves in the world outside of prison.

"The student of prison memoirs," she writes, "cannot fail to be startled by the repeated characterizations of prison as a peaceful and safe place" (p. 24), in which "like a fetus in a womb, the prisoner . . . is passive and sheltered" (p. 25). She quotes a recidivist criminal, who wrote the following about what life was like for him after he left prison:

> However harshly, the joint mothered us—fed us, kept us warm, treated our ailments—now, away from home, I could hardly remember to pay the rent and gas bill and the phone bill, let alone take proper care of my teeth. [pp. 26-27]

The author cites memoirs and novels in which "prison is described as a place that is uniquely safe, as an unconditional provider of food and shelter, and as a timeless space" (p. 28), to which escape can be made from the inevitable "failure" experienced in the world outside.

It seems to me that this longing for escape from the complexities of life is not necessarily unique with regard to prisons, but applies as well to attitudes toward other powerful institutions that assert authoritative control over the individuals within them. For example, service in the military, teaching in a tenured position, and

working at a civil service job can afford advantages that are similar to those experienced in prison, although without the element of incarceration. What Duncan is citing is not unique to the prison experience, but to one aspect of it upon which articulate prisoners can focus, in a romanticizing way, while they look away from other, less palatable aspects. The example of André Chénier, sitting in the Bastille, writing defiant poetry while he waited for his head to be placed beneath the guillotine blade, dramatically illustrates, I believe, the peremptory glorification of prison experience that Duncan describes.[1] It is of interest that, while he was trapped in prison, from which he was unable to run away, Chénier named his collection of poems *Iambes* ("Iambic Poetry") and that at that time, since capital *I* and capital *J* were indistinguishable in the French language, the words *iambes* and *jambes* ("legs") would in essence be written the same way. His literary expressions said one thing (that prison was welcome and he was prepared to die), but the title he chose suggested that he wanted to run away!

The people upon whom Duncan focuses are not able to make it in the world at large. They are forced to settle for life in prison. They would certainly prefer an adequate life outside of prison. They would like to run away and be free. They are incapable, however, of creating a satisfactory life for themselves on the outside.

Duncan demonstrates that she is aware that there is an element of sour grapes in the tendency of some prisoners to extol the virtues of prison life. She goes beyond sour grapes, however, in her explanation of the phenomenon. The universal desire to return to the womb, she notes, contributes to the

> . . . ill-disguised envy that some civilians express toward prisoners, who, it is felt, are "coddled" when they are merely deprived of their freedom. Thus, the universal oral fixation may help to explain why our prisons remain places of great brutality: to the degree that the civilian population unconsciously associates imprisonment with a peaceful womb or a timeless Arcadia, it finds the mere deprivation

[1] Chénier, A. (1908). *Poésies Choisies.* Oxford, England: Clarendon Press.

> of liberty an insufficient punishment. The word *paradise,* after all, is derived from the Middle Iranian word for *enclosure.* [pp. 30-31]

The image of prison as a womb into which the imprisoned have returned leads Duncan to the theme she finds in prison literature of thanatological descent into the bowels of the earth as an opportunity for self-examination and reflection that leads to resurrection, rebirth, and return to the world of the living as a new person. She cites those such as Malcolm X who have written of their experience in this regard. She also refers to such writers as Alexander Solzhenitsyn, Graham Greene, and John Cheever, who have turned their literary sights upon imprisonment, to substantiate her views.

Of interest in this regard, it seems to me, is that for some street youths in the United States, as for some devout political protesters elsewhere in the world, imprisonment can represent a descent into hell as a desired rite of passage that satisfies the requirements for belonging to their group or cause and ratifies their entry into it. Brendan Behan's book *Borstal Boy,* it occurs to me, illustrates Duncan's ideas quite well.[2]

Duncan's observations lead her to have doubts about the deterrent effect of the prison system upon many criminals: "People with a longing to perceive themselves in a cared-for, controlled situation might recognize the affinity between their needs and incarceration *prior to* experiencing prison" (p. 48, italics added). "In these individuals for whom the attraction to prison overrides the aversion to it, the risk of incarceration is not a deterrent, but an incentive, to engage in criminal acts" (p. 49). Guilt and an unconscious wish for punishment, furthermore, can be powerful motivators to commit a crime. Duncan does not, of course, imply that yearning for prison is the sole or even the dominant motive for committing crimes, "given the multidetermined nature of any criminal act" (p. 49), but she makes a plea for "a more complex view of criminal motivation, a view that takes into account the existence of inner conflict and of prison's sometimes potent allure" (p. 49).

[2] Behan, B. (1959). *Borstal Boy.* New York: Knopf.

Duncan arrives at a conclusion that comes across as quite cogent. The public at large, she indicates, and its representatives, the authorities who shape and administer punishments in accordance with societal justice systems, maintain a self-serving illusion that imprisonment serves merely as retributive punishment of lawbreakers for the antisocial acts they carry out. Actually, it is they, the noncriminals, much more than the criminal element, that fear imprisonment as a terrible fate. The noncriminals insist that terrible punishments are to be meted out to criminals in order to deter *themselves* from committing crimes.

Duncan, it seems to me, is calling attention to an important facet of something that is actually quite complex. The Moynihan Report and the Coleman Report indicate, for example, that social factors play a major role in promoting crime. Poverty, deterioration of family structure, paternal absence, and physical breakdown and disorder in the neighborhoods in which people live, without the cleanup and repair that would indicate that people care, can lead to skyrocketing of the crime rate.

In Part Two of *Romantic Outlaws, Beloved Prisons,* Duncan examines the phenomenon of widespread admiration of criminals by law-abiding noncriminals, usually without their conscious awareness. She examines the tendency toward glorification of lawbreakers by people who, even when they do not consciously realize it, despise the laws that are imposed upon them. They perceive those laws as cruel and oppressive, she states, because of their ambivalent attitude toward the authorities that rule over them, of whom the originals were their parents. She cites multiple literary instances of envy for and admiration of those who choose the freedom of a criminal life out on the open road over the confining restraints of life on the straight and narrow: They envy and romanticize Robin Hood, Dick Turpin, Long John Silver, the smugglers in *Carmen* and *Don José,* and so forth. She uses Shakespeare's beloved rogue Falstaff and Defoe's Moll Flanders to illustrate the childlike quality of many of the outlaws whom noncriminals tend to envy for their ability to hold onto the pride-filled child's uproarious delight in boundless freedom—a freedom that noncriminals themselves have usually given up.

Law-abiding citizens do not find it easy to acknowledge their admiration of lawbreakers. They often transform it, Duncan points out, via negation and reaction formation, into intense antipathy, repugnance, and the wish to get criminals out of sight (in order to put distance between themselves and temptation), and to punish them harshly (for tempting them). Pip's abhorrence of his benefactor, the escaped convict Magwitch in Dickens's *Great Expectations,* despite Magwitch's having helped Pip, as well as Marion Holcombe's revulsion and loathing for the villain Count Fosco, to whom she had initially been attracted, in Wilkie Collins's *The Woman in White,* are adduced as exemplars. Duncan observes that our "continued reliance upon the penitentiary, despite its poor record in deterring criminal acts and reforming criminals" (p. 117), may actually foster criminality. She makes a plea for "cultivating self-awareness. For if we noncriminals can truly accept the criminal impulses in ourselves, we will find it unnecessary to deal with these impulses by externalizing them" (p. 117)—though it is not realistic to expect that this is likely to occur in the foreseeable future.

In an interesting examination of the decision made by the British in 1786 to transport convicted criminals to remote, unexplored Botany Bay in Australia, Duncan points to a tendency to respond to ambivalent attitudes toward criminals by perceiving them as excremental filth to be flushed away, out of sight. She cites writers and journalists of the time, who depicted Australia as "a slimy receptacle of filth; hence, a toilet, or anus," into which, as Jeremy Bentham complained in 1812, "England was projecting 'a sort of excrementitious mass'" (p. 152). She cites multiple examples from the English literature of the eighteenth century to support her impression that criminals sent to Australia were viewed as "a split-off and punished part of themselves" (p. 162). She points to numerous instances of modern metaphorical reference to filth, dirt, and slime in legal case records, penological reports, and commentaries in connection with criminals and their origins. She emphasizes that metaphors exert power, not only in exposing unconscious attitudes, but also in influencing public opinion.

Romantic Outlaws, Beloved Prisons is a book that merits the interest of psychoanalysts for the contribution it offers to our understanding of the realm of guilt and punishment in human psychology. It very much deserves to be read by students of penology and criminal justice. It is a testimonial to the value of the efforts made by the American Psychoanalytic Association and by analytic institutes to make analytic training available to people in other fields who might be able to make use of it in pursuing their own scholarly activities. I recommend the book highly.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ABSTRACTS

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LV, 1, 2001

What's a Bongaloo, Daddy? Transference, Countertransference, Therapeutic Situation: In General and with Reference to Early Disorders. Ulrich Moser.

Therapeutic experience constantly prompts us to rethink the analytic relationship. The author of this article attempts to outline what early disorders are and the effects they have on the regulation of the analyst–analysand relationship, starting from a theory of that relationship. The article concentrates on the study of this regulation, which in order to succeed must institute certain conditions that help create a therapeutic microworld and keep it stable. A good strategic approach is to treat traditional concepts as *bongaloos* relegated to the preconscious domain as alien, unknown beings. In the framework of new processes of reflection, they resurface in different places, sometimes imbued with new meanings.

The Lightweight Clinical Significance of the Discourse on Discourse. Helmut Hinz.

This article addresses everything you always wanted to know about sex and life, but did not believe. Proceeding from Reimut Reiche and his postulation of a parallelism between modernist discourse and constructivist positions in psychoanalysis, the author sets himself a dual objective: (a) not to lose ground over and against this modern constructivist position, and (b) to point up its blind spot. Hinz seeks to redeem this claim by pitting against the constructivist axiom a counteraxiom, which while partially maintaining allegiance to Kant and transcendental philosophy, combines Money-Kyrke's three facts of life with Bion's preconcepts. After a discussion of the intersubjective position and Honneth's dialects of recognition, the author describes an instance of long-term, high-frequency analysis.

On the Relationship between Some Theoretical Concepts in the Work of Melanie Klein and Wilfred Bion. Helen Weiss.

Weiss investigates points of contact between the theories of Klein and Bion, setting out to demonstrate how Bion took up central Kleinian con-

cepts and gave them a new meaning in the context of his own conceptions, both modifying and expanding them in the process. Certain indeterminacies and shifts of meaning become apparent when these concepts are applied to the clinical situation; the ideas put forward here are designed to clarify that situation.

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Long-Term Effects of Psychoanalysis and Psychotherapy: A Representative Multiperspective Follow-Up Study. Marianne Leuzinger-Bohler, Ulrich Stuhr, Bernhard Ruger, and Manfred E. Beutel.

With competition getting fiercer on the psychotherapeutic market and public funding cutbacks the order of the day, increasing pressure is being brought to bear on psychoanalysis to provide evidence of concrete medical improvement. In presenting a sample of all clients who completed courses of treatment with analysts of the German Psychoanalytic Association (DPV) between 1990 and 1993, the authors of this article square up to the challenge of providing empirical evidence of the long-term effects of psychoanalyses and psychoanalytic therapies. In so doing, they by no means neglect the fundamental objections that can be leveled at such studies of success measurement, such as: Can psychotherapy success be empirically verified at all? Who judges the results of psychotherapy? Are randomized, controlled outcome studies ethical? The resulting study takes a critical look at questions of method, and combines qualitative analytic observations from follow-up interviews with quantitative approaches, delineating a position on statistical design and representativeness, and on study design and methodological matters. The findings on changes effected by treatment, patient satisfaction, and treatment costs impressively demonstrate this study's significance.

Differences in Long-Term Effects of Psychoanalysis and Extended Psychotherapy: Findings from the Stockholm Psychoanalysis and Psychotherapy Project. Rolf Sandell, Johan Blomberg, Anna Lazar, Jan Carlsson, Jeanette Broberg, and Joahn Schubert.

This article presents the major findings of a large-scale study on subsidized psychoanalyses and long-term psychotherapies in Sweden. Over 400 persons examined at various stages of treatment were reexamined in a follow-up study three years later, using face-to-face interviews, questionnaires, and official statistics. Significant findings were: (a) better treatment results achieved by psychoanalysis than by psychotherapy, (b) better results achieved by more experienced psychoanalysts, and (c) an observed negative effect of a psychoanalytic stance on a psychotherapeutic setting.

LV, 5, 2001

Psychodynamic Aspects of Paranoia: A Psychoanalytic Contribution to the Understanding of Paranoid Personalities. Hans-Peter Kapfhammer.

The debate on paranoia has played a major role in the tradition of descriptive psychopathology. Psychoanalytic approaches may significantly contribute to this discussion. Early analytic reflections on paranoia include passages by Freud, Klein, and Lacan. Issues of self-definition, self-esteem, and personal identity can be found at the very center of paranoid personality psychodynamics. Utilization of various analytic models of instinct theory, ego psychology, object relations theory, and self psychology in the treatment of such patients delivers differing results.

Interpretation as a Form of Helping Relationship, Illustrated by Two Sequences from Psychoanalytic Crisis Interventions. Eckard Daser.

In the author's view, the analytic process of understanding is not only a way of finding out things; it is also a process that has an integral bearing on the helping relationship. With this contention, Daser relativizes the opposition frequently posited in the analytic literature between exploratory and supportive interventions. The author describes a special form of interpretation—"interpretation from countertransference"—to demonstrate an approach especially suitable for crisis interventions. As the patient's conflict is enacted from the outset in the therapeutic relationship, interpretation from countertransference penetrates to the interactional conflict dynamic, proceeding from the surface to deeper levels and leading directly to an improvement in symptomatology. The author draws on two case vignettes to illustrate his approach.

LV, 7, 2001

The Development and Modern Transformation of (American) Ego Psychology. Robert S. Wallerstein.

In a broadly conceived panorama, the author traces the development of North American ego psychology, from its almost unchallenged dominant position (largely sustained by the first generation of psychoanalysts immigrating from Europe), up to the early 1970s, to the collapse of its hegemony—due partly to the impact of Kohut's self psychology, as well as ego psychology's ultimate status as one approach among many in a highly pluralistic psychoanalytic landscape. The developments and internal transformations of ego psychology sketched by the author provide at the same time a graphic outline of present-day psychoanalysis in the American mold.

What Is Classical Psychoanalysis? From Defensive and Polemic to Historical Uses of the Term. Herbert Will.

The author sets out to shed light on the frequently used but nonetheless fuzzy term *classical psychoanalysis,* beginning with an outline of the history of its development. The term first achieved currency in the United States in the 1950s, introduced by immigrants and refugees from Central Europe. Will demonstrates that behind the objective engagement with the question of what classical analysis actually is (Eissler's standard model of pure interpretation, the ideal of abstinence, anonymity, impartiality, and objectivity), there lurks the unconscious motive of coping with the traumas spawned by the National Socialist regime of terror, the destruction of psychoanalysis in Central Europe, and the death of Freud. Only in a secondary stage did the defensive power claims and the idealization of classical analysis develop, though from a historical viewpoint, its distortions of Freud's original principles make the designation *neoclassical psychoanalysis* more appropriate. An "American" Freud had little to do with the original Viennese counterpart.

Psychoanalysis and Medical Psychotherapy: The History of a Fraught Relationship. Michael Shröter.

From a largely sociological perspective, the author traces the origins of and interactive conjunctions between psychotherapy and psychoanalysis in German-speaking Europe. He points out their common roots in medical neurology, the initial recourse to an arsenal of techniques based on hypnosis and suggestions, and the upsurge of professionalization, triggered initially by an orientation toward Freudian analysis—and later (notably in the Nazi era), by its dethronement.

LV, 8, 2001

Mutual Recognition and the Work of the Negative. Joel Whitebook.

Against the background of a psychoanalytic anthropology, and owing much to Hobbes's view of the individual as isolated, instinct driven, asocial, and strategically oriented, the author presents a detailed critique of the intersubjectivist approaches of Karl-Otto Apel, Jurgen Habermas, Hans Joas, and above all, Axel Honneth, pivoting centrally on the diagnosis of the progressive disappearance of the work of the negative in the intersubjectivist paradigm.

Between Social Psychology and Ethics: Erich Fromm and the Frankfurt School. Gunzelin Schmid Noerr.

Fromm's reputation as a revisionist derives not only from his stance vis-à-vis Freud's theories of psychoanalysis, but also from his changing position

in relation to the social theories of the Frankfurt School. Unlike the negative dialectics informing the work of social philosophers like Horkheimer, Adorno, and Marcuse, an ideal version of social psychology is described by Fromm, one that hinges on dichotomy and opposition. With special reference to ethical implications, the author discusses Fromm's collaboration with the three central members of the Institute of Social Research, dividing it into three stages: collaboration proper (1929-1935), increasing alienation (1936-1939), and attack and counterattack (from 1946), the latter revolving around the culturalism–revisionism dispute with Marcuse. Finally, the author discusses further developments toward an ethics of psychoanalysis in the writings of Lorenzer and Honneth.

Is Psychoanalytic Identity Menaced? Policies, Politics, and the Psychoanalytic Profession in Germany. Thomas Pollak.

First, the author describes the recent changes in health plans in Germany—including a new psychotherapy law, provisions for continuing education for specialists, and quality assurance drives—and the negative bearing these have on the conditions in which both psychoanalytic training and practice can take place. He then discusses the analytic stance on questions of remuneration, therapeutic purpose, frequency, and extraclinical research. Pollak identifies the emergence of a mythical belief that the "pure gold of analysis" is being adulterated, a myth that does not stand up to closer scrutiny. Finally, he addresses the issue of whether analysis is a unique subjective experience or a verifiable psychotherapeutic method. His conclusion is that it is both of these at once, that this dualism is right and necessary, and that analysis should square up to the plausibility demands made on it by empirical research and health policy.