

FORGIVENESS: ORIGINS, DYNAMICS, PSYCHOPATHOLOGY, AND TECHNICAL RELEVANCE

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This paper integrates a diverse and scattered literature to describe the psychodynamic underpinnings of granting and seeking forgiveness. The evolutionary foundations and the developmental substrate of these capacities are elucidated. An individual who fails to make certain intrapsychic achievements may be vulnerable to psychopathological development, as is evident in those who cannot forgive or forgive too readily, constantly or never seek others' forgiveness, cannot accept forgiveness, or show an imbalance between their capacities to forgive themselves and to forgive others. The relevance of various developmental and phenomenological concepts to psychoanalytic technique, including the patient's need to forgive and to be forgiven, is also discussed.

INTRODUCTION

Psychoanalysis has had little to say about forgiveness. The topic is listed neither in the index of the *Standard Edition* of Freud's works, nor in the *Title, Key Word, and Author Index to Psychoanalytic Journals*,

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1920-1990 (Mosher 1991).¹ This omission is puzzling, since issues closely linked to forgiveness (e.g., trauma, mourning, guilt, the need for punishment) have been of utmost concern to psychoanalysis. Reasons for this neglect are unclear, though many possibilities exist.

First, the tradition among psychoanalysts to treat Freud's work as a touchstone before positing their own views creates the risk that topics not addressed by the master will be ignored. Forgiveness is one such phenomenon. The word itself appears a mere five times in the entire corpus of Freud's work (Guttman, Jones, and Parrish 1980),² and then in a colloquial rather than scientific manner. Second, forgiveness is a hybrid psychological concept with unmistakable interpersonal and social referents. Thus, it borders on areas where analytic theory traditionally has been at its weakest and prone to heuristic omissions.³ Third, originating in clinical concerns, psychoanalysis has devoted greater attention to morbid psychic phenomena (e.g., anxiety, hate) at the expense of positive and life-enhancing emotions (e.g., courage, altruism). This bias, admittedly rectified to a certain extent by writings on wisdom (Kohut 1971), tact (Poland 1975), hope (Casement 1991), and love (Kernberg 1995), is also reflected in the literature's inattention to forgiveness. Finally, the benevolence implicit in forgiveness gives religious overtones to the concept (à la "to err is human, to forgive divine"). This link, strengthened in the mind if one regards sin as the fraternal twin of forgiveness, might also have given pause to analysts considering this topic.

Nonetheless, the phenomenon of forgiveness remains dynamically, technically, and socially important enough to warrant serious attention from the discipline. This paper aims to fill the lacuna. I will begin by highlighting the psychodynamics of giving and

¹ A computerized update extending to 1998 fared no better in this regard.

² In contrast, *punishment* has 253 mentions. This speaks volumes not only to Freud's own "punishing" conscience (Gay 1988, p. 140), but also to a certain puritanical bent of classical psychoanalytic theory itself.

³ The term *identity* has had a checkered history in analytic theorizing for the same reason (Akhtar 1999a).

seeking forgiveness, and will then attempt to elucidate the evolutionary and developmental correlates of these phenomena. Following this, I will discuss the various psychopathological syndromes involving forgiveness. Finally, I will address the technical significance of these conceptualizations and conclude with some remarks about areas needing further investigation.

DEFINITION AND DYNAMICS

Like revenge, the fantasy of forgiveness often becomes a cruel torture, because it remains outside of reach of most ordinary human beings. Folk wisdom recognized that to forgive is divine. And even divine forgiveness, in most religious systems, is not unconditional. True forgiveness cannot be granted until the perpetrator has sought and earned it through confession, repentance, and restitution. [Herman 1992, p. 190]

The wish to exact revenge must be recognized, and responsibility for the damage you have done to your objects has to be accepted. This means that to be forgiven, bad elements in our nature have to be accepted but sufficient good feeling must exist for us to feel regret and the wish to make reparation. [Steiner 1993, p. 83]

Webster (1998) defines *forgiveness* as the “act of forgiving” and the root word *forgive* in the following way: “1a: to give up resentment of or claim to requital for (i.e., an insult). b: to grant relief from payment of (i.e., a debt). 2: to cease to feel resentment against (an offender)” (p. 458). These definitions indicate that active intent (“to give up,” “to grant”) is involved in forgiving. They also suggest that forgiveness comprises two mental operations, namely, the resolution of an unpleasant angry emotion within oneself, *and* a changed attitude toward an offending party, which is then allowed freedom from one’s claims over it. While this is not made explicit, the change in affect seems to precede the change in object relationship.

Another matter of note is that little mention is made of the association between forgiving and forgetting. The widespread colloquial counsel for one to “forgive and forget” notwithstanding, the fact is that the forgetting of a traumatic event, especially too early in the course of mourning and forgiveness, betrays defensive distortion of internal and external reality. To be sure, once forgiveness is granted, the injurious event no longer preoccupies the conscious mind. However, with a diminished affective charge, the memory of it remains available at a preconscious level; this serves as a potential signal and informs the ego when a similarly traumatic situation is about to arise again.⁴ Yet another issue is the distinction between the dynamics of bestowing forgiveness and the dynamics of seeking forgiveness. The first is related to mourning a trauma and the second to the emergence of remorse over one’s own hostility.

Bestowing Forgiveness

In dealing with forgiving, one is immediately faced with the psychology of someone who has something to forgive (in actual or psychic reality, or both)—i.e., some trauma, disenfranchisement, or injustice. One is also faced with a perpetrator who is to be forgiven. Thus, in order to understand forgiving, one has to take into account the victim, the perpetrator, and the trauma that has been inflicted upon the former. This applies equally whether the scenario of forgiving unfolds in a clinical or a sociopolitical situation (Akhtar 1999b; Volkan 1997).

⁴ An alternative view was voiced by Hunter (1978), who stated that:

Forgetting is an almost invariable accompaniment of forgiving, and forgiving leads to it, the process not being complete unless forgetting results. This is literally forgetting and not repressing, and is analogous to the letting go and forgetting that take place through mourning. [p. 267]

Interestingly, it was a Dutch novelist, Cees Nooteboom, who brought together the two views (i.e., what is forgiven should be forgotten *and* what is forgiven should be remembered) in a deliciously paradoxical manner. Nooteboom (1980) wrote that the injury that has been forgiven should be forgotten, but the fact that it has been forgotten should be remembered!

The Rabin-Arafat handshake at the 1995 peace accord between Israelis and Palestinians at the White House is emblematic of mutual forgiveness between fierce opponents, both of whom held themselves to be the victim and the other the perpetrator. Their reconciliation involved diminution of resentment toward each other, letting go of grudges, making compromises, renouncing omnipotent claims, and settling for less than ideal handouts from life. In Kleinian terms, this represents a move from the paranoid to the depressive position (Klein 1948). In the paranoid position, goodness is claimed for oneself while badness is totally externalized. The world is viewed in black-and-white terms. The self is regarded as a victim and the other as an oppressor. Mistrust, fear, rage, greed, and ruthlessness predominate. By contrast, in the depressive position, it is acknowledged that the self is not all good and the other not all bad. A capacity for empathy appears on the horizon. There also emerge feelings of gratitude for what one has received, guilt and sadness for having hurt others, and reparative longings to redress the damage done. Reality testing improves and the capacity for reciprocal relationships develops.

In clinical as well as social situations of adult life, three factors seem important in allowing the advance from traumatized victimhood to forgiveness: *revenge*, *reparation*, and *reconsideration*. Although typically viewed as politically incorrect, some *revenge* is actually good for the victim.⁵ It puts the victim's hitherto passive ego in an active position. This imparts a sense of mastery and enhances self-esteem. Revenge, in reality or fantasy, allowing the victim to taste the pleasure of sadism, also changes the libido-aggression balance in the selfobject relationship. The victim no longer remains innocent and the perpetrator is no longer the sole cruel party; now both seem to have been hurt and to have caused hurt. This shift lays the groundwork for empathy with the enemy and thereby reduces hatred. Forgiveness is the next step.

⁵ Note Nietzsche's (1905) remark that "a small revenge is humaner than no revenge at all" (p. 71), and Heine's witticism that "one must, it is true, forgive one's enemies—but not before they have been hanged" (Freud 1930, p. 110).

The second factor that facilitates forgiving is *reparation*. Acknowledgment by the perpetrator that he or she has indeed harmed the victim is important for the latter's recovery from trauma (Herman 1992; Madanes 1990). It undoes the deleterious effects of gaslighting (i.e., denying that something destructive has been done to someone). To harm a person and then question his or her perception of it is a double jeopardy, tantamount to soul murder (Shengold 1989). Note in this connection the pain caused to Jews by those who deny the Holocaust, as well as—in a clinical parallel—the anguish induced in a sexually abused child whose “nonabusive” parent refuses to believe in the reality of such events. Recognizing the Holocaust and acknowledging the occurrence of sexual abuse, in contrast, improve reality testing and facilitate mourning. Such a move is given further impetus if the perpetrator shows signs of remorse, apologizes, and offers emotional recompense, material reparation, or both.⁶ This testifies to the verity of the victim's grievance and functions as a graft over his or her psychic wound.

Receiving apology (and reparation) thus adds to the perceptual clarity of the victim's ego (“I was right in perceiving what was going on to be wrong”). Alongside such cognitive vindication, being apologized to puts the victim in an active position with the choice to forgive or not forgive. The passive underdog of yesterday becomes the active bestower of pardon. This improves self-esteem, which in turn permits further mourning.⁷

Yet another manner in which an apology exerts a healing effect is by shifting the psychic locale of the representations of trau-

⁶ Material reparation (e.g., gift giving following a dispute) alone, however, is far less effective in eliciting forgiveness than a sincere apology with no offer of tangible compensation (Sanders 1995).

⁷ Empirical research has demonstrated that apologies, when appropriately constructed, reduce the victim's motivation to blame, punish, or retaliate against the transgressor (Darby and Schlenker 1982, 1989; Ohbuchi, Kameda, and Agarie (1989). Apologies also improve the victim's perception of and empathy with the transgressor's character (McMillen and Helmreich 1969; O'Malley and Greenberg 1993; Scher and Darley 1997), increasing the victim's willingness to forgive the transgressor (McCullough, Worthington, and Rachal 1997; Sanders 1995).

ma from the actual to the transitional area of the mind. Without labeling it as such, Tavuchis (1991) hinted at such a shift when he wrote that “an apology, no matter how sincere or effective, does not and cannot undo what has been done. And yet, in a mysterious way and according to its own logic, this is precisely what it manages to do” (p. 5). The “mystery” here is that after an apology is made, the trauma begins to get recorded in both the real and the unreal registers of the mind—that is, it acquires a transitional quality. In this realm, it can be more easily played with, looked at from various perspectives, and finally let go.

The libido-aggression shift that occurs as a result of revenge taking and the rectified perceptual and narcissistic economy that stem from receiving reparation together result in the capacity for better reality testing. This makes a *reconsideration* of the memories of one’s traumas possible. Kafka’s (1992) view that we repeat not what we have repressed, but what we remember in a particular, rigid way, is pertinent in this context. Its implication for the clinical as well as the social situation is that to let go of grudges, we do not need to recall what has been forgotten, but rather to experience a mental amplification, elaboration, and revision of what indeed is remembered and reenacted over and over again.

In tandem, then, these three factors (*revenge*, *reparation*, and *reconsideration*) improve reality testing, facilitate mourning of earlier injustices, enhance ownership of one’s own destructiveness (Steiner 1993), permit a capacity for concern for the opponent, and allow “mature forgiveness” (Gartner 1992) to emerge and consolidate.

Seeking Forgiveness

The wish to be forgiven implies that the subject has become cognizant of having done something hurtful—an act of omission or commission, in actual or psychic reality (or both)—toward another individual. It also implies that the latter is significant enough for the perpetrator to want to restore the preexisting relationship with him or her. Seeking forgiveness therefore emanates not only from a capacity for remorse, but also from a libidinal component in one’s

feelings for one's victim. Freud (1913) underscored this by saying that "when one forgives a slight that one has received from someone of whom one is fond," the underlying mechanism is "to subtract, as it were, the feeling with the lesser intensity [hostility] from that with the greater [affection] and to establish the remainder in consciousness" (p. 62).

Moses (1999) emphasized that in seeking forgiveness, the perpetrator must genuinely own the responsibility of the wrong done by him- or herself, and express this not only privately but in an explicit and public form: the apology should be highly specific, accompanied by remorse and a truly felt commitment to avoid doing the harmful act again. Seeking forgiveness thus involves the working through of narcissistic resistances to recognizing one's having been at fault, tolerance of humility (a "one-down" position being inherent in apologizing), and ego resources to offer reparation. This last point is clearly spelled out in various Judeo-Christian and Islamic scriptures. *Mishne Torah* (Maimonides 1200), for instance, declared that "someone who injures a colleague, curses a colleague, steals from him, or the like, will never be forgiven until he gives his colleague what he owes him and appeases him" (p. 42).

Like forgiving, seeking forgiveness is not easy and requires much intrapsychic work. Moreover, once forgiveness is received, the next step is acceptance. To assimilate such new knowledge about the self and the other requires letting go of the masochistic pleasure of guilt, renouncing a debased self-view, and acknowledging the kindness of the hitherto vilified victim of one's own destructiveness.

ORIGINS

Relinquishing vengefulness means forfeiting pride or malice, and perhaps also letting go of an unhealthy attachment. In the psychological sense, forgiveness is not an act which takes place when anger or hurt or revenge are spent. Rather, it involves the introduction of a leavening agent, an amalgamation resulting in something new: a solution. [Durham 1990, p. 135]

Empirical research conducted by social psychologists provides insight about how specific kinds of behavior, particularly verbal apologies, induce conciliatory effects, forgiveness, and reconciliation. This body of work raises interesting questions about functional similarities between peaceful post-conflict behavior in monkeys, apes, and humans. [Silk 1998, p. 356]

Evolutionary Foundations

In nature, conflicts arise as self-interested individuals compete over limited supplies of food, space, mating partners, social status, refuge from enemies, and other scarce resources. Such conflicts are sharper within the same species, since the needs of individual members are similar. However, when the advantages of joint action outweigh the costs of social life, groups and families evolve. Occurrence of conflict between individual members in such settings hampers cooperation and threatens to damage social bonds.

To resolve such conflicts, behavioral strategies for conflict resolution have been evolved by a variety of species, ranging from prosimians to great apes. These strategies enable them to repair the damage caused by conflict, to restore peaceful contact, and to preserve social relationships (de Waal and Aureli 1996; Silk 1998). Chimpanzees kiss their opponents after a conflict (de Waal and van Roosmalen 1979), baboons grunt quietly to their victims minutes after an attack (Cherney, Seyfarth, and Silk 1995), and golden monkeys embrace or groom their former adversaries (Ren et al. 1991). Such "signals of benign intent" (Silk 1998, p. 346) serve a socially homeostatic function.

While there is risk here of confusing behavioral events with their postulated function, observational studies, both in experimental settings and in natural habitats, suggest that "peaceful post-conflict signals" (Silk 1998, p. 347) have a calming effect upon former opponents by reducing uncertainty about whether aggression is over or will continue. Cords (1992) has conducted elegant experimental studies demonstrating that the post-conflict affiliative behaviors of perpetrator monkeys influence victimized monkeys

to feed together with the former. Among baboons, vocalizations serve a similar conciliatory function (Silk, Cherney, and Seyfarth 1996). The facilitating effects of such behaviors upon resumption of cooperation after a dispute are more marked (Silk 1998) than those upon long-term social relationships, although there is some support for the latter as well (de Waal 1989). What remains clear is that, in nonhuman primates, perpetrators' attempts to make amends are responded to by their victims with resumption of contact and "forgiveness."

Individual Psychic Development

In light of the ebb and flow of aggression within the mother-infant dyad, it is imperative that forgiveness exist on the part of both, if the loving and nurturing aspects of the relationship are to be safeguarded. The mother has to forgive her baby's aggressive assaults upon her, and the child has to forgive the mother's empathic shortcomings and actual limitations. This might seem self-evident, yet the fact is that few psychoanalytic investigators invoke the concept of forgiveness in discussing the metabolism of aggression within the mother-infant dyad.

Klein (1937) is an outstanding exception in this regard. She noted that the infant develops pleasant fantasies involving the mother in consequence to satisfaction and hostile fantasies in response to frustration. The latter are tantamount to death wishes. Moreover, in the baby's omnipotence, he or she feels that what the baby does in fantasy has really taken place; that is to say, the baby believes that he or she has actually destroyed the object. Initially, such destructive fantasies alternate with pleasant ones, each aroused in affectively charged circumstances of corresponding unpleasurable and pleasurable states. Gradually, however, the child can hold both views of the mother in mind together. Conflict between love and hate now develops, and guilt enters as a new element in the feeling of love. Klein (1937) noted that

. . . even in the small child, one can observe a concern for the loved one which is not, as one might think, merely a

sign of dependence upon a friendly and helpful person. Side by side with the destructive impulses in the unconscious mind both of the child and of the adult, there exists a profound urge to make sacrifices, in order to help and to put right loved people who in phantasy have been harmed or destroyed. [p. 311]

Klein stated that generosity toward others arises from identification with the kindness of one's parents, but also from a desire to undo the injuries one has done to them in fantasy when they were frustrating one's desires. She termed this dually determined attitude "making reparation" (1937, p. 313).⁸ Implicit in her views is the idea that the one who has attacked in a hostile fashion (i.e., the child) now comes to recognize his or her hostility, to recover love for the objects, and to experience a wish to repair the damage done to them. The child forgives them (for their having frustrated him or her), while simultaneously seeking their forgiveness (for the child's aggression toward them). Klein traced the source of the child's aggression to both preoedipal—especially oral—and oedipal frustrations. She elucidated the mother's "drive to reparation" (p. 318), tracing it to her identifications with generative parents, as well as to her own feelings of guilt over aggression toward her parents and her child. She emphasized that the desire to make reparation diminishes the despair arising out of guilt, while enhancing hope and love. In this context, the value of forgiveness becomes paramount.

If we have become able, deep in our unconscious minds, to clear our feelings to some extent towards our parents of grievances, and have forgiven them for the frustrations we had to bear, then we can be at peace with ourselves and are able to love others in the true sense of the word. [Klein 1937, p. 343]

⁸ Klein (1937) demonstrated the dynamics of *reparation* not only in mother-child relationships, but also in the father's relationship to his children, in childhood and adolescent peer relationships, in adult friendships, and in mate choice.

Besides Klein, Winnicott and Mahler have contributed, albeit indirectly, to an understanding of the ontogenetic origins of forgiveness. Winnicott's (1971) notion of the "survival of object" (p. 106) speaks to this. The "good enough mother" (Winnicott 1960, p. 145) allows herself to be used (and—in the infant's mind—even to be used up) by her essentially ruthless and cannibalistic infant. The baby's destructiveness comes from both the nature of his or her robust hunger, and from rage at the mother's inevitable failures. She nonetheless survives such rage and destruction, remaining available to be discovered again and again. Going through such use/destruction and refinding cycles of the object, the child begins to sense the forgiving attitude of the mother, and thus learns to accept forgiveness. In identification with her, the child begins to develop the ego capacity for containing and metabolizing aggression, a necessary preliminary step in forgiving her and, by extension, others.

Winnicott's (1963) views on the development of the capacity for concern further elaborate these issues. According to him, there are two sets of experiences that contribute to the development of concern, healthy amounts of guilt, and a desire for reparation. One is the survival of the object/mother in the face of the child's oral sadism. The second is the continued interest in the child's spontaneity on the part of the environment/mother.

Just as Winnicott's ideas illuminate forgiveness-related phenomena without actually using the term itself, Mahler's (1975) description of the maternal resilience during the child's rapprochement subphase touches upon this issue. The child's maddeningly contradictory demands for closeness and distance, protection and freedom, and intimacy and autonomy are met by the mother with a nonretaliatory stance. Her containment of the aggression mobilized within her allows the child to gradually see her as neither engulfing nor abandoning, and him- or herself as neither a passive lap baby nor an omnipotent conqueror of the world. A deeper, more realistic view of mother is now internalized. With this, external dependency upon her diminishes. The contradictory self-images are also mended; growing object constancy is accompan-

ied by self-constancy. It is this capacity for object constancy that allows for accommodating (and forgiving) the aggression stirred up by frustrations at the hands of the object.

In essence, Klein, Winnicott, and Mahler all seem to have suggested that the metabolism of aggression in the crucible of the mother–infant dyad lies at the root of forgiveness versus vengeance. If the aggression is well metabolized and love predominates in the relationship, forgiveness can be experienced and identified with. If not, seeds of revenge-seeking tendencies are sowed.

However, such emphasis upon the oral foundations of the capacity for forgiveness should not be taken to mean that developments during later phases do not contribute to the ontogenesis of forgiveness as well. In the anal phase, the child is faced with the monumental discovery that something belonging to oneself, namely feces, is “not good” and has to be renounced. Passage through this developmental turmoil consolidates the capacity to “let go” in general. Later, in the oedipal phase, the child must sooner or later forgive the parents for their sexual betrayal of him or her,⁹ and they, in turn, have to forgive the child for the desire to intrude. The compensations received by each party (protection, love, and guidance for the child; narcissistic and generative pleasure in helping an offspring for the parents) are crucial in letting go of the pain caused to the child and parents by exclusion and rivalry, respectively.

The Relationship between Evolutionary and Individual Origins

There exist striking parallels between the “peaceful post-conflict signals” (Silk 1998) of nonhuman primates (e.g., grunting, grooming) and the conciliatory behaviors of children after having had a fight with peers. These behaviors, including verbal apologies, gift giving, and affectionate physical contacts (hugs, gentle touches),

⁹ At first, of course, the child “does not forgive his mother for having granted the favor of sexual intercourse not to himself but to his father” (Freud 1910, p. 171). Such “forgiveness” arises only with the passage of time and with the above-mentioned compensations to the child.

enhance the probability that former opponents will reestablish contact following aggression, and might also contribute to preserving the long-term relationship between the opponents.

While the similarity between the conciliatory gestures of non-human primates and those of children is indeed significant, the heuristic path from this observation onward is fraught with difficulties. The risk of circular reasoning, reductionism, and tautological leaps is great. Unanswered questions abound. Is it reasonable, for instance, to equate the two behaviors on the basis of their superficial similarities? Could what the monkeys and apes demonstrate be labeled *proto-forgiveness*, an archaic prototype of human forgiveness? Since the complexity of peaceful post-conflict signals increases as monkeys approach anthropoid proximity—say, in the form of great apes—is it possible that human forgiveness is merely the next step in this evolutionary ladder? Or could the move from the paranoid to the depressive position, thought to underlie human infantile reparation, also exist in nonhuman primates? Since we are largely in the realm of speculation when we attribute such processes to human infants, could similar processes be hypothesized to exist in animals?

While such matters await exploration, one thing seems certain: the purpose of all forgiveness, mentalized (Fonagy and Target 1997) or not, is to assure cooperation. This was something that primitive man, with his relative weakness vis-à-vis the larger forces of nature, badly needed. In order to establish groups, and later families, he needed to overlook (forgive) minor conflicts with other members of his species. And in an ontogenetic repetition of phylogeny, the human infant, dependent as he or she is upon others' care, needs to be forgiving; holding grudges against mother would not get a child very far!

All in all, therefore, it seems that the attitude of forgiveness has survival value and might have acquired "hard-wired" status from this evolutionary imperative. The ritualization, complexity, and psychic elaboration of forgiveness, however, are greater in human beings than in nonhuman primates, though both show evidence of such a capacity. The evocation of this capacity seems to

have its own prerequisites—maternal love, for example, in the case of human beings. Without such prerequisites, the intrinsic capacity might atrophy or develop along pathological lines.

PSYCHOPATHOLOGY

At times the superego, which had its origin in the introjection of an external object, is reprojected onto external objects for the purpose of getting rid of guilt feelings. Compulsion neurotics often try to avoid a sense of guilt by appealing to others to forgive them. [Fenichel 1945, p. 165]

Forgiving and being reconciled are not about pretending that things are other than they are. It is not patting one another on the back and turning a blind eye to the wrong. True reconciliation exposes the awfulness, the abuse, the pain, the degradation, the truth. It could even sometimes make things worse. It is a risky undertaking, but in the end it is worthwhile, because in the end dealing with the real situation helps to bring real healing. Spurious reconciliation can bring only spurious healing. [Tutu 1999, pp. 270-271]

Psychopathological syndromes involving forgiveness include: (1) an inability to forgive, (2) premature forgiveness, (3) excessive forgiveness, (4) pseudoforgiveness, (5) a relentless seeking of forgiveness, (6) an inability to accept forgiveness, (7) an inability to seek forgiveness, and (8) an imbalance between capacities for self-forgiveness and forgiveness toward others.

Inability to Forgive

Some people just cannot forgive. They continue to harbor resentment toward offenders for months, years, and often an entire lifetime. They hold onto a grudge (Socarides 1966) and are given to chronic hatred (Akhtar 1999a; Blum 1997; Kernberg 1992), though they might not be overtly vindictive. Diagnostically, this

group includes individuals with severe personality disorders, especially paranoid personality, severe antisocial personality, and those with the syndrome of malignant narcissism (Kernberg 1989). When given to overt revenge seeking, such individuals disregard all limits in their destructive pursuit of the offender. Melville's (1851) Captain Ahab is an example par excellence of such unrelenting narcissistic rage (Kohut 1972), including its self-destructive consequences. Toward the end of his vengeful saga, Ahab puts his hatred into words:

Towards thee I roll, thou all destroying but unconquering whale; to the last I grapple with thee; from hell's heart I stab at thee; for hate's sake, I spit my last breath at thee. Sink all coffins and all hearses to one common pool! And since neither can be mine, let me then tow to pieces while still chasing thee, though tied to thee, thou damned whale! (Melville 1851, p. 575)

Premature Forgiveness

A second syndrome is characterized by individuals who seem too readily prepared to forgive and forget injuries inflicted upon them. Obsessional neurotics, with their characteristic reaction formation against aggression, tend to fall in this category. They quickly "forgive" others, since not doing so would force them to acknowledge that they feel hurt and angry. Such conflict-based premature forgiveness is a compromise formation (between aggressive impulses and superego prohibitions against them), and can be clinically analyzed as such.

A more severe form of premature forgiveness is defect based. Individuals with such a malady feel no entitlement, lack a "healthy capacity for indignation" (Howell 1996), and cannot hate (Galdston 1987). They do not adequately register that they have been wronged. Their object hunger is intense and their dependence upon others great; hence they are all too willing to let go of hurts and injustices. Diagnostically, this group includes weak, unentitled, schizoid, and "as-if" (Deutsch 1942) personalities with a childhood background of multiple and unreliable caretakers.

Excessive Forgiveness

Excessive forgiveness is seen in masochistic individuals. They repeatedly forgive traumas inflicted upon them by their tormentors and never seem to learn from experience. They live in a state of near addiction to those who are sadistic or can easily be manipulated into becoming sadistic (Berliner 1958; Kernberg 1992), repeatedly submitting to them for further humiliation and torture. States of co-dependency in the partners of addicts illustrate the masochistic dimension of excessive forgiveness. The addict continues to be self-destructive, hoping that the drug will somehow magically solve intrapsychic problems, and the co-dependent partner remains relentlessly optimistic that a terrible relationship will, through his or her own ever-forgiving attitude, become all right. The following work, entitled "The Second Poem," portrays this dimension of masochistic pathology:

Undoing
the psychic truth,
(Or, speaking from a second room
within the self?)
Something destructively large-hearted
took him by his hand,
led him to the balcony of forgiveness
Again and again. [Akhtar 1998, p. 51]

Pseudoforgiveness

Yet another psychopathological group is constituted of individuals who practice *pseudoforgiveness*.¹⁰ On the surface, they reconcile with their enemies, but inwardly they maintain ill will and do not mourn (Sohn 1999). Some of them are genuinely split into parts, wherein one part of the mind accepts reality and is able to let go of previous hurts and injuries, while the other, a patho-

¹⁰ A parallel phenomenon is that of "caricatured modesty" (Jones 1913, p. 244), seen in conjunction with narcissistic personality.

logical part, holds onto omnipotent dreams of reversing history altogether (Bion 1957). In a further split within itself, this latter part on the one hand maintains that the glorious pre-trauma days can actually be brought back,¹¹ and, on the other, ruthlessly carries out vengeful attacks on the (alleged) offender.

Alongside such individuals are those with pronounced antisocial trends, in whom pseudoforgiveness emanates from calculated lying and hiding of the true psychic reality for strategic advantages. Joseph Stalin's wry remark that "revenge is a dish that is best eaten cold," as well as Joseph Kennedy, Sr.'s advice to his son John that he should "not get mad but get even," are examples of such perversions of forgiveness.

Relentless Seeking of Forgiveness

Some individuals are relentlessly apologetic about ordinary errors of daily life. They betray a heavy burden of unconscious guilt. Apologizing for their actions does not relieve them of the prohibited and morally repugnant hostile and sexual intentions that lurk in their unconscious. However, the act of repeatedly seeking pardon itself can come to have hostile aims and a hidden sexual discharge value. One of Abraham's (1925) patients gave a very instructive example of this from his childhood.

His [the patient's] behaviour at that time, even when he seemed to be full of guilt-feelings and repentance, was a mixture of hostile and tormenting drives. These feelings were secretly closely linked with masturbation, whilst externally they appeared to be connected with other small misdeeds in the nursery. Any trivial wrong-doing was invariably followed by the same reaction. The boy would cling to his mother and say in endless repetition: "Forgive me, mother, forgive me, mother!" This behaviour did in fact express his contrition, but it also expressed far more strongly two other tendencies. In the first place, he con-

¹¹ In this regard, see also related descriptions of "someday" and "if-only" fantasies (Akhtar 1996).

tinued in this way to torment his mother, whilst asking her forgiveness. Furthermore, it was apparent then, as also in later years, that instead of trying to reform himself, he always preferred to repeat his faults and to obtain forgiveness for them. This was also a disturbing factor during his psycho-analytical treatment. We found, moreover, that the rapid rattling-off of the formula of atonement had been devised in imitation of the rhythm of his masturbation. Thus the forbidden sexual wish contrived to break through in this concealed form. [Abraham 1925, pp. 323-324]

Inability to Accept Forgiveness

Closely akin to those who repeatedly apologize are individuals who remain tormented, often for months and years, despite having been forgiven by others. They seem unable to accept pardon and continue to suffer from remorse and its depressive and persecutory consequences. A striking example of this can be found in Chekhov's (1927) story, "The Death of a Government Clerk." Vicissitudes of anally regressive hostility, as well as the defense of reaction formation against it, are illustrated therein via the tale of a Russian postal clerk who spends his life savings to obtain a highly expensive seat in the Bolshevik opera, only to sneeze and squirt his nasal secretions on the bald head of the man sitting in front of him. The protagonist apologizes and is forgiven. However, he cannot settle and remains remorseful, apologizing again and again. Each time he is forgiven by the bald man, although with ever-increasing annoyance. The clerk writes to him, visits him in the latter's workplace, in order to seek forgiveness just one more time. Finally, the bald man becomes enraged and throws him out of his office. That evening the clerk goes home, sits down on his living room sofa, and dies!

Unconscious guilt clearly plays a big role in the dynamics of such individuals. In discussing those involved in such endless self-condemnation, Cooper (quoted in Akhtar 1999a) pointedly described their "ferocious superegos and masochistic inclinations" (p. 222).

Inability to Seek Forgiveness

Individuals who lack empathy with others often do not seek forgiveness. They seem oblivious to the harm and injuries they have caused. Such oblivion is often the result of severe superego defects, lack of love for others, and the associated incapacity for remorse. At other times, it originates from a tenacious denial of blemishes in the self. Such denial is aimed at managing paranoid anxieties (e.g., the fear of being severely shamed by others upon apologizing to them) and keeping a shaky sense of self-esteem intact. Antisocial and narcissistic personalities are thus especially prone to such behavior (Akhtar 1992; Kernberg 1984).

Imbalances in Forgiving Others Versus Forgiving the Self

Psychopathology is also evident when there is a gross discrepancy in one's capacity to bestow forgiveness upon others and oneself. Narcissistic, paranoid, and antisocial individuals readily absolve themselves from the responsibility of having caused any harm. They either deny it totally or view their hostile actions as justifiable responses to another's unfairness toward them. They readily forgive themselves, but do not forgive others with the same ease.

Masochistic individuals are prone to do just the opposite. Repeatedly, they turn a blind eye to their (real or imagined) tormentors, remaining devoted to them. They forgive others, but continue to relentlessly punish themselves.

TECHNICAL IMPLICATIONS

Only when the super-ego becomes less cruel, less demanding as well of perfection, is the ego capable of accepting an internal object which is not perfectly repaired, can accept compromise, forgive and be forgiven, and experience hope and gratitude. [Rey 1986, p. 30]

The ability of the therapeutic relationship to endure hate and aggression serves as a living contradiction to the no-

tion that either the patient or the therapist is "all bad." It is this living witness to the reality of ambivalence that makes the capacity for forgiveness possible. [Gartner 1992, p. 27]

Concerns around forgiveness surface in the course of psychoanalytic treatment in many ways. With severely traumatized individuals, forgiving or not forgiving those who have hurt them (and the transferential reactivations of such objects) sooner or later occupies the center stage of clinical dialogue. With individuals who suffer from remorse over real or imagined injuries caused to others, being forgiven by actual external figures (and in transference by the analyst) becomes a concern.¹²

Individuals who have suffered from severe trauma in childhood (such as sexual abuse, physical violence and cruelty, massive and sustained neglect) bring with them an internal world rife with split self and object representations, with a predominance of hate over love and of malice over concern for their objects. Internally, they cling to a retrospectively idealized, "all-good" mother representation of early infancy (Mahler, Pine, and Bergman 1975), while simultaneously holding a contradictory and aggressively charged image of her and of other early objects. The former substrate gives rise to idealizing transferences of varying forms and tenacities. The latter results in guiltless, destructive attacks against the analyst.

Patients of the latter group claim, often correctly, to have been hurt, abused, and deprived of what was an inalienable right in childhood—that is, experiencing love, an intact family, benevolent guidance, and so forth. Taking a victim stance, the patient feels justified in attacking the offending parties and the analyst, who inevitably

¹² Such phenomenological division, reminiscent of Kohut's (1977) tragic-man/guilty-man dichotomy, is admittedly simplistic. In the flow and flux of analytic clinical material, we are always in the world of "both/and." Thus, trauma-based revenge fantasies, which may gradually lead to forgiving the enemy, almost always coexist with guilt over one's own ruthlessness and the consequent need to be forgiven. Yet separating the two configurations does afford a didactic ease in elucidating the dynamics of respective events in the transference-countertransference axis.

comes to represent them. He or she displays an unconscious striving for totally undoing the effects of the childhood trauma, or even erasing its occurrence in the first place. Suffering from pathological hope and harboring a malignant "someday" fantasy (Akhtar 1991, 1996), the patient strives to obtain absolute satisfaction from the analyst without any concern for the latter. The patient demands that the analyst provide exquisite empathy, love, sex, treatment with reduced fees, access to his or her home, sessions on demand, and encounters at all kinds of hours. As the patient finds the analyst to be lacking in this regard, he or she berates the analyst as useless, unloving, and even cruel. The patient attacks not only the analyst's concern and devotion, but also those parts of his or her own personality that seem aligned with the analyst and can appreciate the inconsolable nature of the patient's own hunger. It is as if the patient has an *intrapsychic terrorist organization* (Akhtar 1999b) that seeks to assassinate his or her observing ego, because it is collaborating with the analyst and is willing to renounce the lost, dimly remembered, and retrospectively idealized "all-good" days of early infancy in favor of realistic satisfactions in the present day. This internal destructive agency also renders the patient enormously stoic. Recourse to infantile omnipotence makes any amount of waiting bearable (Potamianou 1992). For such individuals, the present has only secondary importance; they can tolerate any suffering in the hope that future rewards will make it all worthwhile.

What, under such circumstances, can move the patient toward forgiveness? As discussed earlier, the factors of *revenge*, *reparation*, and *reconsideration*, working in tandem, can facilitate mourning of trauma, permit acknowledgment of one's own destructiveness, release the capacity for concern for the opponent, and allow forgiveness to emerge. *Revenge* is taken by the patient in the form of relentless sadistic assaults on the analyst. Continued hostility toward those viewed as offenders (e.g., the patient's parents in actual adult life), even if the latter are trying to make amends, is another form of grudge holding and revenge. *Reparation* is available to the patient in the form of the analyst's lasting empathy and devotion that survives (Winnicott 1971), despite the patient's attacks. *Reconsidera-*

tion results from recontextualization and revision of childhood memories (Kafka 1992); negative images of early caretakers now come to be supplanted with the recall of hitherto repressed positive interactions with them.

However, for such an advance to occur, resistances to the acknowledgment of love for the analyst's tolerance—as well as to the recognition of one's own contributions to the current suffering (and even, at times, the childhood suffering)—must be interpreted. Defenses against the awareness of sadomasochistic pleasure in ongoing hatred (Kernberg 1995), in addition to the defensive functions of the unforgiving attitude itself (Fairbairn 1940; Jones 1928; Searles 1956), need to be interpreted. The fact that giving up hatred and forgiving others opens up newer, less familiar (e.g., oedipal) psychic realms for exploration makes the patient anxious, and may cause him or her to regressively cling to a simplistic victimhood—which, in turn, fuels continuing warfare with the analyst along the lines mentioned above.¹³ While work in such a context usually occurs in a gradual, piecemeal fashion, a firm confrontation with an alternative way of being is occasionally necessary.

Case 1

Ms. E, an unmarried, Catholic librarian in her mid-thirties, had felt immensely rejected by her mother as a child. Her sense was that she had been all but forgotten following the birth of a brother when she was nearly three years old. Over the course of a long analysis, she talked incessantly of her despair at this rejection. She wanted me to mother her (a desire she was able to reveal only after painstaking defense analysis), thus making up for all that she needed and had not received during her childhood. She wanted on-demand sessions, love, physical holding, special status, adoption, travel together—everything. Her despair

¹³ Forgiving early offenders (and the analyst who embodies them in the transference) also mobilizes fears that the treatment might come to an end. See Grunert (1979) and Akhtar (1992) for negative therapeutic reactions emanating from this dynamic.

at not receiving all this was thick, and she slowly turned me into a highly desired but ungiving and rejecting figure. She began to hate me.

Condensed within such a split maternal transference was a powerful sexual component, emanating from Ms. E's childhood relationship to a deeply admired father who fluctuated between flirtatiously rescuing her and abruptly dropping her from attention. Not surprisingly, this led to an addictive bond with the father, in which idealization was tenaciously maintained, and all aggression was shifted to the mother. In this mental set, the patient wanted to have sex with me, to be my beloved, to marry me. Lacking any countertransference resonance and replete with a desperate, coercive quality, the situation became one of a malignant erotic transference (Akhtar 1994).

Analytic work with Ms. E fell apart again and again. Desperate longings for the pre-traumatic, "all-good" mother and the idealized father (and their substitute, the "all-giving" analyst) surfaced vehemently. At the same time, vicious attacks began upon the rejecting mother/oblivious father (and their re-creation in the form of the "bad" analyst). In such hours, the patient often compared herself to Captain Ahab and me to Moby Dick, his nemesis. She felt her attacks were totally justified. After all, wasn't I depriving her of what she needed? "What would *you* do if someone was threatening to cut off your oxygen supply?" she demanded. Attempts to help her see that the wish to marry me was hardly akin to needing oxygen were perceived as further humiliations inflicted by me, fueling her hostility. Psychological-mindedness was repeatedly lost, and previously gained insights put aside. Reconstructions of an event that might have triggered the regression were sometimes helpful in dislodging the impasse, but sometimes not.

In one such session during the tenth year of the analysis, with Ms. E continuing to berate me, I said to her firmly, "Look, since you are so fond of metaphorically likening us to Captain Ahab and Moby Dick, permit me also to introduce a metaphor. Tell me, what do you think made it possible for Yitzhak Rabin and Yasser Arafat to shake hands with each other?"

The patient responded in a fashion typical for her in states of regression. "What does that have to do with anything? Besides, I'm not interested in politics anyway." I then said, "No, I think what I said is of serious significance to us. Your metaphor has to do with revenge and mutual destruction. Mine has to do with letting go of grudges, however justified, and forgiveness."

Of course, this intervention in of itself did not give rise to an immediate shift from hatred to forgiveness. It did, however, lay the groundwork for such an advance and became a landmark in Ms. E's analysis, one to which we would return again and again in subsequent months and years. Before deeper mourning of childhood trauma (and the built-in analytic deprivations that had become fused with them) became possible, there was a protracted transitional phase. In that phase, Ms. E developed a collaborative and mournful mutuality with me, "forgiving" me for not marrying her on the one hand, and retaining a hostile and unforgiving (if less vitriolic) stance toward me on the other. The latter often worked as an intrapsychic terrorist organization (mentioned previously; see Akhtar 1999b), seeking to destroy not only the external peacemakers (that is, the analyst), but also her own internal functions aligned with the former. It was only after a protracted transitional period of this sort that Ms. E became able to see her own destructiveness—and to recall her childhood hostile manipulateness toward her mother. Remorse and forgiveness followed.

Discussion. Throughout such work, the analyst has to remain respectful of the patient's need for apology from those who have hurt him or her.¹⁴ The analyst must demonstrate to the patient the awareness that being apologized to for a wrongdoing improves reality testing, and that such perceptual clarity is useful for the patient, since often the original abuse was denied by the perpetrator or other family members. It also puts the recipient of the

¹⁴ The family sexual abuse literature pays special attention to this issue, with some therapists (e.g., Madanes 1990) requiring that the perpetrator actually, even ritualistically, apologize to the victim in front of other family members.

apology in an active position, undoing the humiliation of passivity and a lack of control.

At the same time, the analyst has to remember that not all trauma may be forgivable. The hurt, pain, and rage felt, for instance, by a Holocaust survivor in encountering a Nazi camp guard is hardly subject to ordinary psychic metabolism. Other individual circumstances of torture, abuse, and humiliation may be less public, but nonetheless equally unforgivable. Upon encountering such scenarios in the clinical situation, the analyst must not uphold a manic ideal of kindness. Indeed, he or she might even help the patient feel not too guilty about lacking forgiveness.

Premature forgiveness should also draw the analyst's attention. Here the analytic task is to bring the patient's attention to it also, so that the roots of the patient's too readily forgiving others (including the analyst) may be explored.¹⁵ If the tendency is based upon splitting and denial, then the sequestered aggression needs to be brought into the treatment; this is what Kernberg (1992) means by attempting to change a schizoid or psychopathic transference into a paranoid transference (pp. 222-244). If, however, the tendency exists owing to a genuine lack of entitlement, then the roots of that should be explored. Similarly, pseudoforgiveness, based upon maintaining two mental registers and secretly holding onto grudges, needs to be exposed by confrontation and defense analysis.

The same holds true if the analyst notices gross discrepancies in the patient's capacity to forgive the self versus others. Underlying narcissistic-masochistic proclivities are what seem to deserve attention in such instances. Issues of unconscious guilt over real or imagined childhood "crimes" (including separating from a

¹⁵ Some might question such an agenda-based approach to clinical work. After all, the aim in analytic listening includes "not directing one's notice to anything in particular" (Freud 1913, p. 111) and dealing with all material alike. At the same time, there is also a legacy of so-called strategy in analysis (Levy 1987) that dictates measured, deliberate tracks of interventions in certain circumstances. It is my impression that most clinicians strike an intuitive balance between a free-floating and strategic approach to clinical listening and interventions.

needy parent, surviving a deceased parent or sibling, and the more usual oedipal transgressions) need to be kept in mind when listening to those who are chronically apologetic and who cannot forgive themselves, despite others' having forgiven them.

Besides such patient-related scenarios, the analyst has to deal with forgiveness from his or her own side in two ways. One involves the controversial matter of apologizing to the patient and seeking forgiveness. The other, perhaps even more contested and heuristically elusive, is the analyst's providing the patient with an opportunity to apologize and seek forgiveness from the analyst. Here I would like to present a case I have discussed previously (Akhtar 2000), which serves as an example of the former situation.

Case 2

In the throes of a regressive transference, a patient entered my office, enraged and waving a finger. Approaching the couch, she said, "I have a lot on my mind today and I want to do all the talking. I don't want you to speak even a single word!" A bit taken aback, I mumbled, "Okay." The patient shouted, "I said, 'not one word,' and you have already fucked up this session!" Now seated on my chair behind her, I was more rattled. Had I done wrong by speaking at all, I asked myself. As the patient lay on the couch, angry and stiff, I started to think. Perhaps she is so inconsolable today, so intent upon forcing me into the role of a depriving person, that she found a way to see even the gratification of her desire as its frustration. I was, however, not entirely satisfied with this explanation; I therefore decided to wait and think further. It then occurred to me that maybe she was justifiably angered by my saying "okay." By agreeing to let her have omnipotent control over me, I had asserted my will and thus paradoxically deprived her of the omnipotence she seemed to need.

I was about to make an interpretation along these lines when it occurred to me that by sharing this understanding, I would be repeating my mistake: making my autonomous psychic functioning too obvious. As a result, I decided to

say only "I am sorry" and leave the remaining thoughts unspoken. The patient relaxed and the tension in the room began to lessen. After ten minutes of further silence, she said, "Well, this session has been messed up. I had so many things to say." After a further pause, she added, "... among the various things on my mind . . . ," and thus the session gradually "started," such that by the time we ended, things were going pretty smoothly.

Now I am aware that a novice, too, could have said, "I am sorry," but I believe the underlying discernment of ego needs would be missing. By apologizing, I was acknowledging that I had failed her by not understanding that she needed to have no boundaries, as it were, between us at all . . . [pp. 278-279]

Discussion. In discussing the place of apology in psychoanalysis, Goldberg (1987) delineated two possible stances. One stance, exemplified in the clinical material above, emanates from the analytic perspective which suggests that via empathic immersion, the analyst may attain an ability to see the patient's world as he or she does, *and* that the major burden of achieving and sustaining such intersubjective agreement rests upon the analyst. In this view, a failure of intersubjectivity is largely the analyst's responsibility, thus necessitating an apology from the analyst.

The second stance mentioned by Goldberg holds the analyst to be more informed about "reality," and thus views transference, however plausible its content might be, as a distortion of that reality. In this perspective, the differences in perception between the patient and the analyst never calls for an apology from the analyst. Deftly and convincingly, Goldberg argued the untenability of either position in the extreme, concluding that while the wish to apologize may be countertransference based, it does have a legitimate place at certain times in certain treatments. Of course, the patient's experience of the analyst's apology needs to be then handled and explored in a relatively traditional way.

Next, as mentioned above, is the question of the analyst's providing the patient with an opportunity to apologize for his or her

erstwhile destructive attacks upon the analyst.¹⁶ Kernberg (1976) approached this point when he described the appearance of intense remorse in the later phases of analysis of narcissistic patients. They tend to become aware of how badly they have treated others, including the analyst, and to wish to seek forgiveness. In fact, it was Winnicott (1947) who most directly addressed this matter. He declared that a patient who has been hostile for a long time during treatment must, on becoming better integrated, be told how he or she has burdened the analyst throughout their work together.¹⁷ Winnicott wrote that this situation is

. . . obviously a matter fraught with danger, and it needs the most careful timing. But I believe an analysis is incomplete if even towards the end it has not been possible for the analyst to tell the patient what he, the analyst, did unbeknown for the patient whilst he was ill, in the early stages. Until this interpretation is made the patient is kept to some extent in the position of infant—one who cannot understand what he owes to his mother. [1947, p. 202]

Ideally, the patient should arrive at such an understanding by him- or herself, as a result of diminishing hate and growing empathy for others. However, the patient who is too narcissistically vulnerable to sincerely apologize to the analyst and seek forgiveness might actually benefit from the analyst's provision of an occasion to do so, through the analyst's acknowledgment of having felt burdened by the patient as the treatment was carried out. Such an intervention should not emanate from hostile countertransference, but should come from a depressive working through of the

¹⁶ In work with children, such attacks might be physical ones, involving the office setting or even the analyst's body.

¹⁷ Blum (1997) raised questions about Winnicott's recommendation. His critique, especially of the handling of the particular case on which Winnicott's views were based, was well reasoned. I believe that while the clinical example chosen by Winnicott might not have been the best for the purpose, the idea he proposed nevertheless has merit.

reality that the analyst has indeed felt put upon—at times even abused—by the patient during the course of their work.

CONCLUDING REMARKS

Remorse and its concomitant desire to make reparation (and elicit forgiveness) are fundamental strategies in the maintenance of cooperation—one accepts one's own responsibility while acknowledging the legitimacy of other's criticism, and thus declares oneself an acceptable, moral interlocutor, ready to resume cooperation. [Cairns 1999, p. 172]

The idea of a group or its leader asking for forgiveness from another group or its leader may be a potentially powerful gesture if the groundwork has truly been laid. Forgiveness is possible only when the group that suffered has done a significant amount of mourning. The focus should be on helping with the work of mourning and not on the single (seemingly magical) act of asking forgiveness. [Volkan 1997, p. 226]

Despite my having covered considerable ground, I am aware that many important areas pertaining to forgiveness remain unaddressed in this paper. The first such area relates to gender. Little is known about the qualitative or quantitative similarities and/or differences in the two sexes in this regard. Women's deeper capacities for commitment in love relations (Altman 1977) and for making context-based decisions in the moral sphere (Gilligan 1982) suggest that they might possess a greater capacity for forgiveness than do men. However, further clinical and empirical data is needed to confirm or refute this impression.

The second such area pertains to the sociopolitical realm. The importance of a perpetrator's apologizing and making reparation to the victim is emphatically clear in the following situations: the recent German apologies and reparations to victims of the Holocaust, the North American expression of remorse for the tyranny of slav-

ery, the offer of recompense by the United States Government to Japanese-Americans interred in camps during the Second World War, and the work of Bishop Desmond Tutu's Truth and Reconciliation Commission in South Africa. At a less dramatic level is the prayer written by Archbishop Renbert Weakland of Milwaukee, which builds on Pope John Paul II's request that Catholics observe Ash Wednesday by reflecting upon the pain inflicted on Jews by Christians over the last millennium. To quote one of the eight stanzas of this prayer:

I ask for forgiveness for all the statements that implied that the Jewish people were no longer loved by God, that God had abandoned them, that they were guilty of deicide, that they were, as a people, being punished by God. Amen. [Weakland quoted in Gallagher 2000, p. 17]

Interdisciplinary studies, in which sociopolitical processes inform psychoanalysis and vice versa (see Volkan 1997 in this connection), are thus badly needed to enrich the understanding of phenomena related to mourning, apologizing, and seeking and receiving forgiveness.

The third area pertaining to forgiveness that needs closer examination is that of cross-cultural variations in patterns of remorse and reparation. Many questions arise in this context: Are all cultures equally forgiving? Are there transgressions and faults that are selectively more or less forgivable in a given culture? Do some cultures provide socially recognized forgiveness rituals, while others do not? Does forgiveness occur more quickly in the former?

Little data exists with which to answer such questions. It does seem, however, that cultural factors help to shape the use and formal characteristics of apologies. Barnland and Yoshioko (1990), for instance, have demonstrated that while Japanese and American subjects agree on the kinds of situations that require apologies, they differ to some extent on the kinds of apologies that they regard as appropriate in such situations.

Finally, the application of psychodynamic insights regarding forgiveness to the justice system at large, and to forensic psychia-

try in particular, merits further inquiry. In comparing the justice system in the United States to those of Japan and Korea, Harding (1999) found the former to be characteristically retributive, and the latter two to have a greater restorative bent. Not unaware of the limitations of restorative justice, Harding nonetheless noted the importance of providing opportunities to the offender to understand the significance of the victim's experience, and to make appropriate gestures of remorse and atonement. Chase (2000) reported upon the "victim-offender-conferencing" program (developed in the United States during the mid-1970s), in which the court brings offenders and their victims together with a neutral facilitator. During such a meeting, the offender is offered an opportunity to apologize to the victim. Overall, however, the American legal system remains somewhat ambivalent about the offender's expression of remorse. More work is needed in this realm.¹⁸

While these areas await further exploration, one thing appears certain from the material covered in this essay: forgiveness is an integral element of mourning, and is therefore necessary for psychic growth. Forgiving others for their hurtful actions and forgiving oneself for having caused pain to others are crucial to moving on in life and to opening oneself for new experiences. An inability or unwillingness to forgive keeps one tied to the past and impedes development. Nowhere is this fixating element of an unforgiving attitude (here regarding oneself) better described than in the following parable from the life of Buddha:

A man approached Buddha while he was sitting, eyes closed, under a banyan tree, meditating. Amidst sobs and tears, the man reported that his son was very ill and the local healers had given up on the child; the boy was about to die. The man pleaded for divine intervention from Buddha. He cried, wailed, touched Buddha's feet. Buddha, however, sat motionless, neither opening his eyes nor saying anything in response. The man eventually left,

¹⁸ The fact that Fordham University School of Law in New York City recently held a conference on "The Role of Forgiveness in the Law" is encouraging in this regard.

only to reappear the next day filled with rage. His son had died, and he held Buddha's inactivity responsible for this. He shouted obscenities, cursed Buddha, and still seeing no visible response, spat at him in disgust and left.

Time passed and a day came, a few years later, when the man returned to visit Buddha again. Now he was very remorseful. He said that, over time, he had gradually come to realize that by remaining silent, Buddha was conveying two important messages: that there was little he could do in a situation in which those who knew about physical ailments had given up, and that there were no words with which to offer solace to a man whose son was about to die. The man was guilt-ridden for having spat on Buddha. Crying and holding Buddha's feet, he begged forgiveness.

It was then that Buddha opened his eyes and spoke. He said, "You spat on a river and the water flowed away. The man I was then is gone with time. I am different. You did not spit on me and hence I have no authority to forgive you. But it makes me sad that while you have learnt many things, you are still standing on the same spot on the riverbank. You are being consumed by a moment that has long departed. It is not I, but you, and only you, who can release yourself from this bondage."

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FLAUBERT'S *MADAME BOVARY*: A STUDY IN ENVY AND REVENGE

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Flaubert's Emma Bovary is one of the most convincingly realized characters in modern literature. Her husband, Charles, a rural doctor, loves her dearly, but he is dull, ineffectual, and boring. Emma seems to hate him with a fury that knows no bounds. She betrays him sexually, ruins him financially, and ultimately destroys his very life. What drives her to such unmitigated rage? The authors identify evidence in the novel suggestive of a dynamic thrust for revenge along the lines described by Freud (1918) in "The Taboo of Virginity." Elements of narcissistic rage and a sense of entitlement intensify Emma's anger and vengefulness.

Few characters in modern literature have been so fully realized as Gustav Flaubert's *Madame Bovary*. By describing her moods and thoughts in such exquisite detail, the author makes the necessary suspension of disbelief almost total. To the reader, Emma Bovary becomes a real person, someone whom one might have encountered in the past or could meet at some time in the future. She is consistent; she is real. Nevertheless, despite the rich and exquisite detailing of her character, we sense something enigmatic and perverse about her unhappiness and her relationship with her husband, Charles Bovary—something that we feel calls for further examination and exploration. To be sure, many such inquiries have already appeared, several of them founded on psychoanalytic concepts (Culler 1974; Gilman 1941; Kaplan

1991; Lindenman [unpublished]; Llosa 1986). What follows is an attempt in a similar direction.

A BRIEF SYNOPSIS

Madame Bovary, originally published in 1857, is the story of a lower-middle-class woman in rural Normandy. Influenced as a girl by the romantic clichés and illusions typical of her era, she attempts but fails to achieve happiness by marrying a paramedical practitioner and having a child. As all her illusions crumble, she becomes increasingly frantic and has a number of affairs, first with a wealthy landowner, Rodolphe, who abandons her, and then with a shy law clerk, Léon. Concurrently, she resorts to buying ever more lavish clothes and possessions, bringing to ruin the still devoted, though dull, Charles Bovary. She ends up committing suicide through ingestion of arsenic.

THE THEME OF RAGEFUL REVENGE

Two contrasting elements stand out particularly in the novel: Charles's unflinching loyalty to his wife, and Emma's boundless fury and wish to destroy her husband and everything he stands for. What drives her to such unmitigated rage? There is evidence in the novel to suggest a dynamic thrust for revenge along the lines Freud (1918) described in "The Taboo of Virginity."

Charles does not really harm Emma; he merely bores her and disappoints her social aspirations. If one attempts to understand the demonic fury that drives Emma, it would seem more sensible were it directed at her lover, Rodolphe, who after all seduces, deceives, disappoints, abandons, and humiliates her with callous indifference. Although she collapses after he leaves her and experiences shame, humiliation, and guilt, she feels hardly any anger at her treacherous lover. Thoughts of revenge and retaliation against him do not occupy her mind. In fact, upon her recovery, her anger, contempt, and vengefulness toward her hus-

band become increasingly violent, eventuating in her suicide and, as a consequence, in his death by depression.

To rationalize Emma's dissatisfaction and chronic unhappiness, the stultifying sociocultural effects of life in nineteenth-century rural France have often been invoked. However, given her background and her time and place, Emma's position is hardly typical. She neither cooks nor cleans nor cares for a child, and is exempt from practically all household responsibilities. Free to come and go as she pleases, she could pursue intellectual and aesthetic interests if she so desired. But as the novel progresses, Emma is seen to be unmotivated toward such pursuits, instead thinking only of achieving revenge against Charles.

Emma's unhappiness with Charles begins almost immediately after their wedding. Flaubert depicts Charles as colorless, unexciting, easily manipulated—someone who inadvertently arranges his own humiliation. For all that, Charles does love his wife deeply and faithfully, takes pride in her meager accomplishments, and appears to be a dedicated, if limited, practitioner of medicine. But she

. . . resented his settled calm, his serene dullness, the very happiness she herself brought him . . . but even as they were brought closer together by the details of daily life, she was separated from him by a growing sense of inward detachment. [Flaubert 1992, p. 48]¹

Emma's tendency to undermine and destroy her husband begins during a weekend at La Vaubyessard, a chateau where the couple attends a ball. In effect, the events of that weekend adumbrate in cameo the pattern of Emma's assault on Charles. In the chateau's sumptuous ambience, surrounded by elegantly dressed, sophisticated women and strong, self-assured, and aristocratic men, Emma feels inferior and envious. However subtly, she directs her anger at Charles in a variety of demeaning acts.

¹ All quotations from the subject novel are taken from the following edition: Flaubert, G. (1857). *Madame Bovary*, trans. F. Steegmuller. New York: Vintage Books, 1992.

While they are dressing for the ball, Charles mentions that he wants his shoes to be comfortable for dancing.

“You? Dance?” Emma cried.

“Of course!”

“But you’re crazy! Everybody would laugh. You mustn’t. It’s not suitable for a doctor, anyway,” she added. [p. 58]

On the face of it, this is a surprising approach for a woman to take—that is, a woman who yearns to be initiated into new experiences by a man, especially since he knows how to waltz and she does not. In effect, she relegates him to the sidelines. He later goes to the gaming tables, where other men are playing whist. He cannot join them, both because he does not know how to play the game and because he does not have the money to match their wagers. He wanders about impotently while Emma accepts an invitation to dance with another man, a symbolic adumbration of her future infidelity. She must be aware of her own hostility in having forbidden Charles to dance, particularly since she herself is a novice at this activity, but tries to explain away her behavior by claiming that it is not fitting for a doctor to dance—a weak rationalization indeed.

Later, when dressing for dinner, attracted by how well Emma looks in her pale saffron gown, Charles tries to kiss her. She pushes him off, saying, “Don’t! . . . You’re rumpling me” (p. 59)—revealing a significant, albeit minor, sense of being damaged.

In a particularly revealing incident, Charles finds an elegant case, emblazoned with a coat of arms, on the way home from their weekend at the chateau. “A couple of cigars in it too,” he says. “I’ll smoke them after dinner” (p. 65).

“You’ve taken up smoking?” Emma demands, in the same spirit that she earlier challenged his desire to dance. Later, when he attempts to smoke, she says, “You’re going to make yourself sick,” and the novel goes on to describe that, true to form, Charles “put down his cigar and rushed to the pump for a drink of cold water. Emma snatched the cigar case and quickly flung it to the back of the closet” (p. 65)—a harbinger of her coming pattern of theft.

When Charles was out, she would go to the closet and take the green silk cigar case from among the piles of linen where she had kept it. She would look at it, open it, even sniffing its lining, fragrant with verbenas and tobacco. [p. 66]

Emma cherishes the silk cigar case for the rest of her short life. Whereas the phallic connotation of the cigar requires no comment, it might also be noted that its olfactory appeal falls in line with the concept of respiratory introjection (Fenichel 1945; Greenacre 1951), the process of fulfilling an unconscious fantasy of acquiring and incorporating possession of a powerful phallus by breathing it in.

When Charles and Emma reach home, dinner is far from ready. Emma loses her temper, so that when the housekeeper, Nastasie, talks back, she fires her on the spot. Flaubert makes it quite clear that this bit of hostility was really directed at Charles. Nastasie, the novel explains, has been particularly close to him, and he has a reciprocal affection for her. She is described as having kept him company on many lonely evenings prior to his marriage to Emma. In fact, she was his first patient, his first acquaintance in the village. When Charles asks Emma, "Are you really going to let her go?," She replies defiantly and pointedly, "Yes—what's to stop me?" (p. 65).

From the very beginning of her affair with Rodolphe, the wealthy landowner who seduces her, Emma comports herself in a manner calculated to diminish Charles's image in the community. At a public agricultural fair, she strolls openly with Rodolphe, resting her hand comfortably on his arm. We might speculate that many a tongue in town that night must have wagged with the image of a cuckolded Charles. In fact, on beginning the affair, Emma's strongest emotion is revenge:

She was full of a delicious sense of vengeance. How she had suffered! But now her hour of triumph had come and love, so long repressed, was gushing forth in joyful effervescence. She savored it without remorse, without anxiety, without distress. [p. 191]

Exactly what Emma is seeking vengeance *for* is not clear, however. True, Charles, though kind and generous, is an insufferable bore, but being a bore is an offense of nonfeasance, as distinct from acts of malfeasance. In what way has he injured her?

The unconscious fantasy of having been damaged by defloration, we suggest, could account for the increasing ferocity of Emma's determination to destroy Charles. She rationalizes her behavior by considering that "a woman who had assumed such a burden of sacrifice was entitled to indulge herself a little" (p. 147). In this way, she justifies a pattern of reckless profligacy, sinking into overwhelming debt through the purchase of books, clothes, personal adornments, home decorations—things that could enhance her image in many ways, but for which she has no use. Once acquired, they are quickly discarded. Even as she prepares to leave Charles, Emma continues to order ornate, decorative material for the home. It becomes clear that her goal is to spend Charles's money. It is not self-indulgence, but vengefulness that fuels her uncontrollable extravagance. As compensation for her loss, however, material goods never prove sufficient for Emma.²

In a highly personal and literary study of *Madame Bovary*, Llosa (1986) emphasized Emma's masculine aspirations and identification: "Emma is basically an ambiguous character . . . for beneath her exquisite femininity, a strong-willed, determined male lies hidden" (p. 140). Deep in her heart, Emma would like to be a man, and Llosa furnished rich evidence from the text to illustrate this view. For example, at Rodolphe's home, Emma plays at being a man, combing her hair with his comb and looking at herself in his shaving mirror. Emma falls into the habit of clenching between her teeth the stem of a large pipe belonging to Rodolphe, and her masculine aspirations are also expressed in her proclivity to dress in men's clothing.³

² In an interesting and highly original approach, Kaplan (1991) suggested that Emma's intensely driven acquisitiveness takes on a fetishistic significance for her—a view that we find most convincing.

³ As an aside here, Llosa (1986) wrote, "A psychoanalyst would label this a sign of penis envy" (p. 142).

As Emma's affair with Rodolphe becomes more daring and imprudent, signs of her masculine strivings become increasingly manifest, even extending to her going about with a cigar in her mouth. Furthermore, as soon as she notices any weakness in a man, she immediately takes over and forces him to assume a female attitude, a reversal of roles that applies in regard to Charles, Léon (her second lover), and even Rodolphe. The weakened male is considered to be "as spineless as a woman" (Llosa 1986, p. 143). Emma wishes to free herself from the image of the traditional woman by attempting to complement her imagined anatomical defect in various ways, but her efforts inevitably end in failure.

Emma's second affair, with Léon, may be viewed as another example of her vengefulness. She becomes increasingly profligate in her spending and otherwise indiscreet in her behavior. She attempts to destroy Léon as she had Charles; her hostility is directed toward all men with whom she becomes involved. She tries to put Léon in conflict with his employer, even suggesting that he steal from the company and give her the money. She dictates how he should dress and what kind of beard he should have. She demeans the furnishings of his room and ridicules his habit of pinching pennies. Flaubert noted of Léon that "he never disputed any of her ideas. He fell in with all her tastes. He was becoming her mistress far more than she was his" (p. 327). The placement of Léon in the feminine position here illustrates Emma's unconscious bisexual orientation.

GENDER AND SEXUAL THEMES

Earlier in the novel, when Emma finds that she is pregnant, she is at first surprised. Her preference for a male child is made clear:

She wanted a son. He would be strong and dark; she would call him George; and this idea of having a male child was like a promise of compensation for all her past

frustrations. A man is free, at least—free to range the passions and the world, to surmount obstacles, to taste the rarest pleasures, whereas a woman is continually thwarted, inert, compliant. She has to struggle against her physical weakness and legal subjugation. [p. 105]

When Emma gives birth and learns that her child is a girl, she turns her head away and faints. She assigns care of the child, Berthe, to a wet nurse, and has very little to do with her. In fact, Emma is quite disdainful of her daughter, thinking what an ugly child she is. By this point in the novel, everything has become Charles's fault; for example, when Emma loses her dog, she blames her husband, although he in fact had nothing to do with it. Flaubert notes that Emma's

. . . carnal desires, her craving for money and the fits of depression engendered by her love gradually merged into a single torment, for all of which she blamed Charles. Sometimes she wished that Charles would beat her so she could feel more justified in hating him and betraying him out of *revenge*. Sometimes she was surprised by the horrible possibilities that she imagined. [pp. 128-129, italics added]

Having noticed Emma's suffering, Félicité, her maid, urges her to talk to Charles, but Emma will have none of it. "It's nerves," she says. Félicité responds in a manner that suggests an intuitive understanding of Emma's problem: She says that she knew of a young woman who had similar symptoms, and nothing helped her until she married, at which time all the symptoms disappeared. What is left unsaid but clearly implied is that, with the beginning of an active sexual life, this woman's symptoms were cured.

Emma's reply seems most revealing: "With me it was after I was married that this began" (p. 130). Although other hypotheses may fit the data, it would seem to be a fair conclusion that, unconsciously, she is tracing her symptoms to the initiation of sexual intercourse and her disappointment that her erotic life does

not match the romantic fantasies she had earlier entertained. Here we might recall Emma's having pushed Charles away at the ball because he was ruffling her clothes, symbolizing damage to her.

THEMES OF DAMAGE AND DEFLORATION

The episode of a bungled operation on a servant boy's club foot also relates to the theme of damage. Urged on by Emma and by the grandiloquently fatuous pharmacist, Homais, Charles undertakes an operation for which he is ill equipped and unprepared. Significantly, the procedure terminates in an amputation. The patient, Hippolyte, is crippled for life, and Emma blames her husband for this, experiencing no sense of self-reproach for having instigated the entire episode. In a sense, she identifies with the servant boy, insisting that Charles pay for a wooden leg for Hippolyte. As expected, the prosthesis she chooses is the most expensive—so ornate that the poor boy refuses to use it, necessitating the purchase of an additional prosthesis. Throughout the rest of the novel, Hippolyte keeps reappearing like Banquo's ghost, a constant reminder of the damage inflicted by Charles.

All this time, Emma's indebtedness to Lheureux—the merchant who senses her inordinate need to buy expensive items, and who takes advantage of her situation—continues to grow exponentially. When the opportunity presents itself, she steals fifteen gold napoleons from her husband, a considerable sum rendered to him in payment for professional services. As she had done with the cigar case, she conceals the money in one of her drawers.

In the text of the novel, Hippolyte's bungled surgery and the theft of the gold napoleons are immediately followed by a striking interchange. Pressing Rodolphe to describe his feelings for her, Emma asks:

"Do you love me?"

"Of course I love you!"

"Very much?"

"Of course."

"You've never loved anybody else, have you?"

That made him laugh: "Do you think you deflowered me?" [p. 223]

This is indeed a strange turn of speech, with the importunate Emma suddenly cast in the role of the would-be deflorator of her scandalously experienced lover, Rodolphe. There are intimations in this exchange of a wish for reciprocity or equality on Emma's part concerning their sexual relationship, as though she is asking, "Is the experience the same for you as it is for me?" There is also a possible implication of Emma's having adopted a man's point of view, skillfully portrayed by Flaubert in this exchange with Rodolphe.

This is the second direct reference to defloration in *Madame Bovary*, although hints about it appear in relation to several earlier events.⁴ For example, this theme was strongly suggested in the conversation between Emma and Félicité about a young woman in Normandy who suffered from various vague disturbances for which no remedy could be found, but which disappeared once she married. Even more telling is the description of Emma's and Charles's behavior on the morning after their wedding:

⁴ The defloration theme is also significant in Flaubert's (1966) first novel, *November*, generally regarded as autobiographical, which was not published until after his death. Written in the first person, the novel deals mostly with the author's first sexual experience, which was with a prostitute named Marie. When he tells her that she is the first woman with whom he has had intercourse, she says, "Is it true . . . you are a virgin and I have deflowered you, my poor angel?" (p. 76). Having learned this, Marie is deeply moved, professes her love for him, and says, "Oh, listen, my love, let me cut some of your hair; I'll put it in this bracelet and it will never leave me." The novel then recounts that "she got up at once, took her scissors and cut a lock of hair from the back of my head" (p. 78). A number of suggestive statements made by the hero follow:

Hair given in exchange is one of lovers' happiest inventions . . . I would have it cut simply knotted at either end with a thread for fear of losing even a single hair; and the lock should be cut by one's self from the beloved head at some supreme moment, *the culminating moment of a first love or on the eve of parting*. [p. 78, italics added]

The next day, however, he seemed a different man. It was he who gave the impression of having lost his virginity overnight: the bride made not the slightest sign that could be taken to betray anything at all. Even the shrewdest were nonplused and stared at her with the most intense curiosity whenever she came near. [p. 35]

To be sure, Flaubert never gives the reason for Emma's lack of overt reaction. We are left to wonder whether she feels embarrassed to reveal in rather vulgar surroundings the intimate details of her personal life, or whether she displays no outward sign because the wedding night turned out to be a terrible disappointment to her. The latter hypothesis is made more plausible when the ebullient reaction to her first adultery is contrasted with the scene just described of the day following defloration.

In the space of a little more than three pages, then, the following elements are brought together: physical mutilation (the purchase of the wooden leg for Hippolyte), a beginning pattern of stealth and expropriation (with all its fateful consequences), and defloration, with a joking suggestion of Emma as the deflator. The rest of the novel continues to address these themes.

Later, when Rodolphe abandons her so cruelly, Emma collapses and takes to her bed. For forty-three days, Charles does not leave her side. He cares for her constantly, neglecting his patients. On the other hand, Rodolphe, when he returns, makes not the slightest gesture of concern for Emma's situation. Nonetheless, in spite of all Charles's concern and dedication, Emma's vengefulness and fury at him continue to escalate, while there is no expression of anger or vindictiveness directed toward Rodolphe. This is indeed a strange contradiction: Charles may have been a bumbler; Rodolphe was a cruel malefactor.

Emma's response to these two men is contradictory and difficult to apprehend. We believe that it can best be understood in terms of Freud's analysis of the reaction of certain women to the experience of defloration, an issue he considered in the final section of "The Taboo of Virginity" (1918). He wrote that in analysis,

. . . one can meet with women in whom the opposed reactions of bondage and hostility find expression and remain intimately associated with each other. There are women of this kind who seem to have fallen out with their husbands completely, and all the same can only make vain efforts to free themselves. As often as they try to direct their love toward some other man, the image of the first, although he is no longer loved, intervenes with inhibiting effect. Analysis then teaches us that these women, it is true, still cling to their first husband in a state of bondage, but no longer through affection. They cannot get away from them because they have not completed their revenge upon them, and in pronounced cases, they have not even brought the impulses of vengeance to consciousness.⁵ [p. 208]

For such women, it would appear, the act of defloration is unconsciously experienced as another unforgivable form of castration, of destruction of the illusory penis. In this case, Emma acquires Charles's power of attorney and uses it to bankrupt and destroy him. This may be viewed as unconsciously representing a form of vengeance in kind.

Years later, Flaubert (1927) wrote to a correspondent:

The first idea I have had was to make her [Emma] into a virgin, living in the middle of the provinces, aging amidst sorrow, and arising by this route to the ultimate state of mysticism and fantasized passion. I kept of this original draft all the surroundings (countryside and rather bleak people); only, in order to make the story more understandable and more entertaining, I invented a more humane heroine, a woman that one might come across more commonly. [p. 168]

⁵ A fuller consideration of this problem can be found in Abraham (1920), who more specifically placed the taboo of virginity in the context of the vicissitudes of the female castration complex stemming from the early phallic phase in childhood. See also Rado (1933).

A moment exquisitely suggestive of defloration occurs when Rodolphe writes his farewell note, breaking off the affair with Emma. He turns to a box in which he had stored letters from women.

Out of it came a smell of damp dust and *withered roses*. The first thing his eye fell on was a handkerchief spotted with faint stains. It was one of Emma's: she had a *nose-bleed* one day when they were out together—he hadn't remembered it till now. [p. 235, italics added]

The above is one of several references to blood and bleeding in the novel. Several of these pertain to the fact that Emma's dreams and fantasies are filled with orgies of bloody violence, but the author gives us no details. It is of interest that, in a BBC television version of *Madame Bovary* (2000), the following exchange occurs after Rodolphe and Emma's first sexual experience: Rodolphe tells Emma that he has caused her to bleed, and she responds that she has now bled twice, each time after her first experience with the two men with whom she has had intercourse. (No such conversation takes place in the novel, however.)

THE BOVARYS' FINANCIAL RUIN AND EMMA'S DEATH

The episode with Guillaumin, the rich notary to whom Emma turns in the hope of borrowing money, is most telling. Despite her desperate straits, while sitting in the dining room awaiting her hoped-for savior, Emma looks around at the furnishings and thinks, "This is the kind of dining room I should have." When the notary tries to take sexual advantage of Emma's difficult situation, she is outraged. She says, "It's shameless of you to take advantage of my distress. I am to be pitied but I'm not for sale." The novel continues, as she walks out:

She thinks of him as a contemptible, lowdown cad. Her disappointment at having failed made her all the more

indignant at the insult offered her honor . . . she was at war with the world and the thought transported her. She wanted to lash out at all men, to spit in their faces, grind them all to dust, as she hurried straight on, pale, trembling, furious, scanning the empty horizon with weeping eyes, almost gloating in the hatred that was choking her. [p. 358]

Emma then imagines what she will say to Charles, how she will break the news of his financial ruin. She thinks of saying, "Don't stay there; the very rug you are walking on isn't ours. Not a piece of all this furniture belongs to you, not a pin, not a wisp of straw, and I am the one who has ruined you." Her next thought is that she will never forgive Charles, "even if he offered her a million" (p. 359). It is in this desperate state of mind that Emma takes arsenic and commits suicide.

In a masterful stroke of ironic contrast, Flaubert symbolically reintroduces the themes of defloration and virginity here. Devastated and overcome by grief, Charles nevertheless wants to bury Emma in her virginal state: "I want her buried in her bridal dress with the white shoes and a wreath of her hair spread over her shoulders" (p. 386).

Emma's death and burial could have been the logical finish for the novel. Charles is left a broken man, depressed, penniless, and forlorn. His career has been ruined; he feels defeated and worthless. But the cycle of revenge has not yet run its full course. There is more to come.

The final denouement of Charles's ill-fated relationship with Emma comes when he stumbles upon love letters to her from both Léon and Rodolphe, together with a photograph of the latter. The nature of her liaisons can no longer be denied, and he is completely destroyed. One day, after a brief encounter with Rodolphe (in which Charles told him, "No, I don't hold it against you any more"), the Bovarys' daughter, Berthe, finds Charles dead in the garden, holding a long lock of black hair in his hands (presumably Emma's). Her revenge is now complete.⁶

⁶ Note the similarity with Flaubert's (1966) autobiographical novel *Novem-*

Emma's suicide, it should be noted, has nothing to do with her adultery. Rather, it reflects her sense of hopelessness, helplessness, and profound shame at what she sees as the failure of her life, along with her inability to attain a modicum of happiness. Both her adultery and her profligacy are aspects of her hostility toward Charles. It is the motive for revenge, however, that brings the tale to its climactic end, transforming the novel from a great work into a masterpiece.

To be sure, Emma's reaction to defloration is not a universal one, and as analysts, we would be hard put to conclude that her conflicts and problems began only after marriage. It would be reductionist in the extreme to conjecture that the totality of Emma's character is encompassed in the dynamics of the taboo of virginity, or to suggest that her egregious narcissistic needs stem exclusively from the trauma of defloration and the feeling that she had been castrated. A reaction such as hers must be understood in terms of her general personality structure, the result of earlier conflicts originating in childhood. Her character as described by Flaubert includes narcissistic, perverse, and impulsive features.

EARLY DETERMINANTS OF EMMA'S PERSONALITY

Can we venture to suggest elements in Emma's early development that predisposed the final form of her character? Flaubert offers relatively little concerning her early life, even about her relationship with her mother, but does provide enough to permit conjectures about the factors that eventuated in the fantasy structure we have identified. It is clear that her father did not esteem his daughter very highly. There had been a son who died before Emma was born, and apparently she was viewed as no fit substi-

ber, in which the hero speaks of cutting the hair of a romantic partner "at the culminating moment of a first love" (p. 78).

tute for him. In thinking about marrying off Emma, her father had no great expectations; he loved her, but he did not esteem her. He knew Charles Bovary to be at best a mediocre man, but he felt that he was good enough for Emma. He calculated that Charles, because of his low self-esteem and circumscribed expectations, would be content with a modest dowry. In any case, having Emma off his hands would relieve his own financial burden.

Even in her formative years, as well as after her marriage, Emma appears as a very narcissistic, impassioned young woman with attitudes of entitlement. She has a grandiose image of herself, and in her mind, she elevates every experience—even sorrowful ones, such as her mother's death—to the level of some grand vision. Both before and after marriage, she uses people to attain her selfish ends with an unambivalent feeling of entitlement. As the novel describes, "she had to exact a kind of personal advantage from things and she rejected as useless everything that promised no immediate gratification" (p. 42).

For example, as a young girl in a convent, on receiving the news that her mother has died, Emma writes her father letters full of sorrowful concern, begging him that when her time comes, she be buried in the same grave as her mother. Her father, frightened by this reaction, rushes to see her. Her response to this visit is striking: "Emma was privately pleased to feel that she had so very quickly attained this ideal of ethereal languor inaccessible to mediocre beings" (p. 45).

Emma sees marriage as the portal to realization of her fantasies of unparalleled love and passion. Flaubert hints that unconsciously, Emma was continually looking for the "real man" whom she imagined in her romantic dreams, so that she could become her fantasized version of the romantic heroine. Thus, her disappointment begins even before her wedding, when her father refuses to listen to her wish to be married by torchlight at midnight.

Soon enough, Emma perceives that her life remains unfulfilled, and she cannot bring herself to reconcile her uneventful

existence with the happiness of which she has dreamed. As she concludes that her marriage is a failure (from the perspective of her grandiose expectations), she tries by increasingly desperate means to recast Charles in the role she assigned to him in her daydreams. He owes it to her, yet he is depriving her. When one feels cheated, the impulse to exact revenge becomes understandable.

In this connection, it is striking to observe that throughout the novel, there is a complete absence of guilt or remorse on Emma's part. Having been injured and damaged, she behaves very much in the spirit of the character type of the "exception," described by Freud (1916). She feels that since she has been wronged and subjected to suffering and humiliation, she is exempt from any obligation to follow the strictures of morality. She is entitled to be compensated for all the deprivations and disappointments that she has had to endure so unfairly. And it is onto Charles that the blame for her unjust fate is projected: he has injured her, and he has deprived her. "He couldn't swim or fence or fire a pistol: one day he couldn't tell her the meaning of a riding term she had come upon in a novel" (p. 48). All of this stands in contrast to the image of exciting men who can supply experiences to realize Emma's hope of rescue, thereby fulfilling her dreams.

Like other narcissistic characters, Emma is particularly prone to feeling humiliated by any setback or failure. When she hears that Charles was humiliated by a doctor in front of assembled relatives, for example, she

. . . burst out furiously against the other doctor. Charles was so moved that he shed a tear and kissed her on the forehead. But it was shame that had exasperated her and she wanted to strike him . . . "It's pathetic," she whispered to herself, despair in her heart, "what a booby."
[p. 72]

Flaubert skillfully suggests that Emma feels humiliated at having such a mediocre creature for a husband. The role that

she originally assigned to Charles—one he could not possibly fulfill—was to compensate for her defective sense of self, based on the notion of women as inferior and castrated. As she turns against Charles as the degraded object, her mounting aggression toward him serves the purpose of protecting her against increasing despair and self-directed aggression. Eventually, this defensive measure fails, and she ends up destroying herself.

CRITICAL DISCUSSION

In the context of the vast critical literature that has sprung up around *Madame Bovary*, we might characterize our approach in the present paper as a largely psychoanalytic one, using the rich data of the novel as manifest content and reading into its imagery, metaphor, and style a convincing panoply of latent content. It is as though the novel's structure can be considered similar to an extended analytic discourse, with free associations, dynamic sequences, and rich meaning developed through context and contiguity, revealing Emma's unconscious mental processes. That such an approach makes sense in view of Flaubert's complex character development is for us not in question. The author described the slow disintegration of a soul, and he clearly intended to let us inside that character's mind.

Well-known literary critics, including one of Flaubert's translators, Francis Steegmuller, have indirectly endorsed an approach such as ours. Steegmuller (1992) wrote:

Madame Bovary was not only the most realistic novel of its age, it was also the most psychological. More than any of his predecessors or contemporaries among fiction writers, Flaubert probes the characters' minds, trying to account fully for their actions and emotions: he excels at showing the unconscious mind at work. [Flaubert 1992, p. xiii]

But our approach is clearly not the only one to take in analyzing this great novel. The "realistic" tack we have chosen (i.e.,

to study the character of Emma as though she were a real person) disregards many aspects of the novel's style, aspects that contribute to its status as a masterpiece. Brief reference should be made here to the novel's construction and to Flaubert's intent, in order to properly place our efforts in the context of critical thinking.

Flaubert was anything but a spontaneous writer. The lengthy correspondence he entertained with Louise Colet (Flaubert 1927) during the novel's composition reveals his method of working—namely, his passionate attention to style, musicality, and poetry, and his endless revision of every sentence until it sounded just right. For him, form was almost more important than content.

It is also important to understand Flaubert's ideas on realism. Realism for this author was only a surface effect, which he took particular pleasure in undermining in a variety of ways that have fascinated literary critics (Culler 1974; Gilman 1941). As Llosa (1986) wrote:

This descriptive frenzy is not an end in itself, but a procedure the narrator uses to destroy reality and recreate it as a different reality. The material is transformed and a fictional reality is created anew. [p. 126]

It is this fictional reality which we are examining from an analytic point of view.

Flaubert was adept at humanizing physical objects. That is, he endows them with psychological meaning, an ability to communicate messages and awaken emotions, which—despite their immobile, rocklike, blind, and mute bodies—causes them to possess profound animation, a “secret life” (Llosa 1986, p. 128). Thus, objects and decor in the novel, instead of serving as mere background, become statements about the characters. Furthermore, Llosa (1986) called our attention to another device Flaubert uses: that of turning human beings into things. Characters are described through body parts that reveal their nature. Such attention to the nonverbal component of communication is very much a part of what we analysts are trained to observe.

SUMMARY

We have focused on the character of Emma Bovary and one feature of it in particular: her unusual and persistent thirst for revenge against her well-meaning husband, an attribute that we feel has not heretofore been explained by critical theories and conjectures. We believe that Flaubert provided the analytically sophisticated reader with sufficient clues to make certain inferences that bring together many of the novel's features, and that are compatible with certain analytic ideas spelled out by Freud in "The Taboo of Virginity" (1918).

We have also addressed some aspects of Flaubert's approach to realism and their relationship to the psychoanalytic method. We have attempted to show that the literary and analytic avenues of approach to this masterpiece are congruent and can lead to similar conclusions. Indeed, the powerfully evocative force of the novel, and the complexity of psychological nuances so well portrayed by this gifted writer, leave us little doubt that an enlightened psychoanalytic approach, based on a careful analysis of data supplied by the author, can reveal aspects of *Madame Bovary* that increase both our enjoyment and our understanding.

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AMERICAN PRAGMATISM AND AMERICAN PSYCHOANALYSIS

BY ARNOLD GOLDBERG, M.D.

The author compares American pragmatism with American psychoanalysis in an effort to place the existence of the many diverse schools and theories of psychoanalysis in a historical context. Pragmatism is seen as a theory of instrumentation or a collection of tools for accomplishing goals; it claims that many of our efforts to know and seek truth are based upon myths. Psychoanalysis, too, can be seen to pursue certain theoretical claims based on myths. The present climate of pluralism in psychoanalysis is not a phase, but an indication of our diverse ways of achieving in-depth understanding of another person.

INTRODUCTION

Psychoanalysis, as it is understood and practiced today in the United States, is a much different phenomenon than it was fifty or even twenty years ago. It is also equally distinct from what is identified by the same name outside of the States—say, in Europe or South America. Although many of its adherents study, teach, and claim psychoanalysis to be a monolithic set of ideas and procedures, in truth, it is a diverse and heterogeneous bundle of claims and techniques held together by a somewhat vague allegiance to the seminal ideas of Sigmund Freud.

Indeed, periodically, even that line of tradition to its founder is given little more than a nod to an association more historical

than ideological. The sometimes futile efforts to draw borders around the field by giving it a definition and a set of established technical procedures more often than not ends in acrimony and discord, with a resultant further separation and estrangement of one set of beliefs from another. Every thought-provoking issue, ranging from niceties of the setting—such as frequency, use of the couch, and duration of analyst–patient contact—to the more hallowed principles of technique—such as free association, sharing of personal information about the analyst, and even the way to interpret dream material—has, at one time or another, come under scrutiny, attack, and either alteration or dismissal. The field is seen either as a mess or as a victim of bad science in need of straightening out.

I think it is important for thoughtful students of analysis to take a step back from their personal islands of propriety and affiliation in order to see if we are part of a particular historical process, one that is not unusual or necessarily one to be condemned or despised. Such a step might pave the way for consideration of a particular movement in philosophy that at one time had, and has again recently seen, a popularity and vigor that may well be peculiarly American. That movement is American pragmatism. In proposing such an inquiry, I am not by any means suggesting that this is the only or best way to study changes in psychoanalysis. I do hope, however, to dispel fears about dilution of the scientific tenets of the field, and even to reawaken some of the enthusiasm that once attended the discipline we practice.

Discussions of philosophical points are usually not readily embraced by psychoanalytic readers, because such discussions are essentially nonclinical and often seem to bear little relevance to analytic practice. However, a philosophical viewpoint is called for in order to explain certain sociohistorical features that are overtaking the practice of psychoanalysis. Furthermore, it seems fair to assume that most practicing analysts are interested in issues related to technique, and pragmatism is considered a philosophy of instrumentalism or one devoted to the tools of a trade. It also seems fair to conclude that most students of analysis are interes-

ted in the field's intellectual history, and the history of pragmatism seems to parallel that of analysis. For these reasons, a marriage of the two holds promise.

WHAT IS PRAGMATISM?

The intellectual history of pragmatism began in the early 1900s, with William James, Charles Pierce, and John Dewey. Each of these men warrants a lengthy historical exposition of his life and ideas, but that effort must be put aside in order for us to pursue the essential idea of pragmatism: "Thought is an integral and constitutive part of historical experience. Truth is something that happens to an idea within the exigencies of a particular time and place" (Pettegrew 2000, p. 3).

Pragmatism's most popular and vocal spokesperson today is Richard Rorty (1979, 1982), who is considered by some to be a menace, while others see him as the most original and important philosopher writing today (Brandon 2000). The menace label derives from Rorty's status as a debunker of the tried and true, while the perception of originality reflects his insistence on a total reframing of philosophy. He has been the one most responsible for a revival of interest in pragmatism, but he gives due credit to Dewey for the origin of the bulk of his ideas. The grounding of these ideas in Dewey allows for a distinction from the many other ideas associated with pragmatism, ideas subsumed under the rubric of relativism and postmodernism, and ones also regularly trounced or misunderstood by both casual readers and large numbers of scholars and critical readers. Thus, the revival of pragmatism in America is sometimes termed *neopragmatism*, in order to keep faith with the principles laid down by Dewey and reignited by Rorty.

These principles are best encapsulated in Rorty's (1982) claim that

There is nothing deep down inside us except what we have put there ourselves We produce new and better

ways of talking and acting—not by a reference to a standard but just better in the sense that they come to seem clearly better than their predecessors. [p. xxxvii]

Rorty (1979) claimed that we should give up our hope of being able to accurately represent the world as it really is, and should instead come to realize that all efforts to find foundations for objective knowledge are based on misconceptions. Essentially, his position has been that we are mistaken in thinking that we can look out at the world and objectively perceive, record, and study it. Rather, he said, our personal and historical makeup causes us to regularly, and often radically, construct and reconstruct the world.

Although Rorty was and is the major American voice for pragmatism, he has been joined by several European contributors who propose basic principles regarding the undoing of dualisms of subject and object, fact and value, and knower and known. The best known of these non-American philosophers is Jürgen Habermas (2000), who wrote that we unknowingly live under three myths: (1) the myth of the given; (2) the myth of thought as representation; and (3) the myth of certainty. These myths derive from our assumptions that: (1) we know our mental states better than anything else; (2) knowing takes place essentially in the mode of representing objects; and (3) the truth of judgment rests on evidence that vouches for this certainty.

Habermas noted that Rorty replaced the relation between subject and object with another place, *symbolic expression*, which in turn accords validity for and in an interpretive community. For Habermas, the philosophy of language à la Rorty states that

The objective world is no longer something to be reflected, but is simply the common reference point for a process of communication between members of a communication community who come to an understanding with one another with regard to something. The communicated facts can no more be separated from the process of communication than the supposition of an objective world can be

separated from the intersubjective shared interpretive horizon within which the participants in communication already operate. Knowledge no longer coincides with the correspondence of sentences and facts. [Habermas described in Brandon 2000, p. 35]

Habermas went beyond Rorty in his own pragmatic perspective, which emphasized successful intersubjective communication to achieve a sought-after understanding within a communicative community. However, Habermas has surely remained within the tradition of American pragmatism.

One can readily see dangers lurking in the proposal that we do not correctly perceive the world, but instead gather about us a group of people who agree with us. We do not collect facts in order to obtain truth and knowledge that will be good for all time, but rather we hold a medley of workable opinions. Our thinking is not a record of representations of the real world, but is a series of more or less successful operations upon the world.

Acceptance of such statements may very well cause us to abandon fundamental or foundational beliefs about the world in order to join with the pragmatic rebels. This movement away from a philosophy of certainty or positivism is, not surprisingly, just what has been happening to a large extent in American psychoanalysis. Unfortunately, this change in analysis has not been seen and studied as part of a historical process, but has instead been criticized as evidence of disloyalty to Freud and to classical analysis, as reflective of mistaken ideas about science, and (most unfortunately) as simply bad philosophy.

To paraphrase the pragmatists and apply their philosophy to psychoanalysis, if there is “no way the world is,” is it also true that “there is no way a patient is”? This question has been seen as a consequence of Nietzsche’s perspectivism (Allen 2000, p. 141), which seems to say that your view (or guess) is as good as mine. Pragmatists argue that consensus and only consensus is the governing rule for what is right and correct. They refer back to what is most useful as being most justified, and therefore, they

insist that it is *what accomplishes such an endpoint* that becomes the bearer of the way the world is.

If there is no way the world is and no way a patient is, then it may readily follow that there is no single way to either act upon the world or to properly treat a patient. If what works becomes the guiding light for therapeutic intervention—as it does for the activity of just about any accomplishment espoused by pragmatists—then one need not evaluate therapeutic behavior against a background of a set of correct or prescribed rules and regulations. Rather, one practices with an eye both to the chosen activity being effective *and* to the maintenance of a consensus of like-minded persons who constitute a community of support. Only then can we claim validity for what we do.

It is surely at this point that many people part company with pragmatism (along with the more denigrated relativism and post-modernism), inasmuch as they begin to feel that the ground is going out from under them, along with the set of personal beliefs and principles of personal training by which they have lived (and even prospered).

WHAT, THEN, IS PSYCHOANALYSIS?

The parallel between pragmatism and psychoanalysis requires that we describe the present state of the one along with that of the other. One way to sum up pragmatism is to see it as a form of naturalism, or simply the way human beings cope with the world. To sum up much of today's psychoanalysis, we might describe it, too, as the variety of ways analysts cope with the problems of their patients. Of course, at each and every presentation of one or another method of such coping, a critical eye may determine that this or that is no longer qualified to be considered a proper component of the analytic community. And so at each and every presentation of a particular method, the effectiveness of the treatment may take a back seat to the issue of credentials, i.e., remaining within a tradition. It may be best to initially put to the

side that consideration of loyalty and fidelity and to return to the three myths suggested by Habermas (2000):

1. *The myth of the given.* This is the assumption that true facts exist in the world and that, in one way or another, we can gain access to them. Eagle, Wolitzkey, and Wakefield (2001) insisted on the assumption that there “exist stable mental states, dynamics, defenses, wishes, needs, desires, schema and so forth on which the analyst takes a perspective” (p. 481). These authors quoted Cavell (1988) as stating that the idea of a subjective perspective makes sense only if there is an objective world. The fundamental thesis is that there *is* certainly a way the world is, as well as a way a patient is.

The pragmatists’ answer to that conviction is that to speak of facts at all is to talk of something that has conceptually already been shaped and structured. This shape is something that can be given only by a vocabulary. Conceptual norms (like dynamics and defenses) are creatures of vocabularies: no vocabularies, no conceptual norms. Rorty (1989) wrote: “Since truth is a property of sentences, since sentences are dependent for their existence upon vocabularies, and since vocabularies are made by human beings, so are truths” (p. 21).

Before there were humans, there were no truths, so if there are no true claims, then there are no facts (Brandon 2000, p. 161). We have created the list spelled out by Eagle, Wolitzkey, and Wakefield (2001) —“mental states, dynamics, defenses, wishes, needs, desires” (p. 481)—in our psychoanalytic community; it is there because we put it there. Once again, pragmatism denies that we can escape the conventions and contingencies of language in order to connect with a world of experience outside of texts. Once we buy into using the word *objective*, we become enslaved by it and are forced into the dualism of subjectivity versus objectivity. We must remember that the words come from *us*; they are not God-given.

As Davidson (2001) has said, "There is a good chance these dualisms will be abandoned" (p. 43).

2. *The myth of thought as representation.* This is a rather basic assumption in much of psychoanalytic theory, one based upon the representational world and one or another elaboration of this world of internal objects. This schema underscores Cavell's (arguable) assumption of a dualism (1988), and naturally locks one into thinking that one can and should compare the internal world with the external world.

Pragmatists say that norms of relations (i.e., the relation between an inner and an outer) are exclusively intravocabulary. The world does all sorts of things to us, but once we use our language to describe that world, we wrap those things into our vocabulary, causing the world to lose its independence. It is no longer a thing represented in our mind. It is no longer privileged, but is a product of ours.

Wedded as we are to a world of internal representations, it is difficult for us to tear ourselves away from this picture. Although Moore and Fine (1990) defined a psychic representation as a "more or less consistent reproduction within the mind of a perception of a meaningful thing or object" (p. 166), both computer science and neurophysiology have moved to the recognition that these replicas do not exist as such. There are no accurate reproductions, but rather useful reactions. We should not mistakenly view the printout from a computer as containing a sentence within it, any more than we view the thinking of the mind as containing the pictures within.

Today's psychoanalysis recognizes that the individual does not sit apart from the world with his or her internal representations, but rather engages in active interaction as an open system. We might now say that "my grandmother is encoded or registered in my mind and brain," but we understand that codes are not replicas or translations, but are rather directions for a process. The DNA for an arm contains no semblance of a limb, but is a series of directed steps

or a program that, with the proper surround, will yield an arm. The surround or context is often the crucial ingredient in the determination of just what the programmed code will produce. Thus, one cannot call up an image of old; instead, one makes what works for the occasion.

3. *The myth of certainty.* The authority of the analyst is made available to him or her by the collective knowledge of the analyst's theories, the careful scrutiny of the transference and countertransference, and the validity of the interpretations made. Eagle, Wolitzkey, and Wakefield (2001) claim that we should aim for "humble realism" in order to understand as accurately as possible the patient's psychic reality (p. 486). Hanly and Hanly (2001) seek "critical realism," by way of which the analyst can know enough of the patient's psychic reality to accomplish the therapeutic and scientific purposes of analysis (p. 515). Others, such as Renik (1993), suggest that all the analyst's activities are so infected by one's individual psychology that one can never know the patient's psychic reality with any certainty.

Of course, the pragmatists would claim that all these authors have bought into both the myth that things can be known for sure, and subject-object dualism. The idea presented by Klein as projective identification suggests that we indeed *can* know "what comes from whom" (Hanly and Hanly 2001, p. 527). This would probably be dismissed by pragmatists with the belief that it really makes no difference. Pragmatists suggest that we need be neither humble nor critical about realism, but rather resigned to giving up the search. Thus, the pragmatists' answer to the antipositivists is that the battle is best avoided.

In addressing psychoanalysis, pragmatism would ask that we abandon these myths and recognize that we are engaged in conversations aimed at increasing our capacities to better make our way in the world. Each of these conversations employs a favored vocabulary. Only the test of effectiveness should cause us

to choose one over another. And effectiveness is always relevant to time, place, and consensus.

TODAY'S PSYCHOANALYSIS

Although there may be a good deal of disagreement, it does seem to be the case that differing schools of psychoanalysis help many people, and they seem to do so in roughly equal numbers. To be sure, one particular patient may not profit at all from one approach while doing quite well in another, but no school of treatment is a complete bust or can claim one hundred percent effectiveness. They all work. None can trumpet its superiority over the other based on a track record of cure or improvement or patient appreciation. We presently have no comparable statistics, so we rely on folklore. Therefore, the relevant question is why and how such diverse, and even oppositional, ways of practice can enjoy relatively equal effectiveness.

Unfortunately, that question is usually either dismissed or not even asked. The preferred question we typically hear is how so many thoroughly erroneous or wrong-headed approaches have managed to fool so many people! There is a good deal of attention paid to issues of deviance or difference, rather than to those of consensus. We tend to listen to others while marshaling an argument, rather than being open to what may be beneficial for a particular patient.

American pragmatism would make the claim that today's psychoanalysis is continually asking the wrong questions because it is consumed by the myths of our ability to gain and represent certain knowledge. We argue over who is right and who is wrong, who is loyal and who is unfaithful, and who can wear the banner of certitude. As long as we accept the dualism of subject versus object as a reality, we shall labor mightily over whether the patient's ideas have somehow found a home in our mind and managed to take over our thoughts. As long as we believe in the world of facsimiles of persons populating our minds, we shall worry

over whether these representations have become better or worse organized, more split or more whole, and, especially, closer to looking like we would like them to look. And as long as we know what is best for our patients, what is the right way to live and think, we shall be able to make a claim as to whether the patient has finally gotten it right. The pragmatist would ask that we work at doing without these fundamentals and foundations; he or she does not say that these fixed positions are wrong so much as that they limit one's freedom.

I believe the pragmatist would also ask us to change our question about the mistakes of other schools to one that asks what each does that works. Our hope for this commonality of inquiry should be directed toward an appreciation of the effectiveness of diversity. Somehow, somewhere, we must all be doing something right. That rightness cannot be dismissed as suggestion or transference cure or just plain luck, although all of those factors may also be operant. There is more to it than that, and our preoccupation with differences has blinded us to whatever it may be.

In an effort to understand why a Kleinian and an interpersonalist can explain a patient in totally different vocabularies and help a patient in what may seem to be totally different methods, we would do best *not* to try to translate the workings and language of one into the other. That is often a leveling process that aims to reduce the one into the other. That is a search for a common ground, a pursuit that serves to ignore what is distinctive about each theoretical stance. Instead, we must be able to respect differences and recognize that we are embarked on an inquiry of learning about human understanding and communication. A likely commonality of various theories is the investigation of the basis of and pitfalls in humans' understanding of one another. Such a respectful stance that recognizes commonality is more wholesome than one of insisting either that the others have gotten it wrong, or that *you* are the one who knows what is really going on.

WHY TODAY?

To discuss the history of pragmatism in America is to appreciate its rise and fall and recrudescence. Hollinger (1980) wrote: "Pragmatism is a concept most historians can do without" (p. 88). Yet soon after that comment was written, pragmatism returned in full force and revitalized the entire field of intellectual history.

More than once, we have heard and read similar indictments of psychoanalysis as something many psychotherapists can do without. In truth, however, there is a similar revitalization going on in analysis today, though it is clearly one that lives outside of the tried and true tenets of classical analysis. Pluralism is what dominates today's psychoanalysis, and pluralism is the watchword of pragmatism. It is important to see this pluralism in its own right, not as a steppingstone or a temporary phase that will culminate in some final, unifying, overarching theory that puts it all together into a neat package. Today's analysis is composed of a host of different communities employing different vocabularies to help patients in different ways. There is little doubt that some patients do better with one such vocabulary over another, and that some of these communities seem to make no sense whatsoever to some of us. There is a good deal of doubt as to how this all came about and why it continues to dominate the scene of contemporary psychoanalysis.

Take, for example, the ongoing discussions noted above about the analyst's access to an objective reality. The very framing of that issue assumes a dualism between subjective and objective, as well as a conviction that somehow we can know and grasp reality. These assumptions direct one to an unresolvable endpoint that is handled by the suggestion that one should appeal to humility or give up absolutism. In response to this lack of resolve, opposing schools, such as social constructivism or intersubjectivism, have risen to claim a mutual construction of reality. Such a resolution offends some, while causing others to claim that the truth comes in many versions (Schafer 1996, p. 251), to insist that the word *objective* has two meanings (Gabbard

1997), or to declare that one knows one's own mind only in relation to another mind (Cavell 1988, p. 877). All of these solutions may be worthwhile, but may also be futile.

Compare these efforts to Dewey's comment that we should aim to create a culture in which the question of whether *truth* (or objective reality) is within our reach would not arise, because nobody would attempt to define it. "The image of thoughts or words answering to the world would go by the board, and be replaced by images of organisms coping with their environment by using language to develop projects of social cooperation" (Rorty commenting on Dewey in Brandon [2000], p. 263).

It may well be the case that the development of such cooperative projects is exactly what psychoanalysis today is trying to do in the consulting room. Midst the many schools of jargon and babble, there really does exist a host of pragmatic efforts to reach accord, but these efforts are drowned out by the din of arguments. Disagreements about whether there is a reality that can be grasped, if the analyst knows that reality better, if it is made up by the two of them, or any other variation of the typical dilemmas—perhaps, in the long run, the only difference made by these inquiries and their various answers is that they cause us to differ.

All of the solutions offered to the problem of objective reality employ a vocabulary that is designed to shape and support its basic premise. The perfectly sound thesis that one knows one's mind only in relation to another mind (Cavell 1988, p. 877) is underwritten by an assumption that a mind lives within the skin and skull of a subject. An alternative vocabulary (and one that is quite popular these days) proposes that one's mind includes other individuals. That perspective changes the entire position of how minds affect one another.

With an eye toward seeing various perspectives as tools of investigation, there need not be only one correct way toward an answer to a problem. The many approaches to so-called objective reality allow us either to settle on one, or else to dismiss it as a pseudoproblem. Pragmatism advises us to focus on the possibility

that we may be captured by one or another of the above-mentioned myths as we struggle to resolve the unresolvable. Knowledge must be seen as a tool for adaptation, rather than as a picture of reality.

DISCUSSION AND CONCLUSIONS

From a rather fixed set of concepts and principles laid down by Freud, psychoanalysis has moved to a hierarchical arrangement of training centers governed by seasoned scholars who certify students according to their capacity to comprehend and utilize Freudian concepts and principles. For a multitude of reasons, ranging from financial factors to the rise in popularity of psychopharmacology, psychoanalysis then began to fragment. Training became more diverse. Practice became more varied. And a multitude of schools and theories emerged, with each championing a claim to universal validity.

One reaction to this multiplicity has been a retreat to Freud, with a profound reverence for his words. This made for authenticity. Another reaction was to plead for dialogues between competing schools, with the hidden agenda of winning over dissidents. The most tolerant reaction was that of live and let live, but that tolerance seemed to depend upon the hope that someday it would all come together into an integrated whole. Maintaining that pluralism is here to stay has not been a very popular stance.

The yearning for convergence of the tower of Babel into one universal language seems both reasonable and understandable. However, it is probably not attainable without a more fundamental comprehension of our mixed vocabularies, coupled with a better fix on the essentials of psychoanalysis. The first of these efforts may rest on our recognizing the dualisms that haunt our field. The second is a work in progress. Such work demands our dispensing with certain prescriptions and concerns, such as frequency of sessions, the use of the couch, and so forth—points that have been shown to be nonessential. However, in that dispensing, we must search for what lies behind these techniques that have been championed by some and not by others.

Analysts agree that most of the trappings of psychoanalysis exist in the service of facilitating the work, but we regularly and unfortunately collapse the facilitating processes into the essence of the work. To get behind these externals, to reach the essence of psychoanalysis, need not mean anything approaching a uniformity of methods or theoretical tools. These differences are probably here to stay. We might be better off to recognize that the myriad contributions to the analytic enterprise that suggest changes in technique and theory should be thought of more as options than alternatives. One integrating concept is the effort to understand another person in depth. To say this is to suggest a foundation—ironically, in a plea that seems to aim to do away with foundations as such.

But my foundation need not be yours, just as my so-called effectiveness may not be yours. We must abandon our yearning for something we can all agree upon as grounding our inquiry. I make a claim for understanding, because for me that is the essence of human discourse and the crucial yield of psychoanalysis. I believe that this is where the debate over pluralism should be centered, with the hope that such a debate will open us up to more possibilities for analysis. Everything that works toward that end should be seen as the yearned-for unity of analysis.

We shall someday recognize that our differences in reaching an understanding are not divisive as such. They reflect a freedom of inquiry, and that freedom brings us together in the spirit of Freud, if not in the mimicry of his behavior. American psychoanalysis is today's representative of pragmatism's effort in that direction. As Stanley Fish (1999) wrote:

Pragmatism is the philosophy not of grand ambitions but of little steps; and while it cannot help us to take those steps or tell us what they are, it can offer the reassurance that they are possible and more than occasionally efficacious, even if we cannot justify them down to the ground. [p. 308]

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"ENACTMENT" IN THE LIVES AND TREATMENT OF HOLOCAUST SURVIVORS' OFFSPRING

BY ILANY KOGAN

This paper explores an aspect of "enactment" often seen in Holocaust survivors' offspring: the compulsion to re-create their parents' experiences in their own lives through concrete acts. At the core of this compulsion is a psychic hole, a gap in the child's emotional understanding, stemming from identification with the parents on one hand, and the parents' denial or repression of the trauma on the other. The compulsion to enact can be transformed into a cognitive mode when such offspring are helped to find the meaning of the trauma in their parents' lives, as is illustrated here by clinical examples.

INTRODUCTION

During recent years, I have dealt with the subject of intergenerational transmission of the Holocaust trauma and its impact on the lives of Holocaust survivors' offspring, approaching it from different angles. In this paper, I will focus on the phenomenon of *enactment* (called *concretization* by Bergmann [1982]) that is often found in cases of children of survivors, especially in the initial stages of analysis. I will first place this concept in the context of existing literature

The author dedicates this article to the memory of her teacher, Professor Raphael Moses. A shorter version appeared in *Erinnern, Agieren und Inszenieren: Enactments und szenische Darstellungen im therapeutischen Prozess* (2000).

and try to show its uniqueness in the realm of Holocaust studies. I will illustrate it with clinical material taken from some of the case studies that appeared in my book (Kogan 1995, 1998a, 2001). Finally, I will add some technical suggestions for the analyst that are intended to help the patient understand the origin of his or her paranoid fantasies and their connection to the traumatic past of the parents.

I want to first define the concept of *enactment* and to briefly compare it to *acting out* and *acting in*. The fact that the term *enactment* was coined only during the last decade and a half reflects development and change in psychoanalytic thinking. Eshel (1998a) referred to these changes in her excellent review of enactment, and I will briefly summarize them below.

Freud, who regarded psychoanalysis as a talking cure, encountered difficulties in explaining nonverbal activity. He considered the phenomenon of acting out (*"agieren"*) to be expressive of resistance to remembering and communicating, and therefore an obstacle to treatment (Freud 1905, 1914), as evidenced by the following statements:

The patient does not remember anything of what he has forgotten and repressed, but acts it out. He reproduces it not as a memory, but as an action; he repeats it, without, of course, knowing that he is repeating it. [Freud 1914, p. 150]

But further on in the same article, Freud indicated that he viewed acting out in a much more complex way than that described above. Apparently, he did not see it only as resistance to treatment, but also as a way of remembering: "As long as the patient is in treatment, he cannot escape from this compulsion to repeat, and in the end we understand that this is his way of remembering" (1914, p. 150).

Freud's dual attitude toward the concept of acting out has been discussed by various writers. For example, Etchegoyen (1991) agreed completely with Freud's earlier notion of acting out as resistance to treatment. On the other hand, Boesky (1982) saw it as necessary

for the process of working through, which he believed “can never happen without acting out since in this sense the whole transference is ‘acting out’” (pp. 43-44).

Toward the end of his life, becoming more aware of the proximity between the concepts of transference and acting out, Freud (1940) showed evidence of strengthening his positive attitude toward acting out. He pointed out that communication through acting is at least as valid as that accomplished through remembering:

Another advantage of transference, too, is that in it the patient produces before us with plastic clarity an important part of his life story, of which he would otherwise have given us only an insufficient account. He acts it before us, as it were, instead of reporting it to us. [Freud 1940, pp. 175-176]

This newer attitude of Freud’s, as well as the modern attempt to make the element of activity more legitimate in psychoanalysis, has facilitated the appearance of two new concepts: *acting in* and *enactment*, which describe analytic activity as a way to remember and to express and as a nonverbal way to communicate.

Defined as acting in the transference or acting in the analytic situation, acting in has been considered useful by some (Hinschelwood 1989). Since a problematic aspect of this concept, however, was its definition by a local or technical situation, rather than by a theory or metapsychology (Etchegoyen 1991; Laplanche and Pontalis 1973), an additional, related term was coined in the last decade and a half, that of *enactment*. First suggested by Jacobs (1986), *enactment* was accepted as a far more useful concept than acting in, which was contaminated by the negative connotations of acting out. Enactment differs from acting out in that it is mainly an interactive concept, reflecting what occurs in the relationship between patient and analyst, and stressing the way the analyst takes part in the process (Schafer 1982).

With the continuing development of psychoanalytic thinking, the connection between the phenomenon of acting out and early trau-

matic, nonverbal experiences has reinforced the communicative aspect of this phenomenon. In relation to trauma, acting out can be seen as the expression of an inner experience. This link between acting out and trauma was first made by Fenichel (1945), and was later addressed by others (Bion 1962; Greenacre 1950, 1963; Meltzer 1967; Rosenfeld 1965). Kinston and Cohen (1986) linked acting out with trauma and “primary repression,” seeing it as the result of a “catastrophic, unthinkable, past-but-ever-present trauma and associated confusion, terror and hopelessness” (p. 339).

For the purposes of this paper, I define *enactment* as a general term that includes the attributes of both acting out and acting in. In this sense, enactment may serve the purpose of avoiding painful knowledge and memory (similar to the objective of acting out), and at the same time, it can be viewed as the only way available to the patient to relive an inner experience that he or she wants to convey to the therapist (as in the process of acting in).

My usage of the concept of enactment in the context of the Holocaust differs from that of analysts who stress mainly its interactive aspects. These analysts see enactment (or *actualization*, as it is termed by Sandler and Sandler [1978]) as reflecting what occurs in the relationship between patient and analyst and the way the analyst takes part in the process (Chused 1991; Jacobs 1986, 2000; McLaughlin 1992; Renik 1993; Schafer 1982). Enactment is here defined as the compulsion of Holocaust survivors’ offspring to recreate their parents’ experiences in their own lives through concrete acts. It refers only to the externalization of traumatic themes from the past.

THE PSYCHE OF CHILDREN OF HOLOCAUST SURVIVORS

For children of survivors, there is no memory of a time in which the Holocaust did not exist in awareness, whether articulated or unconscious. The remembrance of the Holocaust is constructed out of materials or stories—those spoken aloud, told and retold, as

well as those that are silently borne across a bridge of generations (Auerhahn and Laub 1998; Axelrod, Schnipper, and Rau 1978; Barocas and Barocas 1973; Kestenberg 1972; Klein 1971; Laub and Auerhahn 1993; Laufer 1973; Lipkowitz 1973; Rakoff 1966; Sonnenberg 1974). This memory marks those who know it as secret bearers (Micheels 1985). Children who become burdened by memories that are not their own (Auerhahn and Prelinger 1983; Fresco 1984) often echo the dramas existing in their parents' inner worlds by enacting them in their own lives (Kogan 1995, 1998a, 2001; Krell 1979; Laub and Auerhahn 1984; Phillips 1978). These potentially violent enactments frequently show an intermingling of death wishes and frightening external events (Kogan 1998b). In many cases, they are caused by persecutory anxieties that grow into delusional fantasies of paranoid proportions, anxieties that include a lack of differentiation between self and others, past and present, inner and outer reality.

At the core of the compulsion to enact the parents' traumatic experiences in their own lives is a kind of identification of these offspring with the damaged parent, called *primitive identification* (Freyberg 1980; Grubrich-Simitis 1984; Kogan 1995, 1996, 1998a, 1998b, 2001). This identification leads to a loss of the child's separate sense of self and to a particular inability to differentiate between the self and the damaged parent. I find this phenomenon similar to the identification that takes place in pathological mourning. Freud (1917) described such identification as a process in which the person in mourning attempts to possess the object by becoming the object itself, rather than bearing a resemblance to it. This occurs when the mourner renounces the object, while at the same time preserving it in a cannibalistic manner (Green 1986; Grinberg and Grinberg 1974). It is this type of identification that can be found at the core of the offspring's inability to achieve self-differentiation and to build a life of his or her own.

The coexistence of this global type of identification on the one hand, and the denial or repression of the parents' trauma on the other—a coexistence present in many of these cases—creates a gap in the emotional understanding of the child, a gap I have labeled

a *psychic hole*. The psychic hole can be seen as a two-sided state in which conscious ignorance of the Holocaust (the hole) is one side of the coin, while unconscious knowledge of it forms the other. In order to convey more vividly the meaning of the psychic hole, I will use a metaphor from the world of astrophysics, the phenomenon of the black hole. This term (recently reviewed in the analytic literature by Eshel [1998b, p. 1115]), is pregnant with meaning in psychoanalysis, just as it is in astrophysics.

I will first try to define this general concept as it appears in both fields, and then refer to various formulations of the way such holes are formed, pointing out the uniqueness of psychic holes in second-generation patients. To begin in the world of astrophysics, the *black hole* was originally defined as a body that sucks into it all the forces of gravitation. It was described as a “region of space-time where infinitely strong gravitational forces literally squeeze matter and photons out of existence” (Gribbin 1992, p. 142).

In psychoanalysis, the term *black hole* has been used to describe the nature of early traumatizations caused by bodily separateness from the primal mother, which bring primitive mental disturbances. This concept was first applied clinically by Bion (1970), in reference to the infantile catastrophe of the psychotic. It was further developed by Tustin (1972, 1986, 1990, 1992), in regard to the psychogenic autism of children, and also by Grotstein (1986, 1989, 1990a, 1990b, 1990c, 1993), concerning psychotic and borderline patients. In contrast to these authors, Eshel (1998b) used the term metaphorically in relation to an individual’s functioning in social and professional life; she saw it as resulting from the impact of a “dead” parent, particularly the “dead mother” (Green 1986).

The *psychic hole*, as I see it, is also a body, like the black hole; it is the encapsulation of all the fantasies of the traumatic past of the patient’s parents, a past that has an impact on the whole life of the patient. My usage of *psychic hole* differs from that of Kinston and Cohen (1986), who considered it to be an “absence of psychic structure” (p. 338), and from that of Laub, Auerhahn, and Podell (1995),

who defined it as an "empty circle" (p. 992). It does not belong to the category of blankness (*negative hallucination*, *blank psychosis*, or *blank mourning*, all connected to what Green [1986] called the problem of emptiness or the negative), nor to Quinodoz's (1996) non-existent "hole-object" (p. 323).

I believe that the psychic hole in cases of Holocaust survivors' offspring is formed in a different, quite unique way: it is created through the denial or repression of the trauma by the parents (a trauma that, by means of primitive identification, becomes attributed to the offspring themselves), as well as through the offspring's repression of traces of the trauma. In cases in which the parents have succeeded in working through feelings of mourning and guilt connected to their traumatic past, and are thus able to convey their history to the children in a healthier way, the children are much less likely to experience a psychic hole in their psychic reality.

Let us try to understand this phenomenon. Even in those families in which a pact of silence prevails, the child will nevertheless be able to guess some details of the parents' severe traumatization. When cognitive development is sufficiently advanced, the child will start to investigate the parents' past. At this stage, the parents' wish to deny or repress the traumatic events could force them to unconsciously convey to the searching child that the object of investigation is not something that really happened in their lives. Rather, it is the child's wicked thought, a bad dream, something that ought to be forgotten (Grubrich-Simitis 1984). Thus, the parents' redefinition of these traumatic events as something horrible that stems from the child's inner world makes the reality of the trauma unreal.

Through these processes, what was known or almost known becomes unknown. It is the unknown, or that which cannot be remembered, that becomes the source of the child's unconscious fantasies about his or her parents' traumatic past and the compelling need to enact them in the child's present life. I will present below some examples of the enactment of delusions that stem from the "unknown" past of parents.

CLINICAL EXAMPLES

*Rachel*¹

Rachel was the daughter of a man who had survived the Holocaust, but whose previous wife and child had perished. Rachel's father had kept the loss of his first family secret from his second wife and children. He never spoke about his losses or injuries, but worked hard and advanced himself in the community.

At the age of twelve, Rachel became anorectic. Through her anorexia, Rachel enacted a fantasy world belonging to her father's traumatic past: she attempted to starve herself and survive, like those who had survived the concentration camps (Kestenberg 1982).

At the age of thirty-one, Rachel went to Israel, where she fell in love with a painter who was on the verge of divorce. This man was the father of a two-year-old child whom he had left with his wife in another country. In choosing a man who had left his wife and small child far away, Rachel was attempting to reenact an aspect of her father's past in her own life.

The following episode of enactment, which occurred during Rachel's analytic treatment, illustrates her identification with the roles of victim/killer (belonging to the traumatic past of her father), as well as the meaning that this enactment had in therapy. Rachel adopted a kitten that served as a substitute child for her. Since she was planning to be out of town for a day, she cancelled her analytic session, then locked the kitten in the bathroom and left the heater on so that it would not be cold. When she returned home, she found the animal lying dead near the heater. Rachel thought that since the kitten had recently suffered from diarrhea, it had died of dehydration from the heat. She buried it, thinking of the many soldiers who had died in battles. That night she forgot to turn off the gas heater in her living room, and woke up the next morning to a strong smell, making her aware that the gas had been on all night.

¹ See Kogan (1989, 1995) for additional descriptions of this case.

We attempted to understand this morbid episode of enactment through the transference relationship and in view of her father’s traumatic past. Rachel identified with the kitten that was desperately searching for warmth. When I was not there for her, she burned herself and dehydrated to death, thus becoming my victim. At the same time, she was also the murderess who killed the baby inside her by putting it into the furnace. Through the enactment of this role, she was punishing herself by dying in a gas chamber, like those who had died in concentration camps. In the transference, the unconscious meaning of the enactment was that Rachel perceived me as a source of warmth and protection (the heater), as well as of destruction. Thus, when separated from me, she felt totally insecure and lost, but when reunited, she felt swallowed, absorbed, and threatened by the loss of her individuality.

Over the course of five years of analysis, we worked through—among other things—the details of her father’s traumatic story, of which Rachel had learned just before the beginning of analysis, causing her to reenact his past in her own life. We elaborated upon her feelings of mourning and guilt, which had been transmitted to her in nonverbal ways through the prevailing atmosphere in her home. The realization of the meaning of her enactments, as well as their working through during later stages of analysis, enabled Rachel to free herself from the burden of the past and to build a life of her own.

*Hannah*²

Hannah was a foreigner living in Israel who sought analysis because of feelings of derealization and her inability to cope with life. She was the daughter of a Holocaust survivor whose first wife had perished in the Holocaust and who spent much of the war in hiding. He had suffered from a masked depression throughout his life, and had never disclosed his past to his new family; but

¹ See Kogan (1993, 1995) for additional descriptions of this case.

during the first year of analysis, Hannah heard through a cousin about his first wife and how she died. The secret was at long last revealed to the family, and Hannah's father donated a sum of money to an institution in Israel in his first wife's name.

Following this, there were many episodes of enactment, which expressed Hannah's unconscious attempt to re-create the fate of her father's first wife in her current reality. Furthermore, the fact that she was living in Israel, surrounded by Arab animosity, was very much connected to her fantasies about her father's past. A description of one of her enactment episodes follows.

Hannah rushed back to her analysis from a trip to Europe, in a state of panic and tremendous anxiety, and related that she was in great danger because "an Arab is after me." It turned out that she had met an elegantly dressed man in the lobby of her hotel, who appeared to her to be an Arab spy. Despite her foreign citizenship and the fact that she had been living in Israel for only a few months, she immediately told him that she was an Israeli citizen. After going to dinner and a film with him, Hannah went to his room, where the two had sex without uttering a single word. Suddenly, Hannah realized that she did not even know his name, and becoming panic-stricken, she made up an excuse to go to the toilet, dressed hurriedly, grabbed her handbag, and left the room. Two hours later, she was on a plane to Israel.

On arriving home, Hannah phoned the hotel where she had stayed to inform them that she had accidentally left a pair of shoes there, and gave her address so that the shoes could be forwarded to her. Immediately afterward, she came looking for me, in desperation, convinced that the "Arab spy" would pursue her.

Hannah connected this episode to the film *The Night Porter*, which she had seen many years before. She related that the film took place some time after the Nazi concentration camps had been liberated, and described an encounter between a Jewish woman who had been imprisoned in a camp as an adolescent and a Nazi officer who had been her tormenter there. In this encounter, the past prevailed over the present, and the protagonists, propelled by a force greater than themselves, resumed their concentration camp roles

of victim and persecutor. The man sexually abused the woman, and then—unable to return to reality—killed her.

In attempting to understand in the transference Hannah's need to enact her unconscious wishes and fantasies related to her father's first wife (the psychic hole), I pointed out that she was assigning me the role of her savior, while attempting to bring this woman back to life by becoming her. But, I added, she was also trying to kill the woman by placing herself in danger of being killed by the Arab/Nazi.

During this phase of treatment, Hannah achieved some "affective understanding" (Freud 1915) of her enactments. Without my describing this phase in detail here, suffice it to say that, following the above-mentioned episode, and feeling supported by her analyst, Hannah plucked up the courage to raise some questions with her father concerning his traumatic past. These discussions brought about an unexpected result. Thinking that he was nearing the end of his life, her father decided to write an autobiography, and asked Hannah to be his editor.

In analysis, we understood that by accepting this work, Hannah was demonstrating her readiness to become acquainted with concrete details of her father's trauma, and moreover to place it in a past that was not her own. Only then could we work through feelings of mourning and guilt that belonged to her father, which had been transmitted to her through nonverbal communications. This long process of working through eventually enabled Hannah to achieve a better differentiation between herself and her father, between past and present, between reality and fantasy.

*Kay*³

Kay was the stepdaughter of a Holocaust survivor who had been castrated by Mengele's doctors. In the first phase of analytic treatment, she communicated with me through infantile drawings. One of her pictures, bearing the title "Electricity," depicted a man with

³ See Kogan (1987, 1995) for additional descriptions of this case.

a wiry flower emerging from his head. Only later in analysis, when Kay was able to communicate with me verbally, were we able to understand her unconscious fantasy: the flower of death symbolized her stepfather's traumatic experience of having to avoid death by spending an entire cold night standing naked between the electric wires of a concentration camp.

Kay had been referred to treatment because she had wanted to jump from the eighth floor of a building. In analysis, we were able to understand her attraction to falling from heights as an attempt to enact the torment connected to her stepfather's survival of close encounters with death. For her stepfather, falling would have meant touching the wires, electrocution, and a horrible death. When Kay went to the eighth floor, intending to throw herself out the window, she was convinced she would survive it. Her delusional, paranoid fantasies of magically and omnipotently conquering death endangered her life.

The following episode illustrates Kay's compelling need to enact the reparation of her stepfather's castration upon her own body. After my summer holiday, she informed me that she had undergone breast surgery during my absence. She stressed the fact that she had chosen to do so while I was away because she did not want to cancel her sessions after I returned. Elaborating, she explained that the operation was the fulfillment of a wish she had had since she was young: to enlarge her breasts with silicone implants.

Kay had visited a doctor who examined her breasts, after which he described them as "empty" rather than small. He indicated that an operation was possible, but was not without risks. She was warned of the possibility that her body might reject the silicone, a condition accompanied by tissue inflammation, fever, and pain, and one that would necessitate further operations. She was told that she might never be able to breast-feed a child. Despite being terrified of these prospects, Kay nevertheless decided to go ahead with the operation. She was referred to a shop where she was measured for implants, and selected them from a catalogue. She chose a medium size, which she felt would make her look much more like a "whole" woman.

Kay came to analysis on the appointed date, two weeks after the operation. She entered the room walking upright, and pulling her blouse against her breasts, asked if I could see any change. Only afterward, when lying on the couch, did she tell me the whole story. She was overjoyed and stressed her satisfaction with her ability to conquer her fears.

In my countertransference feelings, I felt a heavy weight burdening my heart. This made me aware that Kay was not in touch with her sadness, which was conveyed to me by massive projective identification. Attempting to understand what had compelled her to do this deed during my absence, I pointed out to Kay that she had begun to feel that her breasts were "empty" only when I was not around, when she was not getting feeding and support from our regular sessions. Kay laughed a short laugh, and then confirmed my hypothesis in an angry voice: "I don't need you; I don't need anybody. I want to depend only on myself."

I showed Kay that her need to "fill" her breasts stemmed from her anger and frustration at feeling abandoned by me. Gradually, she became aware of these feelings and accepted them. Working this through in the transference led her to reveal her fantasies of flirting with death on the operating table. She had undergone the operation in order to repair her femininity, but she thought that she might die as a result. Of course, she now felt that she had once again overcome a terrible danger.

Kay associated her victory over possible death on the operating table with a story from her stepfather's life. After the war, he had met one of the few other men who had survived the castration procedure in the Mengele experiments. The man told Kay's stepfather about a Jewish doctor in Paris who performed restorative surgery on these people—i.e., implantation of testicles—free of charge. Her stepfather decided to go to Paris and have the operation. It was successful, and he was able to resume sexual relations with women, though he remained infertile.

Kay and I then began our attempt to understand the psychic hole, the unconscious fantasies that compelled her to enact her stepfather's life story on her own body. I pointed out to Kay that

she might have been trying to implant her femininity into her breasts, in the same way that her stepfather had had his manhood implanted into his “empty” testicle sacs.

A pregnant silence filled the room as Kay absorbed my words. Then, understanding the meaning of her choice to undergo surgery, she was overwhelmed by a powerful surge of emotions. It took us a long time to work through the feelings of fear, depression, and pain that replaced her euphoric demeanor. Furthermore, we tried to elaborate on the complex needs that she had expressed through her deed. Consciously, she was trying to attain a better, repaired sexuality. Unconsciously, she was attempting to endanger herself in a concrete way, to come as close as possible to an imagined death in order to omnipotently overcome it.

Kay did not know many details of her stepfather’s experiences during the war. The atmosphere at home was one of silence, hiding a past full of terror and violence. Her stepfather had been writing his memoirs of the Holocaust for the past twenty years, but Kay had never had the courage to ask to see them. In analysis, after working through her fear of discovering what had really happened to him, and encouraged by my supportive attitude, she decided the time had come to do so. To her great surprise and excitement, he sent her his complete autobiography, which he had dedicated to his adopted children. Kay read it avidly, and brought it to me so that I could also read it. I felt that I had to participate in this action, thus “actualizing” (Sandler and Sandler 1978) her wish to make me her partner in “the search for the self through family secrets” (Gampel 1982). This was a meaningful “interpretive action” (Ogden 1994) that helped further our work.

The elaboration of this episode enabled us to begin to explore the way Kay had communicated with me during the first part of the treatment, and the way she had lived her life up until then, using her body to express unconscious fantasies pertaining to bodily sensations, anxieties, and emotions experienced by her stepfather during the Holocaust. We could now understand her constant preoccupation with her body—physical fitness, weight, and muscle tone—as part of her survival complex. It was based

on her unconscious fantasy that “I feel my body, therefore I exist.”

All through her treatment, Kay had complained at length about her defective sense of smell. Only now could we make the connection to her stepfather’s story of having seen people dying in their own excrement and vomit, not being able to make it to the public latrine because of the awful stench emanating from it. Thus, impairment of the olfactory sense became a survival mechanism for him. Kay’s constant state of hunger, and her suffering from the cold and inability to find suitably warm clothing, were primary aspects of her stepfather’s wartime experiences as well.

In connection with her fear of incontinence (which she showed by often running to the toilet during sessions), Kay brought up a story of woe and humiliation from her stepfather’s memoirs: “Father stood up for hours during roll call, peeing in his pants, knowing that any movement could incur the death punishment.” Urine was the substance used by her stepfather to treat a wound on his leg, caused by a brutal kick from a German soldier; the wound took a long time to heal.

During the phase of analysis in which she recounted these stories, Kay felt that she was treating the wounds in her soul with bits of information from her repressed consciousness, things she had known but had forgotten over the years.

FROM REENACTMENTS TO MENTAL REPRESENTATIONS

As we can see from these case examples, the enactments of children of Holocaust survivors often revolve around themes of death and survival. Since the wish to die, as well as to conquer death, was so much a part of their parents’ lives, this wish remains present in the lives of the offspring. Conflicting emotions and unconscious wishes regarding living and dying have often been conveyed to the children through nonverbal communication, or through the parents’ *mythos of survival* (Klein and Kogan 1986). This mythos consists of

personal fantasies and myths created by a person traumatized by the Holocaust. Thus, the struggle with thanatic forces, often expressed through the compulsion to enact the parents' traumatic experience in order to master it, became a compelling need in the children's lives.

The phenomenon of enactment can be viewed as a subcategory of actualization (Sandler and Sandler 1978), a process through which an individual, rather than verbally asking another person to fulfill his or her wish, causes that person to act in a certain way to fulfill it. In second-generation cases, a person may cause another to act toward him or her in a certain way by imposing upon the relationship fantasies linked to the parents' traumatic past. The enactment refers to displaced actions that are lived out with current objects, but are unconsciously addressed to lost loved ones. Such enactment expresses an individual's striving toward the realization of object relationships with both real and fantasized objects. It is thus similar to actualization in its wish-fulfilling aspects, but differs in that it applies only to traumatic themes from the past, giving the need to enact a particular urgency.

An important function of enactment in these cases is the avoidance of psychic pain. From this point of view, it is similar to the phenomenon of *pensée opératoire* (Marty and de M'Uzan 1963), defined as a restricted, pragmatic way of thinking about people and events, one that implies a lack of emotional response to crucial moments or traumatic losses. In the objective of avoiding psychic pain, both enactment and *pensée opératoire* have the quality of acting out.

At the same time, these enactments, especially those appearing in the first stages of analysis, constitute the patient's only means of reliving an inner experience that he or she wants to convey to the therapist. In this sense, enactments include the attributes of acting in, which can eventually be used to help the patient realize the origin of the fantasies that led to enactment. I believe that the most effective way to transform the compulsion to enact into a cognitive mode is by helping these individuals to find the meaning of trauma in their parents' lives, thus placing it into the past of the parents.

During the first phase of analysis, cognition and emotions are frequently seen to have been severed by the parents’ repression of the trauma and traces of the repression in the child. Finding the “unknown” story of the parents and lifting this repression, followed by the process of working through, transforms the enactment into an affective understanding (Freud 1915). This kind of understanding links thoughts and feelings, greatly diminishing the child’s need to repeatedly enact the parents’ stories in his or her current life.

The quest for information—the purpose of which is that the patient can give up these enactments—is a difficult experience for the survivor’s child. My view is that in the initial stages of analysis, only a supportive, nurturing environment, which includes a holding relationship (one that decreases the patient’s tremendous anxiety) and holding interpretations (those that help the patient to mobilize forces to find the meaning of the trauma in the parents’ lives) may strengthen the patient’s mental organization to the point that the flow of fragmenting, potentially life-threatening reenactments is halted (Kogan 1995, 1996, 1998a, 1998b, 2001).

The quest for knowledge also serves the purpose of differentiation and the creation of a new and separate self. On this level, it may be accompanied by torment and anxiety. Consciously, the child is afraid that questions about the past will force the parent to relive painful, traumatic memories, which may threaten the child’s psychic survival. Unconsciously, the child experiences the wish to know the parents’ history as a step toward differentiation and a relief from the burden of the past, which he or she feels may be potentially destructive for the parent. This search is usually facilitated by the holding atmosphere in analysis and by the patient’s adoption of the analyst as an ally in this quest.

Treatment does not necessarily end here, and there is often much psychic work to be done in further stages of analysis. It is only after the initial phase of holding, in which the patient’s self is strengthened, that interpretations of his or her unconscious life become not only acceptable, but also necessary. During these later phases, it is possible to work through the missing pieces of the

parents' history, which is often connected to the child's feelings of shame and guilt.

In some cases, the parents' story does not emerge easily, but must be actively sought. The therapist's supportive attitude helps the patient to find that part of history that will fill the "hole" through the acquisition of concrete, detailed information from the parents' past. Examples from the cases described above are Kay's request to read her stepfather's book of memoirs, so that she might read about—among other things—his castration by Nazi doctors, and Hannah's agreement to become the editor of her father's book describing his Holocaust past.

CONCLUSION

The construction of an unbroken narrative—one that fills in the gaps in the child's knowledge, that permits the saying of what has been unmentionable, that interweaves the knowledge of the past and present with the realities and horrors of the Holocaust—enables the child of survivors to gradually gain some comfort with what has been split off into unacknowledged affects and fears. The events and narratives that formed the starting point of the child's traumatic wound can be reconstructed, so that split-off and diffusely reenacted memory fragments from a persecutory world are elucidated. Thus, the interpretation of fragmentary, defensive reenactments brings the patient to an awareness of the reality of trauma—an awareness that allows that trauma to become part of the flow of life. Although, as noted, the need for treatment may not end here, a stronger, better-integrated self has been born.

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THE EARLY OEDIPAL SITUATION: DEVELOPMENTAL, THEORETICAL, AND CLINICAL IMPLICATIONS

BY LAWRENCE J. BROWN, PH.D.

The Oedipus complex is typically thought to begin in the phallic phase, when the child's relationship to the parents as a couple achieves central prominence. In contrast, the author views the appearance of oedipal conflicts in the phallic phase as the end point of a line of development of triangular relatedness that began in infancy. An aspect of the Kleinian view of the oedipal situation—that awareness of the parents as a couple begins in the preoedipal period—deserves serious consideration. A patient is presented for whom the working through of early oedipal issues in the transference-countertransference permitted recovery from withdrawal into a fantasy world.

At a very early age the little boy develops an object-cathexis for his mother . . . on the anaclitic model; the boy deals with his father by identifying with him. *For a time these two relationships proceed side by side*, until the boy's sexual wishes become more intense . . . from this the Oedipus complex originates.

—Freud (1923), pp. 31-32, italics added

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INTRODUCTION

In this paper, I suggest an expansion of the traditional view of the Oedipus complex, at least the one held by the mainstream of American psychoanalysis, as commencing in the fourth year of life and coincident with the emergence of the phallic phase of development. I propose that a certain aspect of the Kleinian school's observations regarding the early stages of the Oedipus complex—namely, the existence of early triangular relationships that may be conflictual—be incorporated as part of our psychoanalytic understanding of the Oedipus complex. In my view, Freud's observation that the child's relations with the father and mother prior to the phallic oedipal stage proceed side by side should be supplemented by a consideration that the earlier years, from infancy onward, are also characterized by triangular relationships of an often complex and conflictual nature. An underlying assumption in this report, discussed in greater detail below, is that there exists a separate developmental line (A. Freud 1965) for triadic relations, one that unfolds simultaneously with dyadic modes of relating.

As psychoanalysts trained in the American tradition, we are taught that the oedipal phase begins roughly in the fourth year of life, continuing as the central focus of psychic life until its resolution ushers in the latency period. There are many points of view about the nature of instinctual drives, the quality of object relations, the preoedipal factors that shape later oedipal manifestations, the relationship of the superego to the dissolution of the Oedipus complex, and so on. But there is an implicit assumption about the oedipal phase that is rarely questioned: that triangular relationships between the child and the parents achieve significance for the first time with the appearance of phallic oedipal strivings.

Within this framework, triangularity and "oedipal-ness" are inseparable qualities of the same phenomenon, with each the *sine qua non* of the other. The developmental unfolding of the phal-

lic oedipal stage is preceded by the preoedipal period, which is marked by, among other aspects, dyadic object relations. Indeed, just as the oedipal phase is characterized by triangularity, so the preoedipal period is the province of dyadic relationships. This perspective, which has remained one of the tenets of American psychoanalysis, is in a way somewhat unanalytic, because it postulates that the sudden appearance of triangular relatedness has little or no preceding history; it is as though triangular relationships appear on the scene suddenly and without apparent preparation.

This view of development—that there is a sharp demarcation between the dyadic and triangular relational worlds—has also had a significant impact upon our theories of psychopathology. The neuroses are generally considered to be responses to triangular oedipal conflicts: patients at this higher level of pathology (Kernberg 1967) either retain their triadic level of object relations, or else are driven back by regression from oedipal anxieties to preoedipal dyadic conflicts. Borderline, narcissistic, and other primitive pathologies are seen as having to do with conflicts and/or defects of a preoedipal, i.e., dyadic, nature.

Regardless of one's orientation in American psychoanalysis—whether orthodox, classical, ego psychological, self psychological, or contemporary Freudian—the view of the more severe pathologies is that they are preoedipal and hence dyadic in nature and origin. In case conferences regarding sicker patients, one may still hear today that such patients are “not there yet,” if the issue of possible triangular/oedipal aspects of the treatment is raised. I hope to show that the “not there yet” response to the issue of triangular relationships in more disturbed patients may actually lead to clinical situations in which material important to the patient's life in general, and to the transference in particular, is left unexamined.¹

¹ Similarly, Green (1995) has recently called to our attention the underestimation of the role of sexuality in all psychopathologies, a trend that follows from the current emphasis on dyadic issues of attachment, nurturance, and holding.

THE EARLY OEDIPAL SITUATION

The following discussion approaches the concept of an early oedipal situation from three vantage points. First, a brief review of Kleinian perspectives on this subject is presented; second, an overview of the evidence for early triangular relationships in the developmental literature is provided; and third, clinical psychoanalytic material is presented to demonstrate the usefulness of the construct of an early oedipal situation to organize clinical data and to guide the analyst's interpretations. Some of this material, such as Klein's ideas about the infant's fantasied relations to its parental objects, is highly speculative and can likely be neither proven nor refuted. Other components of my discussion, such as the review of various developmental studies, are much less hypothetical, but are always open to alternative explanations. For me, however, the most compelling evidence in support of my hypothesis is the clinical utility of the idea of an early oedipal situation to help the analyst appreciate triangular/oedipal material in the patient's life and in transference-countertransference patterns, where it has typically been assumed that only dyadic relations exist.

Kleinian Contributions

Most psychoanalytic schools proudly trace their origins to the work of Freud, and in fact the Kleinians view their theoretical and clinical developments, however disparate from Freud's, as a direct continuation of his work. In reading the works of both classical and contemporary Kleinian writers, one is immediately impressed with the solid grounding in Freud. Indeed, during the Controversial Discussions (Grosskurth 1986; King and Steiner 1991), when Klein and her adherents were challenged about whether their contributions were "Freudian," great care was taken by others (Isaacs 1948) to illustrate the continuity between Klein's views of unconscious fantasy and those of Freud.²

² For a much more detailed discussion of the basis of Klein's work in Freud, the reader is referred to Caper's (2000) excellent book *Immaterial Facts*. For the

A central feature of the Kleinian approach to the early oedipal situation is the importance of the primal scene. Freud (1918), of course, introduced this as the primary unconscious pathogenic factor in the case of the Wolf Man, who had repressed primal scene material witnessed at the age of eighteen months. Implicit in the description of the Wolf Man's primal scene fantasy is an idea that Freud did not choose to develop: that at eighteen months, a child has the capacity to form a representation, which emerged from repression later in the analysis, of the *parents engaged as a couple*. In the case of the Wolf Man, this was a perception of parental intercourse as a violent act, which became linked with other sadistic trends in the Wolf Man's life. Following this case report, Freud appeared to shelve the concept of the primal scene, and "never incorporated the primal scene and its associated phantasies as a principal component of the Oedipus complex" (Britton 1992, p. 36).

Klein (1932) was impressed with the relevance of primal scene material in her analysis of a very disturbed six-year-old girl, Erna, whom she analyzed in the early 1920s. As Freud had observed in his analysis of the Wolf Man, so Klein also discussed the hatred stirred in Erna's viewing of her parents' sexual encounters. However, Klein found that Erna's ill feeling was motivated by a profound "oral envy of the genital and oral gratifications which she supposed her parents to be enjoying during intercourse" (1932, p. 46). Thus, Klein emphasized here that Erna's hatred was an envious response to feeling excluded from a primal scene fantasy of endless intercourse, which depicted her parents as engaged in an inexhaustible exchange of a "special food, which was eaten by the father and mother alone" (p. 40). In Freud's view, the sexual act itself was seen by the Wolf Man as inherently sadistic, while from Klein's standpoint, Erna's hatred stemmed essentially from *a situation of deprivation and loss*: that she was left out of something incredibly special going on between her mother and father. Klein (1932) returned to the issue of loss again at the end of the paper,

purposes of this paper, I will restrict my remarks in this regard to the issue of triangular relationships in early development.

stating that “the process of weaning . . . sets the Oedipus conflict in motion” (p. 55); she also discussed the child’s fantasy that the mother had incorporated the father.

Klein’s view of the oedipal conflict being triggered by conflicts around loss was not yet formulated when she presented the case of Erna at the First German Conference on Psychoanalysis in 1924. Frank and Weiss (1996) compared the unpublished manuscript that Klein delivered at the conference with the report of Erna’s analysis published eight years later in *The Psychoanalysis of Children* (Klein 1932). It is interesting to note that in the initial presentation, Klein (unpublished) explained Erna’s complex fantasied relationships with her parents as a “regression from the genital stage that has already been partially attained to the anal and oral-cannibalistic stages” (quoted by Frank and Weiss 1996, p. 1105). This perspective was consistent with the prevailing view of the time, in which the appearance of more primitive material was seen as a regression from phallic oedipal conflicts. Thus, Klein’s ideas about the existence of an early oedipal conflict must have matured shortly after her first discussion of Erna’s treatment in 1924, since in 1928, she published her initial paper devoted to the oedipal situation, in which she emphasized the role of loss in the weaning process. Frank and Weiss (1996) noted that Erna’s analysis was nearly simultaneous with Klein’s analysis with Karl Abraham, who died in 1925. One could speculate about the possible role played by the loss of Abraham—coupled with earlier significant losses in Klein’s life (Grosskurth 1986)—in Klein’s shift in being able to appreciate the connections between the inception of the oedipal conflict and difficulties with early object loss.

Klein (1935) advanced her understanding of the emergence of early oedipal anxieties with the introduction of the depressive position, thus expanding her previous link between the appearance of oedipal conflicts and loss associated with weaning. She noted that the inception of the Oedipus complex and the depressive position are coincident (Klein 1945). One aspect of the depressive position, owing to the lessening of reality-distorting projective mechanisms, is the increased capacity for knowing reality.

In terms of the baby's object relations, the most important reality is acceptance of the mother's separate existence from the child. In addition, awareness grows that the mother has a relationship with the father from which the child is excluded. This experience of the parental relationship becomes internalized into what Klein called the combined parental figure, who may be felt as a cooperative and creative couple, or paradoxically as a dangerous pair who are bent on tormenting the child. Thus, Klein asserted that, beginning in the second half of the first year of life, the infant moves into a triadic world, and these experiences of triangularity are internalized. The important defining features of these internalizations are: (1) the knowledge that the parents have a relationship independent of their connection to the child; (2) fantasies of what the parents are doing together; and (3) the potentially painful emotions of envy and feeling excluded.

Although this paper primarily addresses the growth of triadic relationships, the sexual and erotic aspect here deserves mention, and I will focus on one component that has direct relevance to this discussion of the child's relationship to the parents as a couple. According to Klein (1945), the infant's early part-object relationship to the father is to his penis, and this relation is directly affected by the experience of the breast. If the baby's feeding relationship is satisfying, then that satisfaction will lead him or her to seek out the father, with the fantasied expectation that the erotic comforts at the breast will also characterize the relationship to the penis. However, when the early maternal connection is highly conflicted, the infant may be propelled toward hoped-for satisfaction from the father, whose penis is invested with fantasies of an idealized breast. Thus, from the angle of erotic development, sexuality in this early triangular relationship is dominated by oral drives and the search for the comforting security of the breast; however, this aspect of Kleinian theory could benefit from further elaboration. Indeed, I think Green's (1995) ideas about the inherent erotic seductiveness of the first early relationship to the mother's body offer the conceptual framework to introduce a more comprehensive the-

ory of sexuality to augment Klein's emphasis solely on the oral drives.

Contemporary Kleinian perspectives build upon Klein's linking of the depressive position with the emergence of the early oedipal situation. Britton (1992) stated that the resolution of the Oedipus complex is achieved by working through the depressive position and vice versa. In the greater capacity for gaining knowledge that accompanies the maturation of the depressive position lies the danger of discovery that one is left outside the mother and excluded from her involvement with father, a knowledge that may imply unbearable grief and resentment. This realization, according to Britton, presents a fearful question: "Will our love survive knowledge, particularly our growing awareness of the separateness of our love objects and their relationships with others which exclude us?" (p. 45).

O'Shaughnessy (1988), speaking of an "invisible Oedipus," asserted that the analyst should always be on the lookout for oedipal material, regardless of the diagnosis of the patient. She asserted that issues of loss are inevitably interwoven with fantasies of exclusion from a parental couple, trends evident in the patient's relationships with others that also manifest in the transference. Britton (1989) felt that the internalization of a parental couple who have been experienced as loving and creative generates an inner comfort with being part of a relationship that is observed by a third person, and also permits the individual to accept the role of observer of a relationship between two others. However, catastrophic consequences may result when the internal combined parental couple is experienced as hostile and exclusionary, and this may be felt in the transference as an intolerance of the analyst's communing with anyone else—even the analyst's own self.

Caper (1997) wrote cogently about this phenomenon, describing how the analyst's having a "mind of one's own" is perceived by some patients as an unendurable agony. Here Caper stressed the patient's experience of the analyst's doing his or her job as an analyst—i.e., the analyst's connection with analysis as an

internal object—and how this may be felt as the analyst's forming a couple with him- or herself that excludes the patient.

Emergence into the depressive position must involve acknowledgment of the object's sovereign object relationships. And if awareness of these relationships places the patient in a triangular situation in the transference, then emergence into the depressive position is the same as accepting one's position in the oedipal situation. [Caper 1997, p. 277]

In short, the Kleinian view closely links the appearance of early triangular relationships with situations of loss for the small child. Klein initially posited that the weaning process not only stirred feelings of loss, deprivation, and anger in the infant's relation to the mother, but also stimulated fantasies of a feeding relationship between the mother and father from which the child was excluded. These ideas were elaborated further when she introduced the concept of the depressive position, which stresses the importance of the child's awareness of separateness from the mother more than conflicts over weaning. This awareness of separateness is connected with a growing recognition of the mother's relationship with others, especially the father. However, self and other boundaries between the infant and the parents are blurred because of the fact that awareness of separation is in its early stages, and projective processes predominate (Brown 1984, 1996).

This early oedipal situation was termed *oedipal* because a triangular object relationship between the child and the parental couple lies at its center. In addition to early affect states of "low-keyedness" (Mahler, Pine, and Bergman 1975, p. 92), the sense of loss at this point is colored by feelings of painful exclusion from the parental couple, perceived as a feeding couple. Later on, under the sway of perceptions sponsored by the maturation of phallic strivings in the classical oedipal complex, the parents are viewed as a sexual and romantic couple. Furthermore, at the time the classical Oedipus complex emerges, the child's self and other

boundaries are more firmly established, so that impressions of the parental relationship are less imbued with projections. Finally (and beyond the scope of this paper), the early oedipal situation is also characterized by inchoate internalizations of an archaic superego (a forerunner, according to Jacobson [1964]), in a manner that parallels the more complex structuralization of the superego at the end of the phallic oedipal period.

Developmental Studies

Klein's theories are often considered overly inferential, imputing relatively sophisticated states of mind to the infant that are beyond its cognitive capacities. A major argument raised in the American developmental literature against the notion of early triangular relationships is that the internalization of the parents as a couple is precluded by the relative absence of symbolic thought and the infant's limited ability to form three-way relationships, until the age of around eighteen months (Sharpless 1990). Sharpless reviewed a wide variety of developmental studies, concluding that the capacity for triadic object relations emerges at around three years of age; therefore, she saw no reason to alter Freud's original formulations regarding the timing of the oedipal phase. However, the studies she cited referred only to the child's capacity to verbalize symbolically any knowledge of triangular interactions; hence, an earlier awareness of and a capacity to relate to the parental couple were ignored, since they did not meet her criteria. I would argue that the appearance of classical oedipal triangular relationships is the final outcome of many prior epigenetic steps beginning early in infancy, and that this perspective is supported by many studies.

Although there is a significant amount of literature about the role of the father in the preoedipal period, there is scant attention paid to the very young child's relating to both parents simultaneously. Mahler, Pine, and Bergman (1975) referred to the father's importance as an uncontaminated other who can assist the child in beginning to negotiate the separation-individuation

phase, and who later, in the practicing subphase, is seen as an exciting knight in shining armor. This role of the father implies the presence of a three-person relationship. However, Mahler, Pine, and Bergman stayed with Freud's view of the infant's relationships with mother and father as operating side by side.

Abelin (1971, 1975, 1980), a collaborator with Mahler, introduced the concept of *early triangulation* to describe the emergence at around eighteen months of a rudimentary awareness of the relationship to the parents as a couple. The growth of conceptual abilities at this time enables the small child to understand the father's desire of the mother, which sets up the father as a rival, and early triangulation follows from an identification with the father as such. Abelin (1980) referred to this awareness of the child's relationship to the parents as a couple as the *primal constellation*, stating that it is "a very rudimentary representation . . . the memory of the rival is obliterated in this symbolic representation" (p. 154). He later noted that the emergence of the classical oedipal triangle reproduces the earlier triangulation, but on a symbolic level; however, this assertion is somewhat puzzling, since the prior memory of the father is believed to have been obliterated. This apparent reluctance to consider the centrality of early triangular relationships because they are not represented on a mature symbolic level continues to perpetuate the notion of the triadic classical oedipal phase and the dyadic preoedipal period, essentially denying that a continuum of triadic experiences occurs from early life onward (Brickman 1993).

Herzog (1991) did not see the role of the father as merely that of helping the transition from dyadic to triadic relationships, arguing that "the relationship between mother and father is recorded, represented, resonated with and continuously monitored, and . . . it serves as an antecedent for the development of classical, e.g., oedipal object relations." He underscored the young child's need, beginning in the first year of life, for two different kinds of interaction: a pattern of *homeostatic attunement* and one of *disruptive attunement*. Homeostatic attunement, which is generally part of the maternal style, involves empathic interactions of be-

ing with the child affectively. On the other hand, disruptive attunement, typically a paternal attribute, involves interactions with the child that “stir things up” through the introduction of stimulating new elements. Both interactive patterns are necessary for healthy development, and have important implications for the child’s capacity to regulate his or her emotions, to play, and to endure trauma. Herzog’s findings show the necessity, beginning in the first year, of the healthy development of an internalized parental couple—composed of one homeostatically attuned member and one who is disruptively attuned—who interact collaboratively with the child.

Rupprecht-Schampera (1995) posited an inborn need for a particular form of triangular relationship that at first does not include the father. He described the mother as performing a triangular psychic function for the baby by interposing herself as a third presence between the baby and its impulse. If the mother is unable to provide this, then the father may be called upon as an actual third to take over this function for the child. This need for a third figure may motivate the child “*to obtain by force*” (Rupprecht-Schampera 1995, p. 457, italics added) from another what was missing in the early connection between the baby, its impulses, and the mother. I stress the phrase “obtain by force” to underscore the inherent need in the very young child for this third position. Rupprecht-Schampera stated that the future hysteric does not have the father available to help with this process, and so “the child itself is compelled to make attempts at psychic triangulation by the means available to it” (p. 460). The means at the child’s disposal may be the development of prematurely sexualized interactions or other primitive defenses, in order to create a projected third outside the mother–baby dyad.

In a fascinating study of triadic play between parents and infants, Von Klitzing, Simoni, and Burgin (1999) highlighted an inborn need for relationships with the actual mother and father from the outset of life. They interviewed forty-one parents awaiting their first child to assess the expectant mothers’ and fathers’ capacities for imagining triadic relationships with the anticipated

baby. It was found that those parents who could envision positive postnatal three-way interactions showed a higher quality of triadic play with their four-month-old infants. Most significant for this discussion is their observation that "the infant, as early as four months, is not only responsive to the parental interactional offerings, but also *actively contributes* to the triadic family interactions" (p. 82, italics added).

Von Klitzing, Simoni, and Burgin described a specific, very rich interaction in which a four-month-old infant actually worked to draw the other parent into an ongoing dyad, in order to form a triadic interaction; they concluded that this is an inborn need of all infants. Speaking intersubjectively, they emphasized that the interaction of the infant's inborn need for triangular relationships with the parents' representational worlds fosters the behavioral appearance of triadic play. One implication of their findings is that the later emergence of the classical Oedipus complex can be seen as "a culminating stage in a continuum of triadic experience" (p. 86).

Fivaz-Depeursinge and Corboz-Warnery (1999) presented the findings of an extensive study of the development of triangular relationships beginning in infancy. Acknowledging that psychoanalytic studies have tended to focus on the effects of exclusion from the parental couple, they set about tracing the growth of collaborative triads. Like Von Klitzing, Simoni, and Burgin (1999), they approached the subject from an intersubjective viewpoint; however, leaning heavily on Stern's (1985) work, they emphasized the unfolding of affect attunement within early triangular relationships. They noted instances in which three-month-old infants in an experimental play situation alternated their attention between the mother and the father in a manner that fostered three-way interactions. In addition, these infants initiated affective interchanges with their parents to create affectively attuned experiences. The authors noted that such early exchanges between the infant and parents anticipate later patterns of mother, father, and baby together at the intersubjective stage (Stern 1985), at nine months of age, when complex interactions of mutual affect attunement and

regulation are observed in triangular relationships. At such time, “shared individual representations generate a collective triangular imaginary representation—that is, a subjective experience simultaneously shared by the three parties” (Fivaz-Depeursinge and Corboz-Warnery 1999, p. 169).

To summarize, from the perspective of developmental studies, there appear to be two lines of thought regarding the relevance of early triangular relationships. The first point of view, advocated by Abelin (1971, 1975, 1980); Mahler, Pine, and Bergman (1975); and Sharpless (1990), is that early triadic relationships are observable, but their connection to later oedipal manifestations is questionable, and that these triangles are largely secondary to the process of separation-individuation. The other point of view—of which the following are adherents: Brickman (1993); Fivaz-Depeursinge and Corboz-Warnery (1999); Herzog (1991); Rupprecht-Schampera (1995); and Von Klitzing, Simoni, and Burgin (1999)—holds that there is a direct epigenetic line from the earliest triangular relationships that culminates in the classical oedipal complex. These latter authors also assert that there is likely an inborn predisposition to triadic modes of relating, apparent from the dawn of interactional life, and connected to but independent of dyadic exchanges.

How are these studies linked to Kleinian notions of an early oedipal situation? They would seem to support Klein’s view that relating to the parental couple is a central feature of object relations—one that begins in infancy—and that these early patterns may prefigure later oedipal manifestations. Furthermore, the infant’s often active efforts to create triangular connections with the parents, beginning at the age of three or four months, may bolster Klein’s view of a mentally active baby already aware of involvement with parents. It is, of course, impossible to ascertain the infant’s fantasies about the parents; however, it seems not too farfetched to assume that, just as the small child’s interactions in the primary triangle become increasingly complex, so, too, do the child’s ideas about the parents’ relationship become more sophisticated. It might be postulated that at first, the infant’s no-

tions about the connection between mother and father are organized at the level of concrete operations, with subsequent transformations as thinking matures and development proceeds (Brown 1985, 1996).

Finally, we may ask: What are the implications for Kleinian views of the oedipal situation when we consider the contributions of Von Klitzing, Simoni, and Burgin (1999), and those of Fivaz-Depeursinge and Corboz-Warnery (1999), which stress the intersubjective aspects of early triangular interactions? This question will be considered in the final section of this paper.

CLINICAL EXAMPLE

I saw Mrs. A for many years, the last five in analysis. We began treatment when she was hospitalized in her late thirties for anxiety attacks, depression, and self-mutilating behavior. She had been married for many years and had three school-age children. She appeared aloof, often lost in her private thoughts, and schizoid in her presentation. She had several hospitalizations in rapid succession, eventually becoming stabilized enough to undergo outpatient treatment. It soon became clear that she spent considerable time in a complex fantasy world, in which she sought refuge when the actual world was too difficult to bear. She valued our work together and came to four face-to-face sessions per week.

Mrs. A gradually allowed me into her world, a fearful one filled with anxieties about abandonment and guilt over her perception that she was not sufficiently available to her children. Themes of maternal loss rapidly became evident in the material discussed, as well as in the transference. As the therapy deepened, Mrs. A grew increasingly preoccupied with her fantasies about my wife and me. She imagined my wife draining me sexually to the point of exhaustion. She pictured my wife and I engaged in nearly constant intercourse over the weekend breaks. If I appeared tired or happened to yawn on occasion, she took this as evidence that her assumptions were correct.

I addressed Mrs. A's feelings of abandonment and interpreted the projection of her own hunger into my wife; however, her desperation seemed only to deepen. She had developed a psychotic transference in which her fantasies felt like realities to her. Mrs. A then began to demand that I have a sexual relationship with her, and eventually threatened to murder me if I refused. Despite my efforts to speak directly to her fears of losing me, to deal with her powerful needs, and to address her growing rage, Mrs. A became increasingly irrational, and hospitalization was again required.

Once the patient was restabilized, we settled into a long psychotherapy of two or three sessions per week, which proved immensely helpful; the regressive pulls of the previous intense, four-times-a-week treatment were diminished. We continued to deal with Mrs. A's profound fears of abandonment in the maternal transference, and explored in depth her relationship with her father. He was an extremely seductive man who appeared to have turned to the patient for his intimate needs. Starved for affection from her mother, Mrs. A was susceptible to his seductions, and they established a sexually overstimulating bond with strong sadomasochistic elements. The family lived on a farm, and she recalled her father's inviting her out to the barnyard when he slaughtered chickens; the two of them laughed with dizzying excitement as the headless chickens ran about aimlessly. At other times, he took her to a basement where they giddily ground raw meat together and stuffed it into sausage skins. She remembered his pressing up behind her with an erection in the throes of these exciting moments, and this was both frightening and stimulating to her.

Mrs. A had no further memories of sexual abuse, although these episodes with her father left her in aroused states that were essentially disorganizing to her. I sometimes found myself quite sexually aroused with her—surprisingly, at times when the material was at its most benign and devoid of any sexual content. When I brought up whether she wondered about my becoming aroused, Mrs. A denied that this was a concern; thus, for many years, I had

to contain these feelings through my experience of the sexual arousal that was too disorganizing for her to feel in the transference. She and her husband had not had sexual relations for many years because, at the time her difficulties began, images of her father would come to her mind when they attempted to engage in intercourse. She confessed to having shameful sexual fantasies about her father that were actually very soothing to her, although she did not elaborate these further.

When her father died, Mrs. A was disturbed to find that he lived on in her mind; she could not get rid of him as she had hoped. I suggested analysis as a means for us to understand the hold he continued to have on her, which was connected to her still significant propensity to withdraw into fantasy. She was frightened about a possible repetition of her regression many years earlier and of becoming consumed with me. However, she said that she now felt stronger; her emotional life was not as overwhelming as it had been.

After considerable examination of Mrs. A's anxieties, we began analysis five times a week—a very helpful, though emotionally wrenching, undertaking. Analytic exploration addressed the varied manifestations of the dyadic maternal and paternal transferences, and this improved her relationships with other women, members of her family of origin, and her children. However, her withdrawal into sexual fantasies about her father and a continuing inability to resume a sexual relationship with her husband remained. These difficulties began to remit only when I addressed her relationship to the internalized parental couple and its emergence in the transference, and I will now focus on this early oedipal material.

Shortly after beginning the analysis proper, Mrs. A began to remember what she came to call “that horrible afternoon,” which occurred when she was three or four years old. Over a period of many months in treatment, she slowly described an experience in which her parents had told her to nap while they went to the barn. There was a sense that they were up to something exciting, and she recollected lying in bed, feeling extremely lonely and

masturbating. In the midst of this self-soothing yet stimulating activity, her father burst into the room and severely beat her, while her mother stood by impassively.

This horrendous memory was discussed from many angles, one of which was Mrs. A's fantasies of what her parents were up to in the barn. (Although this "memory" was likely a condensation of fantasy with reality that undoubtedly served a screening function—most notably to mask her maternal longings—I chose to deal with it as a piece of psychic reality at this point.) Profound feelings of loneliness overcame her as she described her sense of being excluded from what she felt was some kind of sexual encounter between her parents. Further analysis led to many sadomasochistic fantasies about their sexual relationship. The most compelling of these was an image of her father raping her mother: mother was trapped by a vicious father against a work table, her back just inches away from a whirling buzz saw. Such fantasies also surfaced in the transference, in which we became an abusive couple in her mind. Mrs. A said she felt as though she had been hit by a two-by-four if I failed to properly understand her (an image she associated to an erect penis), and in those moments, I became the sadistic "Dr. Dick" to her.

Mrs. A began ever so slowly, and with a great deal of shame, to reveal the world of sexual fantasies to which she withdrew. We learned that her withdrawal was inevitably triggered by deeply painful feelings of feeling excluded, either from a relationship between two people, or from another person's relating to him- or herself. For example, she found it unbearable when I attempted to take notes during sessions, or when her husband read in her presence. Her sexual fantasies, at first centering on her father and mother and later on my wife and me, always involved an attempt to master feelings of exclusion, powerlessness, and inferiority. Finding herself in a situation that stirred such painful emotions, Mrs. A typically imagined herself to be "a perfect 10," with full breasts, who was found agonizingly desirable by her father. She taunted him in her fantasy until he was ready to burst with desire, and then introduced her mother, who in turn

became filled with longing as she was forced to watch the patient and her father engage in wondrous sexual coupling. Sometimes, she fantasized having a penis as well as breasts, and becoming an object of desire for both parents.

These fantasies and their innumerable permutations were also expressed in the transference, along with the expectable countertransference feelings; however, unlike our earlier experience at the start of treatment, we could now analyze these in a way that had genuine benefit to the patient. Mrs. A appeared to come alive in the analysis; she seldom withdrew into fantasy and increasingly tolerated the wrenching feelings of exclusion. She began to experience her analysis as the collaboration of a loving couple, and at home, she and her husband gradually began to resume a sexual relationship. Whereas earlier on, the buzz-saw notion of her internalized parents kept her emotionally distant, she now imagined her husband and herself as a vibrant, romantic couple—"like Gregory Peck and Marilyn Monroe."

Shortly after we had reduced the frequency of our meetings to four times a week, Mrs. A began one session by asking if I was ready for her, obviously alluding to having glimpsed my last patient. She said she had seen the same patient the previous day, too, and commented, "Shit, she's so young and pretty"—wondering if I could quickly shift gears to be with her. She said that seeing the other patient made her wish for the good old days when she would shrink into sexual fantasies of being desirable, a "10," and then joked, "Or maybe even a 15!" She then began to fantasize about our having sex, two "15s" who "really went at it," while another woman, filled with painful desire, was forced to watch.

I commented that this fantasy must have to do with the other woman patient, as well as with our no longer meeting five times weekly, and that perhaps Mrs. A was feeling terribly excluded from something between us; she dealt with those feelings by placing them in the other woman in her fantasy. She said that she would like the other patient to watch us, "with her tongue hanging out." She then reported that the fantasy had turned in-

to one of her having sex with the other patient, while *I* had to observe. I said I would consequently become the one who was left with my tongue hanging out, experiencing great desire that was painful to bear. At this point, Mrs. A's mood became sad, and she said she felt guilty because she had not worn the beautiful silk pajamas her husband had recently bought for her, despite his requests. I wondered if she might be attempting to have him feel some aching desire that was hard for him to manage. She then brought up an incident in which he had ignored her in favor of his mother. She immediately saw and appreciated this pattern, and left the session feeling a genuine sadness, without the anger she had shown earlier in the hour.

To summarize, Mrs. A was able to use the analytic work to extricate herself from a nearly addictive world of perverse sexual fantasies, one that had provided her with an emotional sanctuary from deeply frightening anxieties. These anxieties clustered around early oedipal material in which themes of loss and abandonment were equated with fantasies of being excluded from an archaically organized couple who feasted on a cornucopia of oral and sexual delights. Triangular issues became a central feature in the transference and were expressed in the patient's many fantasies about my relationships with my wife and other female patients. Mrs. A's powerful sexual desires for me were too disorganizing for her to manage initially, and she resorted to projective identification that required my acting as a "container" for her longings. This resulted in strong countertransference reactions of sexual arousal that I had to endure and analyze. However, as the early oedipal conflicts were slowly worked through, Mrs. A became able to own these previously overstimulating states, enabling her to find pleasurable sensuous experiences both with her husband and with me in the transference.

Subsequent analysis helped the patient discover that her mother's unavailability had given rise to the fantasy that her frustrated needs for nurturance could be satisfied by her father, and so, in using the language of part objects, she turned toward the penis in search of the breast. The feeding penis and the sexual

penis that could create children had been condensed and fused, but were later separated out in the analysis. This progress was seen in the shift in Mrs. A's perceptions of herself and me as an analytic duo: at first, she had felt herself to be the victim of "Dr. Dick," whereas later, we became a loving and creative couple who rescued her from an isolated realm of solipsistic fantasy.

DISCUSSION

Mrs. A is the kind of patient whom we customarily regard as struggling with significant preoedipal pathology of a dyadic nature. Indeed, her early treatment with me largely addressed the maternal and paternal dyadic transferences in a side-by-side manner. This work was very useful to the patient and fostered improvement in important aspects of her life; nevertheless, she continued to readily withdraw into primitively organized sado-masochistic fantasies, which became a refuge for her from some unbearable reality. My initial formulation, based upon a dyadic preoedipal model, was that the unbearable reality that triggered these psychic retreats (Steiner 1993) had to do with her fears of abandonment. However, in hindsight, I saw that *what I had been interpreting as the fear of a loss of dyadic connection by abandonment was more accurately viewed as a fear of loss by exclusion from an archaically organized oedipal couple*. This extremely important distinction allowed me to hear the material in a different way and to understand transference-countertransference manifestations in a new light.

Mrs. A had been terribly traumatized by a combination of maternal deprivation and paternal overstimulation and abuse. These traumas left her deeply damaged narcissistically, and such vulnerabilities were a central feature of the analytic work prior to the time of the material presented here. In this regard, the dyadic (selfobject) aspects of Mrs. A's narcissistic transferences were explored and repeatedly worked through. In contrast, during the later period of the analysis, discussed in depth above, the triadic dimension of her narcissistic problems was addressed. This in-

volved the examination of her fantasies about the direction of my attention if I happened to fail her empathically (Kohut 1971). Mrs. A invariably imagined that I had not only empathically failed her, *but also that my capacity for attunement had been directed to someone else, thereby leaving her painfully excluded from a couple thought to be in perfect emotional synchrony*. Britton (1998), in further developing Rosenfeld's (1987) ideas about "thin-skinned" narcissistic patients, described the sense of "malignant misunderstanding" that patients like Mrs. A may experience when the introduction of a third person "creates in phantasy the third object as the source of malignant misunderstanding, forever threatening the mutual, empathic understanding between the self and the primary object" (Britton 1998, p. 56).

It is tempting to conclude that Mrs. A, by virtue of having worked through primitively organized preoedipal dyadic conflicts in the psychotherapy part of her treatment, was ready, at the inception of analysis, to deal with classical triadic oedipal material. I do not believe that this was the case. Her reaction to exclusion was not the kind of loss and diminished esteem a healthier patient feels in response to being barred from an idealized romantic couple, but rather a profoundly draining sense of having been cast out to starve while the oedipal couple feasted endlessly. This is an experience of the oedipal couple described by Feldman (1989) as a bizarre combination of elements of the mother, the father, and the child, with many confused identifications.

The countertransference aspect in the archaically organized oedipal situation leads the analyst to a different emotional place than when he or she is dealing with phallic oedipal material. In the case of the latter, the analyst will often resonate internally around conflicts of competition, rivalry, and sexual potency, while a quite different emotional landscape is accessed with earlier oedipal material. Mrs. A and I devoted many hours to the attempt to understand her fear of restarting a sexual relationship with her husband, and I was pleased when the two of them made a plan for a romantic weekend getaway. When she told me in a Monday session that they had had intercourse, I felt a pro-

foundly deep sadness for which I was unprepared. This was a very different feeling from that experienced when I have felt bettered by another man, and I believe her news must have touched in me some long-forgotten loss. I also think that my reaction was a response to her having communicated to me through projective identification a taste of the painful feelings of exclusion with which she had long suffered (Joseph 1987). Probably, from different points of view, both interpretations of my strong reaction are valid.

There has been a waning emphasis on the importance of the Oedipus complex in American psychoanalysis (Loewald 1980). This may be partially explained by the shift toward a two-person psychology, which stresses intersubjective and relational perspectives, and which may connect the Oedipus complex with a one-person orientation. However, I agree with Levine and Friedman's (2000) view that an intersubjective approach is not tied to any one analytic school, but is rather an orientation to the understanding of the analytic process of interaction. My powerful emotional response to Mrs. A's resumption of intercourse with her husband occurred in an intersubjective context, defined by an early oedipal situation. The contributions of Von Klitzing, Simoni, and Burgin (1999), as well as those of Fivaz-Depeursinge and Corboz-Warnery (1999), beautifully describe the early unfolding of triangular relationships in an intersubjective context in which the readiness of the infant for a three-way connection meets with, and is fostered by, a capacity for triadic relating in the mother and father. In applying this to the analysis of adults, we must assume a readiness in the analyst to recognize the appearance of triadic material in him- or herself as a precondition to noticing these issues in the patient. To the extent that the analyst sees the patient as "not there yet" with respect to oedipal material, the analyst may unwittingly reinforce the disavowal of these conflicts. In retrospect, I believe that I may have contributed to this kind of disavowal of early oedipal material when I initially approached Mrs. A from an exclusively dyadic focus. My increased familiarity with Kleinian views of the oedipal situation permitted me to

later reorganize the material, in a different fashion, and to set the stage intersubjectively by recognizing early oedipal themes in Mrs. A and in myself, which ultimately enhanced the working through of her perverse fantasies.

Klein considered her description of the early oedipal situation to be complementary to Freud's views, and her theories should be taken as thoughtful hypotheses regarding the mental activity and object relations associated with early triangular modes of relating. In addition, evidence from developmental studies suggests that the emergence early in life of what is likely an in-born need for triadic relating appears to support some of Klein's opinions. These observations cast considerable doubt on the view that triadic interactions grow out of dyadic connections in a linear manner. It is probably more correct to say that dyadic and triadic relationships develop in tandem with significant transactions occurring between the two modes of relating (Herzog 1991). Anna Freud's (1965) seminal view of developmental lines seems to be a gateway concept that could lead to a broader appreciation of triangular relationships as beginning early in life, as building in increasing complexity during infancy and early childhood, and as reaching maturity in the classical Oedipus complex of the phallic stage. However, despite the elaboration of Klein's perspectives on the early oedipal situation by various authors,³ the apparent bolstering of these ideas by the results of developmental studies such as those presented here, and the clinical utility of such theories, Klein's contributions in this area have been largely ignored by American mainstream psychoanalysis. How may we account for this absence of interest in—and sometimes outright rejection of—this view of the early oedipal situation?

One possible explanation may be the ordinary human tendency to avoid conflict in general and oedipal conflict in particular. The disturbed patient is typically more challenging for the ana-

³ For example, the importance of the imago of the father as a third object in early infancy was discussed extensively by Lacan (1977). Furthermore, Parsons (1999), a British "Independent," described the role of the internalized parental couple in the capacity for playfulness.

lyst, and it may seem easier to work with so-called preoedipal issues if we frame them in exclusively dyadic terms. I suggest that an additional source of the lack of recognition of a distinct early oedipal situation is political, stemming from continuing vestiges of the tensions that framed the Controversial Discussions in London (King and Steiner 1991). One of the primary issues in the Controversial Discussions was the struggle over who was to be viewed as a "true" Freudian, and a measure of this was considered to be one's allegiance to Freud's view of the Oedipus complex. Hoffer stated this point clearly in those debates:

The claim that such a structure (an early stage of the Oedipus complex or an early oedipal phase) exists and operates in the infant's mind from the beginning *is alien to Freud's theory* and is entirely based on Mrs. Klein's assumption of the so-called early phantasies. Various contributors to these discussions have already rejected or at least thrown doubt on the scientific validity of this assumption. [Hoffer as quoted in King and Steiner 1991, p. 721, italics added]

The influx into the United States after World War II of many Viennese analysts who were decidedly hostile to Klein and loyal to Anna Freud led to a suppression of theoretical points of view that were seen as at odds with the classical position, including the idea of an early oedipal situation. Only within the last few years, fueled by an ecumenical spirit within American psychoanalysis, have Klein's theories been taught in more traditional training institutes where they had previously been ignored. However, many tensions remain, and further scientific and clinical dialogues, freed from lingering internecine conflicts, can only lead to continued psychoanalytic enrichment.

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REFLECTIONS ON CREATIVE ASPECTS OF PSYCHOANALYTIC DIAGNOSING

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This paper explores the therapeutic value of considering psychoanalytic diagnoses as co-constructions, and emphasizes two interrelated points: First, there are distinctions between medical, psychiatric, and psychoanalytic diagnoses, and similarly, a distinction may be drawn between diagnoses as nouns and the activity of diagnosing. Second, the author stresses that psychoanalytic diagnoses are theory bound. Various competing theories facilitate or interfere with the maintenance of an optimal analytic attitude. Some theories facilitate an analyst's urge to engage in the activity of diagnosing, which may reflect a destructive countertransference enactment. Analytic data in support of these premises is presented and discussed.

The goal of this paper is to explore the therapeutic value of thinking about psychoanalytic diagnoses as co-constructions. I will pursue this goal by presenting analytic data from a long reanalysis, and then by discussing it in the service of highlighting the subjectivity of the analytic activity of diagnosing.

My analytic work is organized from the perspective of compromise formation theory. This perspective emphasizes that analysts' and analysts' conscious fantasies and behaviors are manifest contents derived from complexes of compromise formations that are co-constructions. Compromise formation theory provides the analyst with a theoretical perspective delineating the multiple determinants of clinical data. An analyst working from this perspec-

tive may choose to interpret pleasurable aspects of data, unpleasures and related defensive functions, and/or their self-defeating characteristics. The dialectical-constructivist dimension (Hoffman 1998)¹ elaborates the reciprocal shaping influences of analyst and analysand on their respective complexes of compromise formations.

CLINICAL VIGNETTE

Mr. X sought consultation with me four months after the termination of a seven-year analysis with Dr. N. After hearing the patient's story, my impression was that his analysis had been prematurely interrupted, an event that had occurred in part, I conjectured, as the result of a countertransference response to Mr. X's depressive affect and intransigent hostility. I felt it would be optimal if he could work out these issues with his first analyst. Dr. N was someone whose work I knew had been profoundly influenced by Kernberg's (1975) contributions. I naively thought I might be able to help him resume his work with Mr. X, and with the patient's permission, I called Dr. N and shared my impression. The analyst responded with the comment that Mr. X was a "severe borderline."

Some time later, Mr. X reported that he had attempted unsuccessfully to resume his analysis with Dr. N, and again requested to begin a second analysis with me. In spite of his wish to do so, I felt that he was still too involved with his first analyst for that to be a wise undertaking. I told Mr. X that because of his disturbed state, it would be best that he wait a year before making the decision to initiate a second analysis. (In retrospect, I conjecture that the disturbing nature of my response to Mr. X had influenced my judg-

¹ I wish to acknowledge that, in addition to the important work of Hoffman, my thinking has also been significantly influenced by the contributions of Aron (1996), Gill (1994), Jacobs (1986, 1991), Levenson (1983), Renik (1993), and Stolorow (1995). This list is not intended to be exhaustive. Rather, it represents those colleagues to whom I have been exposed at professional meetings and in the literature, and whose work to a greater or lesser degree represents a paradigm shift in psychoanalysis that has been progressing for more than twenty years.

ment.) At any rate, fifteen months later, he began a second trial of analysis with me.

Although Mr. X was depressed and enraged, his capacities for work and for sustained relationships were impressive. He was a successful lawyer practicing in a subspecialty in which he was quite accomplished; and he had friendships that had originated in childhood and deepened in the ensuing years.

The patient had married impulsively during the summer interruption of the fourth year of his previous analysis. Although I conjecture that Dr. N saw this impulsivity as another sign of Mr. X's "severe borderline personality organization," the patient and I came to understand this event as an enactment motivated by Mr. X's wish to diminish his unpleasure about and awareness of his homosexual longing for Dr. N. These longings were intensified by Mr. X's sense of Dr. N's rejection of him. It seemed clear to me that Dr. N had had enough of the patient's depressed, enraged longings and was glad to be rid of him. Here I am emphasizing that it was not solely Mr. X's symptomatology that was determinative, but also the analyst's reaction to it.

Mr. X began the first session of his reanalysis by stating, "For the last two years, I felt I was slapped in the face by Dr. N, and I was angry. But for the past two weeks, I have been joyful, and I thought of kneeling next to you and stroking your chin to supplicate you. I had a dream: I was lying with a man and stroking his penis until he ejaculated, and then I was fucking a man in the ass. In the dream I had the sense that 'Now I'm going to get mine,' as if I had been stroking Dr. N, but now it's my turn."

Somewhat later in the hour, Mr. X remarked, "It's clear to me that I destroyed the analysis with Dr. N by establishing rigid and stable patterns with him that put control on what I was feeling toward him." Later on, I suggested that he was worried that I would reject him as Dr. N had, by concluding that he was too sick for analysis. I added that he was concerned that I would be frightened by his anger and by his sexual longings for me.

He began the second session by stating, "I have a profound sense that you are really disgusted with me because I can't be ana-

lyzed." He began the fourth session with ten minutes of silence, and then said, "I wish you'd say something." After pausing, he continued, "I have a sense of being blocked." I suggested that he was afraid his anger would seriously hurt me. He responded, "Just your saying that is such a relief. I thought I'd like to spit on your floor." To my response—"Only on my floor?"—Mr. X stated, "In your face. I'd like to knock you down and kick dirt all over you. I'd like to take a shotgun and point it in your face and pull the trigger and blow your brains all over the wall."

I sighed and thought to myself, "And this is the first week of the analysis." A moment later, I recalled earlier work with a latency-age boy who had shot me in the head with a rubber dart, and made the following comment to Mr. X about his wish to shoot me: "That sounds like great fun." Mr. X roared with laughter, and remarked that he could not remember ever having laughed with Dr. N. Later in the hour, he recalled his mother slapping him in the face in response to his complaint that neither of his parents did much for him or with him. He remarked, "My anger seems so vitriolic and bottomless. I get a real sense of pleasure in being angry."

This experience of sharing his anger with me characterized a good deal of the early analytic work. In addition to these interpretive experiences, which emphasized the pleasurable aspect of his anger, a central interpretation of this period of the analysis concerned the defensive function of his rage: "It's easier to be mad than sad." The following clinical material is presented to emphasize the analysis of the defensive relationship between Mr. X's rage and his experience of depressive affect. In spite of consistent interpretation, Mr. X rigidly and tenaciously held on to his rage and related wishes for vengeance throughout the early years of analysis.

Mr. X began a session in the tenth year of the analysis by saying, "Monday is Martin Luther King Day and I won't be here. When I say that, I have the sense that to do so is an act of aggression. I'm not really sure why. Coming down here this morning, I had the fantasy that I'd announce in a flamboyant way, 'I'm here.'"

I saw a guy from South America loading a truck in the cold, and I had the thought that I could have a worse job. Then I had the feeling, 'You cannot hurt me. It doesn't hurt.'" This sequence demonstrates anger employed to diminish the patient's unpleasant experience of sadness.

He continued, "How do I put these things together? Sometimes my older brother would be flamboyant, and that would get a laugh out of my mother. It was self-deprecating, but she laughed and that was what counted. On some level, his behavior acknowledged a fundamental reality that my parents didn't want their children around; it was a forcing of my brother and me onto them. So if, through the transference, you are my parents and don't want me around, why does my not coming here on Monday feel like an act of aggression?"

I replied, "You're doing to me what you feel I'm doing to you." Mr. X associated, "It brings to mind an adolescent memory. There was a little cottage on my parents' property, and one summer, I furnished it and moved there. It was as if I were saying, 'If you don't want me around, I won't be around.' My mother was livid. When I think of her anger, my reaction is 'So what, I don't care what you think.' Then I think, 'You can't hurt me; it doesn't hurt.'"

I interpreted, "Your anger protects you from feeling sad." After a silence, Mr. X responded, "When I try to stay with that feeling for a moment, my response is to think, 'You can't humiliate me.' When I think of who she is and was, I work myself into a frenzy and think, 'It doesn't hurt me. You can't hurt me 'cause I'm the greatest.' I think of Mohammed Ali. All that is a complex way of keeping me from feeling sad about who she was and is. When I think it, I imagine being knocked down with no one to pick me up and dust me off. One reason it's so hard for me to let myself feel sad is that it would make my mother angry. No one else was sympathetic either. I would walk to the marshes to have privacy and to feel sad. I could also have privacy in the bathroom."

I interpreted, "You're afraid that if you're sad with me, I'll get angry and try to humiliate you." Mr. X replied, "Were I to be

sad here, I'd want to be comforted by you, and I know that's not the nature of the relationship. It's extremely hard for me to stay with that idea. There was no one who was sympathetic, whose shoulder I could cry on. I have a specific memory of my mother becoming enraged when I was sad with her. I'm not sure where that goes." I commented, "It goes into the pain of sadness," and Mr. X responded, "It is a sense of melancholy I had in the marshes. The only memories I have of being overtly sad involve evoking anger and humiliation from my mother."

Some months later, Mr. X began a Monday hour by stating, "I've been blue all weekend." He continued in relation to his parents, "I guess they're not the greatest parents." I interpreted, "You're struggling against accepting more definitively your feeling that they're lousy parents." He replied, "Sadness is like a garment that I'd like to throw off."

He was silent for a while, and then said, "I'm thinking of my father's office. It's like a castle and I'm looking up at it." His thoughts shifted to another childhood memory: "My friend Joey's home was on a lot of land. It was next to a gravel pit where people would practice their shooting and throw garbage. We liked to collect the gun cartridges, and I wasn't horrified by the garbage. I like old things, sort of like the garbage that reminds me of Mary's [his family's cook] kitchen and sitting at her flimsy old table, trying to maintain some dignity and pride, like a completely helpless newborn bird looking at the world with fierce eyes. My first impulse is to physically walk away from it. As I got older, that's what I did—I walked down to the marshes to be by myself."

After a pause, Mr. X added, "And what? Being sent to the finest prep school is like eating in that old kitchen with Mary; it's the same kind of banishment." His thoughts shifted. "I'm thinking of playing basketball with my friends. My parents could be very friendly to my friends; they were warmer to strangers than to their own children. I want to say, 'Oh, God, none of this is possible. This isn't possible.' There is part of me that wants to say, 'I love my mother, I love my mother!' The answer is that she was who she was, and then I say that that's not fair. It's not fair that my

love wasn't reciprocated. When I came home last night, Olivia [his one-year-old daughter] came to the door very glad to see me, expecting to be picked up and held. Who wouldn't want to do that? Then I think of saying, 'You can't hurt me.'"

The foregoing is an example of Mr. X's momentarily angry, narcissistically invested defensive responses to his sadness. After a pause, he added, "That perception of my mother is something I physically want to remove. As an adult, I can mourn this, but that memory of sitting at the kitchen table is very vivid. The scar on my emotions is just as real as a physical scar."

About a month later, Mr. X began a session by stating, "What I keep circling around and want to get away from is the heart-break of the idea of my parents' disinterest and rejection. My first reaction is to think, 'You can't hurt me 'cause I'm the greatest.'" After a pause, he continued, "I had an image of standing in a foxhole and ducking down as a barrage of bullets were shot at me. Then I thought of my office at work and of what my new office will look like. The bottom line is that I don't like having my heart broken. When I say that, I keep thinking, 'You can't hurt me; it doesn't hurt.' Starting my own practice is giving up the claims on my parents. I think of the Egyptian lawyer who told me that when he left Egypt, he cried the whole way." His association shifted and he noted, "I'm thinking of the ending of a song: 'As I live by the gun, I die by the gun.'"

I interpreted, "You experience going into your own practice as killing your father." In response to this interpretation, Mr. X associated to the family myth that his father wanted to become a lawyer and ultimately a judge, but Mr. X's grandfather had forced him to go into the family business. In addition, the patient associated to memories of his mother admiring judges and denigrating businessmen.

Mr. X's psychoanalytic experiences certainly do *not* demonstrate that his second analyst was smarter or more talented than his first. From my inevitably subjective theoretical vantage point, his experiences suggest that his first analyst had gotten used to diminishing the unpleasure he experienced in working with Mr.

X by employing the term *severe borderline* to express his frustration. This diagnosing activity on the part of the analyst highlights the existence of a common countertransference trend in response to patients who are experienced as difficult and disturbing. It suggests that there is value to thinking about psychoanalytic diagnoses as co-constructions.

PSYCHOANALYTIC DIAGNOSES AS CO-CONSTRUCTIONS

What do I mean by this phrase? First, I wish to emphasize that there is a distinction between medical, psychiatric, and psychoanalytic diagnoses. Furthermore, *diagnoses* are nouns that are applied to subjects as if they exist as a fact of nature in another human being with whom the analyst is working. From a constructivist perspective, diagnosing is an activity in which the analyst is engaged in collaboration with, and/or in response to, another human being. Thus, *diagnosing* is a verb. I stress that psychoanalytic diagnoses are theory bound, and that various competing theories facilitate or interfere with the maintenance of an optimal analytic attitude. Some theories facilitate the analyst's urge to engage in the activity of diagnosing. Such activity may at times reflect a destructive countertransference enactment. Such sadistic diagnosing is often accompanied by pejorative labeling and by other potentially destructive evaluative activities, such as considerations of an analysand's analyzability. The mining of this vantage point is the potential therapeutic value of this paper.

It is important to remember that in medicine, diseases such as cancers and infections are tangible entities that exist in individuals. Although the etiologies and treatments of many medical conditions are complex and overdetermined, physicians are trained to discover specific etiologies or pathogens that will enable them to develop specific treatments resulting in cures. From a derivative vantage point, physicians who specialize in psychopharmacology seek specific treatments for definable disease entities. Most

psychopharmacologists espouse a biopsychosocial model that acknowledges the overdetermination of mental illnesses. However, many leading psychiatric researchers pursue strategies that seek to discover specific genetic and/or neurochemical abnormalities as the etiologies of mental illnesses. These physicians hope that such discoveries will yield specific pharmacological treatments for diagnosable disease entities—that is, they conceptualize *diagnosis* as a noun. In fact, they may be correct for certain specific mental illnesses.

It is certainly true that most contemporary psychoanalysts, following Willick (1993), believe the development of schizophrenia to be powerfully influenced by genetic factors, and that this psychiatric diagnosis is a contraindication to analysis. In fact, a variety of psychiatric diagnoses are clearly indications for treatments other than analysis. However, as I have proposed (Rothstein 1998), a trial of analysis is the optimal treatment for most patients who choose to seek an analyst's help.

Although many analysts are psychiatrists, it is important to remember that analysis is not a subspecialty of psychiatry; it is a profession unto itself to which people come from related professions. In that regard, analytic diagnoses derive from analytic work, and should aim to facilitate those interminable endeavors. Some diagnoses do just that, while others reflect potentially disruptive, destructive countertransference activity. I suggest that some of the difficulties experienced by analysts engaged in the activity of diagnosing derive from their conflation of competing psychiatric and psychoanalytic modes of thinking.

I view all analytic diagnoses as co-constructed fantasies understood as compromise formations. Diagnoses that facilitate analytic work represent normal compromise formations, that is, adaptive ones. Diagnoses that contribute to diverting, disrupting, and/or destroying analytic collaborations are pathological compromise formations, or maladaptive ones.

Such maladaptive diagnosing serves to diminish the analyst's unpleasure. Mr. X's experience with Dr. N emphasizes Dr. N's hypothesized unpleasure in response to Mr. X's sadism, as well as

Mr. X's depressed longings for loving closeness. The advantage of compromise formation theory for understanding countertransference unpleasure is that it includes an appreciation of the complexity and overdetermination of these phenomena. Although countertransference sadism is a common response to patients who are experienced as difficult and disturbing, sexual desire and envy, as well as boredom and discomfort with the analysand's idealizing wishes (Kohut 1971), are not uncommon either.

An event in the fifth year of Mr. X's first analysis demonstrates this point. Mr. X announced his intention of changing professions: going to medical school and becoming a psychiatrist. Mr. X imagined that this would enable him to get a job in Dr. N's institution and to work with him. Instead of understanding and interpreting the patient's intention to act as a fantasy—a manifestation of a negative oedipal transference involving wishes to idealize, identify with, and love the analyst—Dr. N responded by telling Mr. X that even if he did become a psychiatrist, it was highly unlikely that he would be able to become his colleague.

It is important to keep in mind that practicing analysts require a theory of the mind in order to function in the therapeutic situation. Until recently, it has been a characteristic of these theories to attribute failures to characteristics of patients' personalities and their diagnoses. The blame for therapeutic difficulties and failures has traditionally been placed squarely on patients' shoulders.

HISTORY OF PSYCHOANALYTIC DIAGNOSTICS

In the following selective review of the history of psychoanalytic diagnosing and labeling, I will first present examples of pathologic compromise formations—diagnoses and labels employed to diminish countertransference unpleasure. Then I will explore examples of normal compromise formations—diagnoses that facilitate analytic work.

After a decade of pioneering clinical work, Freud created the diagnostic entity *actual neuroses*, and employed his first theory of anxiety to explain his treatment failures. An *actual neurosis* was understood to result from the conversion of undischarged sexual energy. Freud (1895) conceived of such symptoms as “*not further reducible by psychological analysis, nor amenable to psychotherapy*” (p. 97, italics in original). Because Freud was unable to understand these symptoms psychologically at this point in time, he judged them “unanalyzable.” Instead of considering his limited understanding as an operative factor, he proposed a nonanalytic treatment: Patients suffering from an actual neurosis should be counseled concerning healthy sexual practices (i.e., “do not masturbate and/or practice coitus interruptus”). Eighteen years later, Freud (1913) ascribed his failed one- and two-week trials of analysis to the unanalyzable subjects’ affliction with “a preliminary stage of . . . dementia praecox” (p. 124).

After a quarter century of clinical experience, Freud (1920) created the death instinct concept, in part to explain his failures with self-defeating, self-destructive patients. In his twilight years, he developed two concepts of instincts to explain treatment failures: *adhesiveness of libido* (1937, p. 241) and *psychical inertia* (p. 242). Thus, Freud ended his career as it began, placing blame for the limited therapeutic efficacy of his discovery squarely onto his patients. This tradition continues to this day.

The Diagnosis of Borderline

The diagnosis *borderline* has an interesting and important history in analysis, elegantly chronicled by Abend, Porder, and Willick (1983). These authors emphasized that there is “a great deal of controversy as to precisely what the term means and how specifically it may be applied as a *diagnostic construct*” (p. 1, italics added). I will explore the history of the term selectively from my subjective vantage point, in an attempt to demonstrate that the diagnosis of *borderline* first appeared in response to particular kinds of frustrating and disturbing analytic experiences.

While Freud (1937) was attributing treatment failures in part to hypothesized qualities of instincts, Stern (1938) suggested that we broaden our concept of a spectrum of psychopathology. In response to frustrating clinical experiences with patients whom he could not neatly fit into Freud's classifications of *neurosis* and *psychosis*, Stern created the diagnosis *borderline*. He stated, "It is well known that a large group of patients fit frankly neither into the psychotic nor into the psychoneurotic group, and that the borderline group of patients is extremely difficult to handle effectively by any psychotherapeutic method" (p. 467). Stern's paper is strikingly contemporary and well worth rereading. In response to the difficulty he experienced in helping these patients, he did what many subsequent contributors to the literature on the subject have done: He suggested that their conditions derived from preoedipal pathology rooted in disturbed mothering by troubled mothers, and advocated modifications of technique in the direction of supportive psychotherapy. Since then, a number of colleagues (Deutsch 1942; Knight 1953; Kohut 1971) have employed the term *borderline* to categorize failed cases, considering these patients to be suffering from manifest characteristics that disguise underlying psychoses.

No contemporary analyst has had a more profound influence on the psychiatric and psychoanalytic diagnosing of borderlines than has Kernberg (1975). In part, this influence results from analysts' wishes to have a coherent theory that attributes treatment failures to their patients' characters. In addition, Kernberg's impact follows from his sheer productivity, as well as his talent and zeal in marketing ideas. He has been particularly successful in influencing psychiatric diagnosticians. Although the authors of DSM-III-R (1987) contended that all their diagnoses were purely descriptive and uninfluenced by theory, their description of *borderline personality organization* (pp. 346-347) was clearly shaped by Kernberg's writings.

Kernberg (1975) elaborated Stern's concepts from Kleinian and Jacobsonian theoretical perspectives. Like Stern, Kernberg experienced frustration and limited therapeutic results in working analytically with such patients. He laid the blame for these fail-

ures with the patients themselves, finding them lacking in many ways, particularly in the capacity to experience guilt and depression. My reading of Kernberg is that he approached his patients with an evaluative attitude that was implicitly, if not explicitly, judgmental. He believed borderline patients employ primitive defenses, while neurotic patients employ higher-order ones. He stated:

Clinically, when we speak of patients with borderline personality organization, we refer to patients who present serious difficulties in their interpersonal relationships and some alteration of their experience of reality Such patients also present . . . chaotic coexistence of defenses and direct expression of primitive “id contents” in consciousness, a kind of pseudo-insight into their personality without real concern or awareness . . . a *lack* of clear identity and a *lack* of understanding in depth of other people They also show “nonspecific” manifestations of ego weakness . . . lack of impulse control, lack of anxiety tolerance, lack of sublimatory capacity [*This*] *represent[s] a general inadequacy of normal ego functions.* [1975, p. 162, italics added]

Kernberg’s clinical descriptions highlighted both his interest in the psychiatric diagnostic schema of the DSM series, and the evaluative nature of his approach to patients. He went on to recount that:

In the hospital, I examined a college student, a single girl in her early twenties, with awkward and almost bizarre behavior, clinical childlike theatrical gestures, emotional outbursts, suicidal ideation, and breakdown in her social relations and scholastic achievements. Her initial diagnosis was hysterical personality I pointed out to her . . . the expression of deprecation of the interviewer, the effective avoidance of taking responsibility for herself by dissociating her concern for herself . . . behavior geared to force others to take care of her The final diagnosis was: infantile personality, with borderline features. [p. 172]

Kernberg described another patient with whom “the entire interaction was filled with highly theoretical, philosophical considerations, and efforts to examine more personal, emotional material only intensified the abstract nature of the comments that followed” (p. 172). He continued:

I attempted to interpret to the patient the avoidance function of her theorizing . . . As I confronted the patient with her defensive maneuvers, she became more disturbed, openly distrustful, and even more abstract . . . the diagnosis of schizophrenic reaction was eventually confirmed. [1975, pp. 172–173]

The tone of this last description emphasizes the possibility that the schizophrenic reaction was a co-constructed event. An individual’s state of personality integration varies in response to the environment in which one finds oneself. Similarly, it is common for an analyst to experience a change in view of an analysand’s diagnosis as treatment progresses. In response to the stress he encountered in attempting to help such “difficult” people, Kernberg recommended that analysts limit the number of borderline patients they work with at a given time. He considered it heroic to offer analysis to a patient whom he diagnosed as having “borderline personality organization.”

In my reading of the literature, most theories concerning analysands diagnosed as borderline attribute the patient’s difficulties to preoedipally derived deficiency states that result in disturbing behaviors. These theories are often buttressed by selective readings of infant observation research. As noted, Kernberg drew heavily on the ideas of Melanie Klein and Edith Jacobson. Robbins (1983) employed Margaret Mahler’s theories, while Modell (1988) applied Winnicott’s concepts to explain the limits of analytic work with these patients.

Robbins (1983), responding to his only modest level of success with the difficult patients he diagnosed as “borderline” and “narcissistic,” and dissatisfied with the theories of Kernberg and Kohut, developed a theory of his own to explain these problems. He

drew on the observations and theoretical formulations of Mahler to propose a failure of the infant's ability to form a normal symbiotic relationship with the mother. He considered this fundamental to the genesis of the problems that he was unable to treat effectively in analysis. Like Kernberg, Robbins believed these patients to be lacking and unable to experience conflict. He labeled them *primitive personalities* who were afflicted with "a basic defect or developmental failure" (p. 131), and suggested that "the primitive personality *lacks* the positive substrate necessary to develop ambivalent dialogue with his 'primary object'" (p. 145, italics added). Robbins believed this deficit to be responsible for "a fundamental *incapacity* to recall discrepant states and to experience simultaneously the poles of conflict" (p. 130, italics added). In addition, such patients "seem to *lack* the inner resources to be alone and self-contained" (p. 143, italics added).

Modell (1988), drawing on Winnicott's suggestions concerning early development, developed a theory of therapeutic action known as the *holding environment*. He stated: "The analyst's interventions are conjoined with the regularities of the therapeutic setup to create the illusion of a 'holding environment'" (p. 98). Modell attributed his clinical failures to deficiencies in his patients' personalities that compromised the ability to be "held." Modell's conception, however, lacked any consideration of the match between a particular analytic duo—that is, the analyst's contribution to the patient's capability of being held by the analyst. He wrote: "There are patients who *lack* the capacity to make use of the illusion of transference . . . these people also demonstrate a relative *incapacity* to process psychic pain. They seem unable to complete the process of mourning" (p. 101, italics added).

All these theories facilitate the frustrated analyst's withdrawal into an *evaluative* diagnostic mode, one that identifies defects and proposes nonanalytic, supportive, and/or pharmacological treatment. Abend, Porder, and Willick (1983) provided a corrective contribution to the subject, emphasizing the role of shaping factors from preoedipal, oedipal, and posteoedipal stages of development, while stressing the value of interpretive analytic work with such patients.

It should be emphasized that when a cluster of clinical experiences accumulates that is beyond the capacity of the established paradigm to explain, it is not only because patients are difficult and/or disturbed. We must also consider that our understanding of these human beings may be limited.

Other Examples of Potentially Maladaptive Diagnosing

Kohut's (1977) creation of the diagnosis *narcissistic behavior disorder* (p. 5) is another example of analysts' tendency to engage in the activity of diagnosing in order to reduce unpleasure in frustrating analytic experiences. Like the diagnosis *borderline*, this label represents self-serving diagnosing. *Narcissistic behavior disorder* emphasizes the defensive function of Kohut's diagnosing activity. His earliest model of therapeutic action (1971), based on the notion that patients require help in recovering and experiencing the developmentally arrested, grandiose fantasies that motivate narcissistic transference phenomena, distinguished narcissistic personalities considered analyzable from unanalyzable borderlines or psychotics. This model proposed that if analysands were mirrored by their analysts and allowed to idealize them, their narcissism would resume its developmental progression. As Kohut worked with this model, he found that it was most effective with inhibited patients, while those who were enactment-prone were more difficult to help. He conceived of these latter patients as arrested at the stage of narcissism, and believed that their penchant for action contributed to their failed analyses.

Kohut's developmental model did not adequately explain his clinical difficulties, and we might speculate that it occurred to him that he could be facing a limit of his model or of his abilities. He did not seem to consider that the problem might—at least in some cases—be as much his own as his patients,' or that he might be more comfortable working with inhibited patients. Instead, he resorted to diagnosing: he created the label *narcissistic behavior disorder* (1977) to describe his failures with enactment-prone narcissistic patients. I conjecture that he experienced these individu-

als as more difficult and disturbing than inhibited narcissistic ones, whom he categorized as having *narcissistic personality disorders* (p. 51).

It is common for analysts to employ the adjectives *severe*, *primitive*, and/or *malignant* to complement the nouns that I have been discussing. These adjectives can also be understood as fantasies—as co-constructions created in part to reduce unpleasure in response to frustrating, disturbing patients. Dr. N used the term *severe* to elaborate his experience of Mr. X. Kernberg (1975) favored the use of *primitive* and *lacking* when elaborating his characterizations of patients he considered borderline.

Bergler (1961) and Shengold (1994) employed the adjective *malignant* in a quite similar manner in describing their experiences with masochistic and envious patients, respectively. Bergler wrote extensively about the genetics and dynamics of masochism, having found that employing the above-described formulations was helpful with some patients and not with others. Instead of simply identifying the problem and acknowledging his lack of understanding, Bergler resorted to borrowing the term *malignant* from medicine for use in labeling his failures, together with the word *schizoid*. He wrote: “There exist two forms of *psychic masochism* which—though externally they may look alike—are completely different. [They] . . . are the ‘*neurotic*’ variety and the ‘*malignant*’ variety” (1961, p. 44). He continued: “‘*Malignant*’ psychic masochism, visible in schizoid and schizophrenic personalities, entirely loses the quality of an amiable ‘game’ [These patients] are capable of a sudden, unexpected outburst of murderous rage, or of suicide” (p. 45). Furthermore, Bergler, like Freud, resorted to biological generalizations to explain the unexplainable, stating: “Probably the *biologically* conditioned amount of megalomania is different for every child” (p. 115, italics added).

Shengold (1994), in a manner quite similar to Bergler’s, employed the adjective *malignant* to describe envy that he was unable to successfully analyze:

Malignant envy is a retention of, or regression to, the original primal murderous affective mix. Clinically, one

sees in malignant envy the phenomenon of the subject feeling with delusional intensity that what the envied one has is not only urgently wanted but has been stolen from the self—an intensity that is reacted to defensively by projection and delusion formation. This operates as a formidable resistance in analytic work. [p. 615]

Adaptive Diagnosing

Before turning to a brief consideration of adaptive diagnosing—that is, diagnosing that facilitates analytic work—it is important to remember Brenner’s (1982) comment that “the matter of setting the limits [between a normal and pathologic compromise formation] . . . is an *arbitrary one*” (p. 150, italics added). This comment reflects his implicit understanding that, although the diagnosis *pathologic compromise formation* is a noun, the analyst’s conflicts and subjectivity influence his or her diagnosing activity.

I suggest two qualifications to Brenner’s formulation. First, I caution that when the analysand finds him- or herself in too great a conflict with the analyst, or when the analytic candidate finds her- or himself in too great a conflict with the analytic supervisor and/or institute, this state of affairs does not necessarily reflect solely the pathology of the analysand and/or candidate. It may instead reflect the inevitably subjective contributions of the analyst, the supervisor,² and/or the institutional members or administrators.

In that regard, a determination that the patient’s experience is pathological should not reside solely with the analyst. Such a decision should be a shared, co-constructed judgment. If a patient does not consider his or her experience a difficulty, then pathology is not present, even if the analyst finds the situation difficult

² In the extensive literature on psychoanalytic supervision (see, for example, Jacobs, David, and Meyer 1995; Wallerstein 1981), a number of writers have stressed the inevitable, irrational, unconscious contributions of *each individual* in the supervisory relationship. The co-constructivist perspective adds a two-person dimension to our understanding of the reciprocal shaping influence of each participant in the creation and experience of his or her own and the other’s participation.

and/or disturbing. Thus, when considering the shared experiences encountered in analytic work, it may be helpful to add the distinction of *syntonic* versus *dystonic* to that of *normal* versus *pathological* compromise formation.

It is clear that the urge to classify is a ubiquitous human characteristic. However, when I listen to neophyte analysts as well as to experienced colleagues present their work, it seems to me that both subsets employ diagnoses infrequently when the work is going well.

I have suggested that diagnoses that facilitate psychoanalytic work can be understood as adaptive fantasies and conceptualized as normal compromise formations. Accordingly, and with a view toward emphasizing both the analytic match and/or fit and my view that we human beings are all more similar than different, I have suggested that "prospective analysands can be grouped descriptively as (1) inhibited, (2) enactment prone, and (3) as too disturbed and disturbing for me" (Rothstein 1998, p. 63).

Freud (1895) labeled cases with which he was successful *psycho-neurotics*. His earliest cases were hysterics treated with the cathartic method. Frau Emmy von N and Miss Lucy R's symptoms were relieved by relating them associatively to past memories and/or suppressed conflictual desires. Dora, Little Hans, the Rat Man, and the Wolf Man were psychoneurotics who were diagnosed as hysterical, phobic, obsessional, and infantile, respectively. Freud employed these terms to demonstrate the psychoanalytic method in general and its clinical application to the interpretation of dreams in particular. His descriptions of these cases highlighted oedipal dynamics, defensive displacement, symbolization, and the concepts of ambivalence and anal regressive sadomasochism. Freud's portrayal of Dora in particular reflected his deepening interest in transference-countertransference experience.

"Some Character Types Met with in Psycho-Analytic Work" (Freud 1916) provided us with one of our most useful psychoanalytic diagnostic conceptions. This paper derived from a quarter century of clinical experience with patients, who at times seemed to Freud to be functioning "beyond the pleasure principle." Freud

(1916) diagnosed three types of patients: the “exceptions” (p. 309), those “wrecked by success” (p. 316), and “criminals from a sense of guilt” (p. 332). Many of the patients he discussed were disturbing because they were enactment prone. Although this work heralded the introduction of Freud’s final theoretical model (1923, 1926), his immediate purpose in describing these character types was to delineate a dynamic understanding of the unconscious fantasies that motivated these patients’ disturbing and often self-defeating behavior. Such understanding might enable analysts to formulate helpful interpretations.

More recently, Kohut and Wolf (1978) offered an elaborate diagnostic schema designed to help analysts analyze from the perspective of Kohut’s revolutionary formulations of the narcissistic transferences and countertransferences. Kohut’s schema proposed that a trial of analysis be conducted to assess the patient’s capacity for experiencing coherent narcissistic transferences. Frank psychoses and many “borderline states” (p. 415) are vulnerable to fragmentation of the self and are therefore unanalyzable, according to Kohut and Wolf. Analyzable subjects, by contrast, can be categorized as “mirror-hungry personalities” (p. 421), “ideal-hungry personalities” (p. 421), “merger-hungry personalities” (p. 422), or “contact-shunning personalities” (p. 422). These diagnoses were proposed to help analysts more comfortably experience and understand these transference phenomena, in order to be able, ultimately, to communicate that understanding to patients.

In addition, in his effort to facilitate analytic work with narcissistic patients, Kohut (1971) emphasized the specific countertransference responses of boredom and premature disavowal of delegated idealization in response to mirror and idealizing transferences. Kohut’s schema emphasized the analyst’s ability to help the analysand feel understood, as well as to increase the analyst’s understanding of him- or herself.

SUMMARY AND CONCLUSIONS

In this paper, I am emphasizing the unconscious determinants of all phenomena. Diagnoses are conceived as fantasies created by

the analyst in response to another human being whom the analyst is motivated to diagnose. Analytic diagnoses such as Freud's (1916) "criminals from a sense of guilt" (p. 332) and Kohut and Wolf's (1978) "mirror-hungry personality" (p. 421) emphasize various hypothesized psychodynamic formulations that are intended to facilitate the analyst's ability to interpret.

However, psychoanalytic diagnoses such as *borderline*, *narcissistic*, *perverse*, *psychopathic*, and *narcissistic behavior disorder* do not emphasize formulations intended to be helpful to patients. Rather, they often derive from destructive countertransference trends. The analyst's activity of diagnosing and labeling the patient with such a designation is not infrequently a reflection of exasperation. Rather than saying "I can't analyze this patient," the analyst says, "The patient is an unanalyzable borderline."

It is commonly accepted that analysts' personalities influence both their work and their selection of and/or attraction to the model(s) of the mind that shape and organize that work. My personality has undoubtedly influenced my pleasure in working with children and my attraction to Brenner's (1982, 1994) evolutionary elaboration of Freud's (1923, 1926) final model. These experiences in turn inevitably influenced my spontaneous responses to Mr. X.

A colleague who read an earlier version of this paper asked how I understood the mode of therapeutic action of my playful remark in response to Mr. X's expression of murderous sadism in the transference. This colleague inquired, "How does your remark, 'That sounds like great fun,' derive from your affiliation with and fealty to compromise formation theory?" I might begin my response by noting my belief that my personality contributes a shaping factor to the dynamic reorganization of my patients' personalities. A half century ago, Stone (1954) emphasized the important contribution an analyst's personality makes to the modes of therapeutic action of psychoanalysis. He noted that "a therapist must be able to love a psychotic or a delinquent and be at least warmly interested in the 'borderline' patient" (p. 592), and pointed out that "the therapist's personal tendencies may profoundly influence the indications and prognosis" (p. 593).

From the perspective of compromise formation theory, I stress that the analyst's personality contributes to the reorganization of those compromise formations that characterize successful analytic work. These transformations are usually described as structural changes. Arlow and Brenner (1990) stressed the role of interpretations and insight in their description of the mode of therapeutic actions of psychoanalysis, stating that "*what the analyst communicates to the analysand serves to destabilize the equilibrium of forces in conflict within the patient's mind. This leads to growing awareness and understanding on the part of analysands of the nature of their conflicts*" (p. 680, italics added). Thus, my personality and experience in working with children contributed to the tone and playful quality of my response of "That sounds like great fun."

Stressing the shaping influences of the analyst's personality—his or her inevitable subjectivity—does not mean that the analyst should not aspire to be neutral. Neutrality, following Anna Freud (1936), refers to the analyst's unbiased attitude toward the contributions to the patient's conflicts of the three structures of the mind. From a developmental perspective, Brenner (1982) emphasized the shaping influences of subjects' object worlds, of their relationships, on the development of their personalities. He stated that "a patient's wish . . . has a uniquely personal history, a uniquely personal form, and a uniquely personal content" (p. 22). "Drive derivatives are substantially influenced by experience There is, in other words, a more important relation between drives and ego development than is usually realized" (p. 39).

These theoretical generalizations provide a frame of reference for considering the impact of my communication to Mr. X, "That sounds like great fun," and the personality changes that characterized the progress of his analysis. When I reflect on the beginning phase of my work with him, I understand his sadistic rage to have been defiantly organized in the service of vengeance, as well as the maintenance of his sense of self and his existence—his very survival. This is what he was referring to in his association to himself as "trying to maintain some dignity and pride, like a completely helpless newborn bird looking at the world with fierce

eyes.” And this is what I believe Freud (1919) meant when he noted that defiance reflects a “narcissistic clinging to anal eroticism” (p. 130). In that discussion, Freud emphasized the shaping influence of the individual’s childhood relationship with parents in the genesis of the character trait of defiance. He observed that “Faeces are the infant’s first gift [and] . . . as a rule, infants do not dirty strangers” (p. 130).

I welcomed Mr. X’s vengeful sadism with acceptance, affirmation, and trust in his progressive maturation. Compromise formation theory facilitated my appreciation of his rage as pleasurable—that is, as a drive derivative. A fantasy sparked by my playful response was internalized and helped to diminish the unpleasure that stemmed from his conflicted wishes. This process involved more than cognitive understanding; it involved Mr. X’s gradual acceptance and enjoyment of derivatives of his sadism in such personality features as a developing sense of humor.

My application of compromise formation theory also facilitated analysis of the complexity of Mr. X’s rage. Subsequent analytic work led to his understanding of its defensive function in reducing unpleasure, as well as its self-defeating nature. This work on the defensive functions of his rage, in conjunction with work on narcissistic and masochistic defenses (see Rothstein 1991a, 1991b), potentiated Mr. X’s experience of sadness in response to memories of parental abuse (maternal sadism, paternal disinterest and neglect, primal scene stimulation) and the limits of his power to obtain oedipally organized gratifications. Analysis of the masochistic, self-defeating aspects of his rage helped Mr. X to mourn his wish for vengeance in response to past injuries, and to focus on more adaptive here-and-now and future-oriented pleasures.

In contrast to my affirming, accepting, and trusting attitude, Dr. N, strongly influenced by Kernberg’s contributions, had responded to Mr. X’s manifest sadism with an evaluative, rejecting attitude that included labeling Mr. X as a *severe borderline*. Dr. N’s attitude contributed a shaping factor to Mr. X’s first analysis that reenacted Mr. X’s experience of his parents’ rejection of him. It reinforced his fantasy that he was unlovable because he was

enraged, sadistic, and murderously competitive. It intensified his self-esteem difficulties and the depressive tone that characterized his personality.

The diagnosis of *severe borderline*, with which Dr. N labeled Mr. X, was a co-construction created by both parties to a painful, frustrating, stalemated relationship. Similarly, Dr. N's evaluation that Mr. X presented only limited analyzability was a self-serving one, in that it functioned to diminish the analyst's unpleasure in response to his sense of failure in working with this patient. The clinical material demonstrates that Mr. X did not in fact lack the capacity to experience depression, which leads me to stress that descriptive phenomena should be viewed in the context of the manifest contents of patients' personalities.

In conclusion, I have emphasized that psychoanalytic diagnoses are creative co-constructions that emerge in the minds of analysts, and occasionally in those of sophisticated patients, in response to their shared experiences. They can be usefully thought of as fantasies—as compromise formations—rather than as purely objective disease entities.

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A FOOTNOTE ON FORGIVENESS

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In his wise discussion of forgiveness, Akhtar (2002) reminds us of the common counsel “forgive and forget,” as he describes the intrapsychic changes that allow one to forgive and so to move on. I am reminded of one of the most affecting, though not the earliest, recordings of this expression.

Near the end of *King Lear* (Shakespeare 1606), the old king, having lost everything in a night of depression and madness out in the storm, is reunited with his devoted daughter, Cordelia, whom he had cruelly and mistakenly disowned.

He barely remembers her:

Methinks I should know you . . .
Yet I am doubtful: for I am mainly ignorant
What place this is, and all the skill I have
Remembers not these garments; nor I know not
Where I did lodge last night

[IV, vii, 64-68]

As his memory begins to return, he says to Cordelia:

I know you do not love me; for your sisters
Have, as I do remember, done me wrong:
You have some cause, they have not.

[IV, vii, 73-75]

She replies:

No cause, no cause.

[IV, vii, 75]

Lear continues:

You must bear with me.
 Pray you now, forget and forgive: I am old and foolish.
 [IV, vii, 83-84]

It is the last we see of them until they are caught and Cordelia hanged.

Many years have passed, and over time the expression has indeed become "forgive and forget," though for a number of centuries before Shakespeare, it was common to put it as he did, "forget and forgive." In other words, to some, forgetting intuitively comes first and then forgiveness. It is surely appropriate here, for the old king has lost most of his own memory, but one doubts that this is all Shakespeare had in mind.

That the wording is no mistake on Shakespeare's part is foretold in the previous scene. Here the aged Gloucester, betrayed by one of his own sons, and with his eyes gouged out by another of Lear's daughters and her husband, wishes he, too, were mad so that he could literally forget his grief. Shakespeare phrases it in terms that anticipate a much later---indeed, psychoanalytic---view of the defense against unbearable affect:

Better I were distract:
 So should my thoughts be sever'd from my griefs,
 And woes by wrong imaginations lose
 The knowledge of themselves.
 [IV, vi, 278-281]

Is there something the poet is trying to tell us that we are not quite willing to hear?

We know about traumas so horrible that they cannot be forgiven (Kogan 2002), and we are warned, tellingly, never to forget them. We also know those who, as Akhtar points out, cannot forgive any trauma. Or is it that they cannot forget?

Adaptation to the traumas of everyday life draws upon and sustains our capacity to move on. Sometimes it means being able to give up the attachment to painful affect (Valenstein 1973), includ-

ing the wish for vengeance. Moving on entails more pain, for in so doing we lose touch with where we have been. Like Lear, we forget where we were. It is part of the process and the outcome of mourning, the result of a night in the storm.

Forgiveness is shaped by powerful aggressive and defensive responses to trauma, not merely loving and reparative ones. Could it be that in order to forgive, we must first allow a touch of forgetting to weaken the tie to the immediacy of the pain? Such forgetting is surely what we induce when we try to kill memory and its associated affects with a "sweet anodyne" or a touch of madness.

No matter how sophisticated our understanding of intrapsychic events, do we ask too much of mere mortals that they should forgive before they forget? With no preliminary forgetting, to forgive, with all its bound rage and shame, is indeed "divine"—that is, best left to the gods.

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BOOK REVIEWS

ASHES OF IMMORTALITY: WIDOW-BURNING IN INDIA. By Catherine Weinberger-Thomas. Translated by Jeffrey Mehlman and David Gordon White. Chicago, IL/London: Univ. of Chicago Press, 1999. 322 pp.

A widow bird sat mourning for her love
Upon a wintry bough;
The frozen wind crept on above,
The freezing stream below.

There was no leaf upon the forest bare,
No flower upon the ground
And little motion in the air
Except the mill-wheel's sound.

—Percy Bysshe Shelley (p. 435¹)

Take a mixture of irrational terror, the ambivalence and cruelty to which human beings are so eminently inclined, and the capacity for self-interest and exploitation of others that play a prominent part in human interaction. Add ignorance, isolation, and fervent religiosity. Pour it liberally into a rigid caste system, in which women are egregiously implicated, that maintains order by grossly favoring over-classes at the expense of under-classes. You now have the wherewithal to produce the barbaric practice of widows hurling themselves upon the funeral pyres of their husbands, with their family members and neighbors urging and cheering them on.

It is generally believed that about 2000 B.C.E., what is now India was invaded through the northwestern passes—which most con-

¹ Shelley, P. B. (1994). *Complete Poems of Percy Bysshe Shelley*, Modern Library Edition, ed. M. W. Shelley. New York: Random House.

querors of the territory have utilized—by the Aryans, or Indo-Aryans as they have come to be known. At first, the Aryans settled in the Punjab. Then they gradually moved across the Indian peninsula until they had conquered all of India. They brought their gods with them, and as they prevailed over the tribes they encountered, they adopted additional beliefs and deities taken over from the peoples whom they subjugated. The belief system that emerged eventually became codified in the Vedic holy books of Hinduism.

The Indo-Aryans, it is believed, established a social structure in India that was organized in accordance with a class or caste system in which the Indo-Aryans ruled over the indigenous people whom they had conquered. The Indo-Aryans arrayed the society they established into four stratified classes. The Indo-Aryans, for the most part, comprised the topmost castes. At the top were the Brahmins, the priest class. Then came the Ksatriyas, the rulers and warriors, the Vaisyas, who consisted of farmers, tradesmen, and artisans, and, finally, the Sudras, whose task it was to serve the higher classes. The word for caste in Sanskrit, *varna*, means color. The people the Indo-Aryans conquered, who were darker-skinned than they were, comprised the Sudras and the untouchables, the out-castes, who were assigned the most distasteful societal tasks with which no one else wanted to be burdened.²

Orthodox Hinduism prescribes the way of life that is required of men if they aspire, via reincarnation, to obtain a desirable or more desirable existence in the next life, rather than the opposite. It involves obligations to the gods, to one's parents and family, and to one's fellow men. It is embodied in the Karma Marga or Way of Works, beginning with the *Laws of Manu*, a collection of rules of life drawn up by priests in about 200 B.C.E.

As Noss (1974) put it:

There is [also] a Way of Works for women. It is easily stated: their duty is to serve meekly their men As a

² See the following references: Seeger, E. (1973). *Eastern Religions*. New York: Thomas Y. Crowell, pp. 7-56; and Noss, J. B. (1974). *Man's Religions*. New York/London: MacMillan, pp. 84-225.

faithful wife aspiring to dwell with her husband in the next existence, she should honor and obey him in this, and never displease him, even though he be destitute of virtue, unfaithful, or devoid of good qualities After his death she may not marry again; she may never even mention the name of another man. . . [p. 188]

Noss went on to state that:

In certain ultraorthodox quarters, but even there with decreasing frequency, the wife is taught to show honor to her husband by prostrating herself and touching her head to his feet . . .

In the Padmapurana the wife's rule of life is put in these uncompromising terms: There is no other god on earth for a woman than her husband. The most excellent of all good works that she can do is to seek to please him by manifesting perfect obedience to him. Therein should lie her sole rule of life.

Be her husband deformed, aged, infirm, offensive in his manner; let him be choleric, debauched, immoral, a drunkard, a gambler; let him frequent places of ill-repute, live in open sin with other women, have no affection for his home; let him rave like a lunatic; let him live without honor; let him be blind, deaf, dumb, or crippled; in a word, let his defects be what they may, a wife must always look upon him as her god, should lavish him with all her affection and care, paying no heed whatsoever to his character and giving him no cause whatsoever for disapproval.

A wife must eat only after her husband has had his fill. If the latter fasts, she shall fast too; if he touch not food, she also shall not touch it; if he be in affliction, she shall be so too; if he be cheerful, she shall share his joy. She must on the death of her husband allow herself to be burnt alive on the same funeral pyre; then everybody will praise her virtue. [p. 188]

The last part of this quotation refers, of course, to the well-known custom of *suttee*, once widely practiced in India, now forbidden by law, though isolated instances of self-immolation by

widows still occur in spite of every precaution taken by the police. It is to this most extreme form of devotion to a spouse, the burning of a widow upon the funeral pyre of her late husband, that *Ashes of Immortality* is addressed. Catherine Weinberger-Thomas, Professor of Hindi at the Institut National des Langues et Civilisations Orientales, and a member of the Centre de l'Inde et de l'Asie du Sud, École des Hautes Études en Sciences Sociale, in Paris, has given careful study, via extensive textual analysis and fifteen years of fieldwork in Northern India, to this age-old but only barely defunct element of Indian society.

Here we are looking not at an archaic practice that disappeared long ago, but at a custom that has extended into modern times. The most recently recorded instance of a widow having burned herself alive in a fire that consumed the body of her recently deceased husband took place in India on September 4, 1987. And it was only in 1988 that worshipping at sati shrines was legally forbidden. Although widow burning is illegal in India at present, women continue to be doused periodically with kerosene or gasoline and immolated by spurned suitors, or by families who are dissatisfied with the dowry they bring to marriage. Village elders punish the perpetrators with no more than a fine to be paid to the murdered woman's family—when they elect to punish them at all.

Weinberger-Thomas begins her book with an epigram in which she quotes Henri Michaux: "In India one must avoid being either a dog or a widow."³ It becomes quite clear as one reads on how apt this line is in welcoming the reader to the voyage to be taken through the pages of this work. Although India (and the world at large) is changing and evolving in many ways, Michaux might have said that one would do well in India to avoid being a woman. It becomes evident that widow burning derives from the confluence of multiple factors. A rigid caste system, imposed by Aryan conquerors in ancient times, has for millennia hereditarily fa-

³ Michaux, H. (1949). *A Barbarian in Asia*, trans. S. Beach. New York: New Directions.

vored some members of Indian society, while relegating others to lesser, subservient, or even derogated status in which they are doomed to inescapable lives of poverty and misery. Hindu religion, securely based in the principle of reincarnation, has served to maintain societal order by promising better circumstances in the next life, provided that one accepts things as they are in this life and does not rebel against the inequities one must endure. Intense, largely unconscious fear of the power of women transforms itself into the requirement and expectation that women will accept the role of self-sacrificing, utter obeisance to men. This is taken to the extreme of “unconditional love and absolute fidelity in the foreground, and self-sacrifice as the proof of that love and devotion in the background” (p. 19). Keeping women isolated from the outside world, safe from the corrupting influences of education and the knowledge that greater opportunities are available to women elsewhere, renders them dependent, defenseless, and extremely vulnerable to the impact of family pressure and public opinion, says the author of this book.

A widow in Indian society, according to Weinberger-Thomas, is viewed as unworthy of existence. She is a pariah—abandoned, shunned, and treated as though she is a criminal. A woman is not supposed to outlive her husband; if her spouse dies, it is considered to be her fault. A husband’s death is attributed to his wife’s having committed terrible crimes—against a husband or children—in a previous life. Burdened with guilt, abandoned by her family and community, with no chance of rebuilding her life and no viable future available to her, what is there about being alive (other than having children to love and care for) that can be attractive to a widow? A young widow without children is in an especially terrible position. In death, via becoming a sati and purifying herself with fire, a widow is promised the opportunity of being honored, sanctified, semi-deified, and venerated, rather than vilified and despised. And if she hesitates to sacrifice herself upon her dead husband’s funeral pyre, she can be pressured, urged, and at times tortured to force her to choose to become a sati, or she may be pushed into the flames. The total force of the community

is hurled against her—and she does not have the benefit of advice or counsel to the contrary.

The author of this book points out that in Indian culture, women are equated in value with the very lowest societal caste, the Sudras:

In order to dispel the frenzy of the *sati* and divert a woman from her baneful resolution, one must sprinkle the *sati* with water that has been dyed with indigo . . . there is a subtle and elaborate hierarchy of color symbolism . . . with which [each] caste is ideally linked . . . white for the Brahmins, red for the Ksatriyas, yellow for the Vaisyas, and finally blue indigo for the Sudras. [p. 24]

A little further on, Weinberger-Thomas states:

One is subject to the same punishment for the murder of a woman as for a *sudra*, a light punishment as such things go in the hierarchy of penalties. A wealth of other penalties may be marshaled to illustrate the equivalence of women and *sudras* in the great chain of being. So it is that blue indigo, which is the emblematic color of *sudras*, may also well be the secret color of women. The *Apastambasmṛti* informs us that “there is no sin attached to women (wearing dark blue garments) in bed during lovemaking just for fun.” Is it purely coincidental that the next chapter in that volume treats of the impurity of menstrual blood? Might there not be secret affinities linking menstruation, lovemaking, and indigo? [p. 28]

The most salient point is that not only is the life of a woman not highly valued, but also that this devaluation is connected somehow with her sexuality and with the mixture of awe and revulsion that men feel toward her as a sexual object.

A woman is expected to devote herself to her husband during his lifetime and to die before him. In fact,

. . . the life of a man hangs on the “virtue” (*satitva*) of his wife: she protects him from the evil hand of fate and en-

sures his well-being and survival through her devotions, vows, and religious observances. How could her husband possibly die without it being her fault? [p. 107]

If a husband dies first, this is taken as an indication not only that his wife has failed him, but also that she has actually been responsible for his death—via sins she purportedly committed in past and present lives. And if she suffers horribly when burned on his funeral pyre, this is taken as proof that she has been a terrible sinner (p. 45). To this reviewer, this is reminiscent of attitudes held about the testing and burning of witches in other cultures and times. There is a common thread in the anxious, fearful, punitive attitudes toward women found among men in disparate times and cultures around the world.

Total self-sacrifice on the altar of her husband's funeral pyre is not always required of Indian women. *Pars pro toto* sacrifice of a finger or part of a finger will at times suffice. (In fact, the ritual of an erstwhile sati putting her finger or arm to a flame without demurral or complaint in order to demonstrate her readiness to be burned alive is an illustration of this.) Interestingly, Weinberger-Thomas describes an incident (reported in the *Calcutta Press* in 1925) in which an upper-caste Hindu public employee sacrificed first the distal segment of his daughter's pinkie (which her mother had cut off at his bidding), and then her life, to Kali in an (unsuccessful) attempt to save the life of his seriously ill son. She also tells us about fourteenth-century farmers who "traditionally offered a finger joint to the god, and who [when they] then found themselves handicapped by that amputation for work in the fields, later had the idea of cutting off two fingers of each of their women" (p. 58). Note that the female is sacrificed to serve the interest of the more important male, and that one-third of a male finger is equated in value to two whole female fingers!

The plight of an Indian widow is described in vivid detail by the author of this book:

An object of universal repugnance, the widow must lead a life of asceticism and self-mortification. Her head is

shaved, and she is deprived of every finery, every pleasure, and every comfort . . . she must emaciate her body through the most austere of diets, sleep on the ground, and pass a full year in penance Because she is the bearer of misfortune, she must avoid appearing in public for the rest of her days; her impurity, rather than being intermittent as in the case of other women [a reference to menstruation], is permanent The widow is excluded from domestic activities, even from the weddings of her own children; in very orthodox families, all contact with the children is prohibited. Her existence is but a monotonous succession of fasts, religious observances, self-mortifications, and devotional practices. It can, however, become a veritable trial, given the fact that the hatred and resentment of her in-laws, legitimized by the belief that the widow has "eaten" her husband, knows no limits. She is subject to humiliation, insult, and abuse The young widow is especially execrated, since in order to deserve such an unhappy fate, she must have committed abominable sins in a past life—adultery or the murder (literal, in this case) of her husband. The torments of but a single lifetime cannot redeem a karmic fault of such magnitude. [pp. 146-147]

Is there an element of masochistically expressed, unconscious rage and thirst for vengeance in the willingness of some widows to burn themselves alive along with their dead husbands? Weinberger-Thomas describes a group called the Charans, who at one time rented themselves out to ensure compliance with contracts or to ensure the safety of caravans against attacking marauders by cutting or even killing themselves if necessary: "Nothing was more dreaded than the vengeance of a suicide's ghost. Without fail, it would wipe out the guilty party and his entire lineage" (p. 60).⁴

The archetypal form of this category of suicide was that of the creditor who fasted to death at his debtor's door,

⁴ What might this tell us about anorexia and self-mutilation in teenage girls?

thereby making the delinquent party a brahmanicide. Outwardly peaceful, the fast unto death was, basically, an act of extreme violence directed primarily against the other ... [p. 64]

Multiple forms of self-mutilation were codified in the Charans' armamentarium, but the ultimate act was self-immolation:

Nothing . . . could rival the violence of *traga* by fire, a macabre scene in which the act of burning oneself combined death and vengeance, rite and spectacle, hierophany and profanation. Transformed into a living torch, the Charan would dance before his adversary until he collapsed, before his very eyes, into a heap of ashes. [p. 61]

Weinberger-Thomas cites historical and literary references that "underscore the affinities between the heroic sacrifice of the faithful wife and the battlefield death of the hero" (p. 73).

The author describes the age-old Indian marriage ceremony that is only now disappearing, in the course of which the man recites:

I change the evil residing in thee, bringing death to thy husband, thy children, thy cattle, destroying home and reputation, into that which brings death to thy lover. Live with me then, until the end of our day, thou thus named. [p. 148]

Weinberger-Thomas also details the Hindu myth of the Divine Sati, who immolated herself after her father, Dahsa, humiliated her husband, Siva, by not inviting him to a celebration of sacrifice to which he had invited all the other gods. What had set this train of events in motion was Brahma's reaction of love and lust for

. . . Samdhya, the primordial Woman, who had caused this fine mess through the desire she had awakened . . . [in] her father and her brothers. She decided to sacrifice herself in fire . . . [She] was immediately reborn out of the sacrificial fire as Arundhati . . . Arundhati, identified with the star Aleor, is called upon by chaste and faithful wives in

India, and in particular by Satis when they utter their solemn declaration of intent to burn themselves. [p. 163]

Weinberger-Thomas concludes as follows:

Out of these mythic fragments, we shall retain the idea that women are fundamentally desirable, desiring, and guilty of the desire they inspire and experience. Their sensuality, which defines them completely and has its seat in their sex, is the cause of a man's ruin . . . Such, at least, is the risk men would run had social and religious laws not set matters aright by clearly demarcating the subordinate position into which women had been placed by nature . . . fire purifies women of these sins that caused them to be born within that impure sex. Unlimited devotion to one's husband will allow a woman to attain salvation, but only purification by fire can redeem her of her "fault of karma" (*karmadosa*). [pp. 163-164]

The practice of self-immolation in honor of one's leader, ruler, or lord and master was at first not limited to women. In ancient and even in more recent times, soldiers would hurl themselves into the funeral pyre of their deceased general, and men would join a dead ruler in the act of purification through fire. There is a heroic element in the willingness to die that can exert a powerful impact—especially when coupled with belief in life after death.

Weinberger-Thomas characterizes herself as reluctant to "psychologize" (p. 168) about the willingness of Indian women over many centuries to burn themselves alive upon their dead husbands' funeral pyres. On one hand, she states that she prefers to draw no conclusions, but to let the facts speak for themselves. On the other hand, however, she either alludes to or explicitly refers to the part played by men's awe and fear of women's ability to excite sexual desire, and by the awesome power over life and death perceived in women's childbearing role, with a complementary sense of guilt and responsibility thrust upon women, as indicated above.

Toward the end of the book, the author interprets the widow's act of self-immolation as in part an extreme form of self-esteem

regulation. She returns to the myth of the divine Sati, who immolated herself in apparent response to an insult visited upon her husband. Her reaction to that insult is presented here as a representation of narcissistic rage, leading Sati to commit a self-destructive act that afforded her a Pyrrhic victory through Charan-like, self-sacrificial martyrdom. Weinberger-Thomas states that in the myth, Sati

. . . immolates herself in order to satisfy the demands of her own ego. The desire to abandon her body springs from a narcissistic injury: Sati comes to know that she has not been invited to a ceremony to which her father has convened "every living thing in all the reaches of space . . . gods and seers, men, birds, trees, and grasses." . . . Anger began to burn in her . . . fury increased in her beyond bounds . . . Sati burns herself because Dahsa has offended her. His insult to Siva provides her with an excuse for carrying through on her threat. It is she who is outraged. Her behavior is so self-centered that the very process of her death seems a virtuoso demonstration of her self-sufficiency: no accessory, auxiliary, or external element enters into the production. [pp. 165-166]

The author goes on to emphasize the importance of a narcissistic factor to explain the willingness of some "exceptional beings" (p. 170) to become sati here on Earth: "The state of 'sati-hood' is the mark of a woman's sacredness, rather than subordination. Hindus who honor Mother Satis are nevertheless unconscious of this duality. The two facets of the Sati's sacrifice form a seamless whole in their experience" (p. 168). Sati women not only expect that they will advance via fiery self-purification from a lowly, ignominious state here in this life to a better one in the next life, but also believe that they will join the supernal world of the gods, a realm viewed with awe and reverence by those who worship at the sati shrines.

It is the sati whose supernatural aura produces the most miracles, who grants the most sons, protects the locale,

and drives away disease that will enjoy the greatest religious devotion, regardless of the conditions under which she has sacrificed herself. [p. 168]

At “a house that . . . is the home of a Rathar Rajpit family whose son was miraculously healed [thirteen years earlier] through the grace of Om Kanvar, the sati of Jharli, who died on August 30, 1980” (p. 169), Weinberger-Thomas asks why a woman chooses to be a sati. The immediate reply (by the wife of a prominent man who had invited her there) is “Out of love. Without a husband a woman is nothing” (p. 170).

Weinberger-Thomas comes back to this theme at the end of the book. She states: “The fire will not burn a living woman and a dead man What burns in the cremating fire is a single body, comprising two indivisible halves, transformed into a sacrificial oblation . . .” (p. 216). She adds:

The fire of the *sati*, the essence of her being, brings about the phenomenon of a miraculous self-combustion, without burns or suffering, that transforms her into a divine entity before the eyes of the thousands of Hindus who gather to view the event. [p. 217]

In other words, the sati, in her self-sacrificing act of love, is transported to a higher realm and will be venerated for it by those whom she leaves behind.

In some instances, love for the lost spouse, combined with religious devotion and belief in reincarnation, can indeed play an integral part in the decision to become a sati. It is not unknown in other cultures for a woman—or a man—to feel so inseparable from a loved one that life without him or her is intolerable. Unity in death may seem preferable to remaining behind all alone. The story dramatized by Shakespeare in *Romeo and Juliet* is played out periodically in real life. Weinberger-Thomas seems to allude to this, although she does not discuss it explicitly. Acts of self-sacrifice out of love for others or for the common good occur in diverse cultures.

It is certainly possible to speculate further about the psychological underpinnings of the practice of widow burning in India. We might wonder, for example, about the role played by societal channeling of the murderously aggressive inclinations that appear to be a prominent part of human nature (with women, children, and the elderly presenting as ready targets). From a developmental point of view, we might also wonder about the role of ambivalence toward the seemingly all-powerful preoedipal and oedipal mother, who is loved and revered on the one hand and resented, envied, and hated on the other. It is necessary, though, to be cautious about interpreting such phenomena exclusively in terms of individual depth psychology, since we know that other powerful factors—cultural, religious, socioeconomic, political, historical, and so on—also influence human behavior, and we must be cognizant of them as well.

Particularly in light of the current events in the world that threaten humanity, it is incumbent upon us to make use of what we have learned about human nature to attempt to fathom the sometimes strange and horrific actions of which human beings are capable, individually and collectively. We need to attempt to understand how it is that people can be willing to sacrifice their lives in compliance with societal views that are fanatical and that embrace violence. I strongly recommend Weinberger-Thomas's book to those who are interested in exploring the puzzles of suicide and self-sacrifice in both psychological and sociological dimensions.

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ERRANT SELVES: A CASEBOOK OF MISBEHAVIOR. Edited by
Arnold Goldberg, M.D. Hillsdale, NJ: Analytic Press, 2000. 230
pp.

The psychoanalytic literature has suffered for much of its history from an overabundance of passion attached to theoretical positions and a paucity of shared clinical data on which to judge them.

That fact makes this contribution from Goldberg and his associates especially welcome. It is, as the subtitle declares, a casebook, a collection of eight cases, each describing the treatment of what the group terms a “narcissistic behavior disorder,” with a minimum of theoretical elaboration. It is a good read, and it is a major step forward in the direction of showing, rather than describing, what we actually do with our patients. It should be seen as a testimony to the success of the book in showing us what is possible in clinical reporting that I conclude that it does not altogether succeed.

The book is divided into an introduction by Goldberg and a set of eight independent case presentations by members of a group formed to study perversions, delinquencies, and addictions. Although the members of the group are listed, the cases are not identified with the therapists. Each patient is a person who behaves in a socially deviant way that most people, including most therapists, would find repugnant—and that the patient, it is emphasized, also finds repugnant. In the introduction, Goldberg gives a thumbnail description of each case, providing more of an overview and assessment of the treatment than the case reporters offer. He also describes something of how the group worked with each case, including a fascinating, valuable glimpse into the personal reactions the group had to the behaviors of both patient and therapist. This is a major contribution in itself, as it illustrates how easy it is for therapists to slip into moralism and to lose sight of the psychological function of behavior of which we disapprove.

Goldberg sees the pathology in question as a kind of disavowal, which in his theoretical language is a function of the “vertical split,” in contrast to the “horizontal split” of repression. Although this vocabulary comes from self psychology, it is not clear how (or if) it differs from disavowal as described from other perspectives; Goldberg emphasizes the shame the patient feels about his or her activities, but that does not seem so definitive to me. The function of the split is described as helping the patient to achieve a sense of self-consolidation—hence, the word

narcissistic in the diagnosis, reflecting the self psychological use of the term with respect to disorders of the self.

Goldberg and his collaborators succeed admirably in demonstrating the pathology and some of the problems such a patient presents to the therapist. In most of the cases, and in a process paralleled by the study group's proceedings, there is an emphasis on the central role of overcoming the therapist's twin pulls either to condemn or to collude in a disavowal of the patient's behavior. Moreover, Goldberg makes it plain that he does not think the therapists are universally successful in their attempts to do so. The tone throughout is that this is not exemplary work, but rather genuine work. The willingness to present cases that show what actually happens in a treatment, instead of what we think should happen, makes this book a valuable addition to the literature. Much of what happens in the cases will stir the usual second-guessing and discussions of what constitutes analysis, which is a question we might be well advised to postpone addressing until we have more data like this about what analysts actually do with their patients.

One ambiguity of this book is its intended audience. Goldberg's group is composed of self psychologists, and he says his imagined reader has some familiarity with self psychology, but the cases are, in Goldberg's words, "described with a minimum of jargon, and the theoretical baggage may not be essential" (p. x). Nonetheless, Goldberg writes: "For a start, we do propose that all of our cases of behavior disorders have problems in twinning, idealization, and grandiosity" (p. x). This is more than a proposition, if by that he means a hypothesis to be explored; rather, it is a postulate of the work, assumed in the cases, each of which alludes at one point or another to selfobject functions, mirror transferences, and so on, without seeing a need to elaborate—as if the terms themselves were clinical data. Thus, rather than demonstrating the nature of the selfobject transferences in the clinical material, the group tends to take them for granted. Six of the eight case reports cite Goldberg's work specifically; and at the end of the book, the reader is direc-

ted to references to fill out the theoretical underpinnings of the group's work.

It may be that Goldberg intends *Errant Selves* as a parochial work; visitors are welcome even if the sermon is directed to the believers. But he also expresses the hope that the work stands on its own. The ideal of a casebook is for it to approach clinical raw material, and Goldberg is more aware than most of the impossibility of achieving that objective. His introduction reveals his sensitivity to the myriad influences that compromise the presentation of clinical material. He is aware that presentation cannot be done without some theoretical baggage, since selection and description of phenomena are grounded in the presenter's perspective, whether conscious or unconscious, whether acknowledged or assumed. He reminds us that disguise, however necessary, is distortion.

It may have been an effort to minimize such factors that led Goldberg to organize the text as he did. The only discussion tying the cases together is in the introduction, the pages roman-numbered as if subordinate to the body of what is, after all, a casebook. Yet there is much clinical data in the introduction, albeit about the group process in the discussion of cases; and there is much covert theorizing in the case reports, usually in the form of assumption of the postulates mentioned above. This is a problem with the casebook format: because it appears theory-free, the theorizing is more implicit, and thus harder to consider on its merits. All clinical presentations involve inference, but in some, it is easier to separate inference from observation.

A curiosity of the organization of the book is that, in some ways, it is easier to follow a dynamic process in the description of the group's activities in the introduction than in the cases themselves. Goldberg offers a particularly valuable discussion of how the group's thinking evolved through honest and courageous attention to the process in the analyst and the group. At times, the group recognized processes evoked in their interchanges that were similar to those emerging in the cases. The

group's functioning reflects a candor that shows our profession at its best.

We are even given a glimpse of how the case material made the therapists rethink a fundamental idea. The group's initial hypothesis about treatment was that the therapist has to heal his or her own vertical split activated by the treatment in order to help the patient do the same, but Goldberg describes how they had to modify that hypothesis when they heard the last three cases in the book:

We initially thought that effective treatment of these patients required a reciprocal split in the therapist or analyst. We next concluded that certain forms of split-off behavior could remain entirely outside of the treatment with the implicit agreement of the analyst, or else could participate in the treatment with the implicit acceptance and corresponding blindness of the analyst. Each possibility demanded a collusion with the analyst and could be effectively treated only by integrating the disavowed material into the treatment We now [after hearing the last three cases] advanced our conditions for therapeutic effectiveness to include a match with an analyst who could struggle with both sides of the split without condemnation or acceptance. [p. xvi]

Subsequent sentences suggest that Goldberg does not consider this issue settled. But it is clear that the group's dedication to learning from the material clearly took precedence over their affection for their own ideas—an accomplishment that is rarer in our field than we like to believe.

The introduction thus describes a group process that unfolds in the way we expect an analytic process to unfold: emotional reactions are felt and acted upon, then acknowledged, explored, and used to generate hypotheses. The hypotheses are then tested against subsequent material and modified accordingly. It seems to me that the case reports themselves, however, do not reveal that process as successfully. The reports are more

detailed and more candid than most of what is available in the literature, yet there is little demonstration of the recursive, self-correcting process we expect in an analysis, and insufficient data is provided on which to judge the therapists' choices. In each case, I came away with some feel for the patient's character (which is what the book sought to accomplish), as well as some feel for the therapist's character (which was probably unintended). What I found less available was a feel for the substance of the treatment: I would have welcomed much more of the particulars about what actually happened between the participants, and how it happened (which would, of course, have required inclusion of fewer case reports or a much longer book). The challenge of a case presentation is to report in a way that the reader can see more than the reporter sees; otherwise, the presentation is just a statement of the therapist's beliefs, e.g., about the nature of the transference. Inferences about the reporter are always available; after all, the report is the reporter's narrative, not the patient's. But inferences about the treatment process are made more difficult without details of what the participants said (and what one of them felt and thought), presented in unbroken sequence.

Still, *Errant Selves* goes so much farther than most of what is available in the literature toward presenting actual clinical data that it may be curmudgeonly to complain that it does not go far enough.

LEE GROSSMAN (PALO ALTO, CA)

THE EMERGENT EGO: COMPLEXITY AND COEVOLUTION IN
THE PSYCHOANALYTIC PROCESS. By Stanley R. Palom-
bo. Madison, CT: Int. Univ. Press, 1999. 396 pp.

New ways of understanding the world occasionally reorganize wide areas of knowledge. Sometimes these new understandings apply principally to specific disciplines. Others have application across many fields and change the ways in which whole civilizations see the world.

The Emergent Ego: Complexity and Coevolution in the Psychoanalytic Process is the first book-length work to attempt to relate many of the concepts deriving from complexity theory to clinical psychoanalysis. Using an extended case description, clinical vignettes, and generalizations about the analytic situation, the author shows how ideas drawn from complexity theory can enrich our understanding of the psychoanalytic process.

Historically speaking, the mechanization of the world view¹ shifted understanding of the physical world from explanations based on God's intentions to explanations rooted in impersonal, mathematically describable forces. The publication of Newton's *Principia* in 1687 was the nodal point of that shift. Using just three physical laws of motion, Newton showed that the mathematical methods today referred to as calculus could be used to explain a startling array of physical phenomena.

For three centuries, Newton's ideal of explanation and his mathematical methods have dominated the physical sciences and have been the goals, if not the actuality, of the biological and social sciences. The core mathematical idea has been that by relating the rates of change of measurable quantities to the current values of those quantities, scientists can calculate how the quantities change over time. These relationships, called *differential equations*, are used to study everything from subatomic interactions, to the firing of neurons, to migrations of animal populations and the motions of the galaxies. Inordinate efforts to find methods to solve differential equations have yielded a magnificent collection of ways to work with them and have led to much of the development of modern science. These equations predict an orderly world in which change is continuous and roughly proportional to its cause.

For all their power, differential equations suffer a major drawback: when the laws they describe become even slightly complex, they are extremely difficult to solve. As a result, when-

¹ Dijksterhuis, E. (1950). *The Mechanization of the World Picture*. London: Oxford Univ. Press.

ever possible, scientists have focused on the simplest possible situations, because they tend to yield the most tractable differential equations. More complex situations have been avoided unless they address questions of extreme importance.

The development of computers after the Second World War made possible a brute-force computational approach to more complex problems. Scientists used computers to approach formerly intractable problems involving complex systems from diverse areas, including meteorology, psychology, ecology, physiology, thermodynamics, cybernetics, and weapons design. In the process, they rediscovered ideas first explored by the French mathematician Henri Poincaré. Poincaré had shown that equations only slightly more complex than those traditionally studied can lead to solutions that are qualitatively different from the smooth, orderly world predicted by differential equations. Furthermore, the future of systems depends not only on their state at a particular moment, but also on their history. Most important, order can sometimes emerge from disorder (a process called *emergence*) and orderly systems can deteriorate into apparent chaos. A new, broader outlook on the study of systems was born and christened with several names, including nonlinear dynamics, nonlinear systems theory, chaos theory, and complexity theory. This new outlook came into full flower, with enormous accompanying publicity, in the 1990s.

Psychoanalytic researchers in the period following the Second World War tried to continue Freud's program of modeling psychoanalytic theory on classical physics. But by the beginning of the 1980s, it was clear that this effort had failed.² Some analytic theorists subsequently chose to limit their efforts to generalizing from clinical and personal experience, or placed psychoanalysis within the theoretical framework of certain contemporary philosophical investigations. Others sought to continue theoretical explorations, replacing classical physics with more promising

² Gill, M. & Holzman, P., eds. (1976). *Metapsychology is not psychology. Psychol. Issues*, 9 (Monograph 26). New York: Int. Univ. Press.

disciplines, such as cybernetics, information theory, and most recently, nonlinear dynamics.

In initiating his discussion linking complexity theory and psychoanalysis in *The Emergent Ego*, Palombo defines *evolution* as the “general term for a process that brings about unanticipated change” (p. 6). He notes that a Darwinian observation—namely, that “descent with modification” results in evolution—applies as well to the analytic process as it does to the biological world. Empirical and observational explorations of biological evolution show that it is not a smooth process, but occurs in fits and starts. Even without environmental change, slowly changing populations may suddenly undergo times of enormous transformation, only to return for long periods to relative stability. Palombo argues that analyses progress in the same fits-and-starts fashion, with long, seemingly fallow periods followed by dramatic progress. The underlying mathematical structure of all systems involving descent with modification entails this developmental course.

One of the most important consequences of this underlying structure is the property of *emergence* observed in many complex systems. The idea that an observed complicated order must be preplanned seems so obvious that for centuries, the richly elaborate structure of biological systems was taken as proof of God’s existence. Darwin showed that the same phenomena could be accounted for more simply through natural selection. The complex structures of organic life *emerged* from the application of its rules. A fascinating way to study such emergence is through the use of “artificial-life” computer programs, which utilize a very small number of rules to nonetheless generate remarkably complex and interesting structures. Palombo points out that both psychopathology and psychoanalytic cure can be discussed in terms of emergent properties of complex adaptive systems.

Psychoanalytic thinkers want to know how arrangements can be made for optimal change. Many of our patients seem frozen, endlessly repeating maladaptive configurations of thought and behavior based in early childhood experience; while other patients have insufficient structure, so that they consistently strug-

gle to maintain some stability and order in their lives. Many of the former group fear that if they deviate from their preset visions, they, too, will become disorganized and out of control. Analysts have long understood the individual's desire to reach an optimal psychological state in which change and reorganization are possible, but trauma and chaos do not prevail. In complex systems, the type of change that occurs can range from essential stagnation to change that is profoundly erratic and disordered, i.e., chaotic. Interesting things frequently emerge at the edge of chaos; in fact, it is in these regions that novel but potentially stable configurations can emerge. This general principle—that new structures emerge at the edge of chaos in complex systems—is equated by Palombo with the psychoanalytic finding that reaching an optimal point along the organized/disorganized continuum advances psychoanalytic change.

A promising model for the analytic process lies in the concept of coupled oscillators. When two oscillating systems are joined, they mutually influence one another, and entirely new configurations emerge that are more than the sum of the two oscillations. Palombo explores this topic from a psychoanalytic viewpoint, describing it principally in terms of the way in which analysts attempt to move patients away from configurations that are stable but less than optimal, and toward exploration of optimal ones. He pays little attention to the new configuration arising between the analyst and the patient, or to the influence of the patient on the analyst, despite the fact that these are currently hot topics in clinical analysis.

The book's final chapters recast the theory of dreams and their interpretation in the language of complex systems. Palombo describes dreams as configurations on the edge of chaos that allow reorganization and integration of material new to the brain. Furthermore, he convincingly argues that what is mutative in analytic interpretations can be understood as that which allows new connections and new structures to develop within the mind, and thus at appropriate times, a wide range of interventions may be mutative.

The excitement of a first book on complex systems and psychoanalysis should not blind us to significant limitations of *The Emergent Ego*. Those who write about complexity theory and related disciplines tend to fall into two camps: some are cautious and conservative, carefully avoiding conclusions unsupported by data and/or careful systematic analysis; and others, seeing the potential of these ideas to reshape many disciplines, describe promising ideas as though they were demonstrated facts. Palombo tends toward the latter approach. He definitively equates clinical phenomena with constructs from complexity theory in cases where another investigator might note suggestive similarities, but would indicate that further investigation is needed before one can properly describe them as such. He sometimes uses technical concepts from other disciplines imprecisely and in ways that are misleading. Often, his concepts are not defined, or are defined only much later after being introduced. These factors make the book hard going for many potential readers from the field of psychoanalysis.

While Palombo's goal of linking complexity theory to psychoanalytic case material is commendable, his execution is less than satisfactory. The analytic technique described in the book seems somewhat idiosyncratic, involving interpretations that neither grow naturally from the patient's associations nor address points of urgency in them. Although the author makes reasonable arguments to link complexity theory to the clinical material, the reader seldom finds that the new perspective addresses salient clinical issues. A major new theory such as Palombo proposes should yield new ideas about psychoanalytic technique. Indeed, this reviewer believes that the field of nonlinear dynamics has such a potential. However, in this book, the technical implications of the new theory seem to be used primarily to provide additional rationale for standard psychoanalytic technique.

The Emergent Ego is a first attempt to show how complexity theory and related disciplines can eventually put psychoanalysis on a firmer theoretical footing, a premise with which this reviewer agrees. Like many pioneering efforts, however, the book has seri-

ous limitations. Yet the author has produced the first extended account of how psychoanalysis can be reshaped by this new conceptual framework, and for that we should be grateful.

ROBERT M. GALATZER-LEVY (CHICAGO, IL)

THE SUPERVISORY RELATIONSHIP: A CONTEMPORARY PSYCHODYNAMIC APPROACH. By Mary Gail Frawley-O'Dea and Joan E. Sarnat. New York/London: Guilford, 2001. 248 pp.

Toward the end of their book, Frawley-O'Dea and Sarnat write: "Psychoanalysis seems to be inviting into its corridors, and even into its inner sanctums, new, questioning, vibrant voices prepared to enlarge and enliven the discourse in which analysts engage" (p. 229). The publication of *The Supervisory Relationship* supports their observation. It is an interesting, imaginative, and to my mind, controversial addition to the growing literature on supervision. The authors believe, as I do, that the "supervisory medium should carry the message the supervisor is trying to teach" (p. 3).

Since Frawley-O'Dea and Sarnat come from the intersubjective, contemporary, relational school of psychoanalysis, they present a method of supervising that emphasizes particular analytic goals: making patients aware of their unconscious repetitive relational patterns and bringing into consciousness their dissociated (in contrast to repressed) split-off self states. To do so, the authors maintain, analysts must acknowledge the intersubjective aspect of therapeutic relationships and accept the inevitability of enactments and the opportunity for analysis that they afford. At times, the authors continue, analysts should be willing to disclose to their patients what they, the analysts, bring to the co-created dyadic relationship.

In order to teach this contemporary approach to analysis, Frawley-O'Dea and Sarnat recommend a form of supervision in which both student and supervisor are "engaging in a process of mutuality and negotiation, and shared power, authority, and vulnerability" (p. 4). This means that the relationship of supervisor

to supervisee needs to be explored in almost as much depth as the relationship of supervisee to patient. For it is in the relationship of student to teacher that hidden countertransferences, unrecognized parallel process, and unconscious intrapsychic and interpersonal relational patterns may first be observed. Since the supervisory relationship is cocreated and intersubjective, the supervisor must openly acknowledge to the supervisee the role he or she has played in the creation of whatever difficulties or gratifications the two encounter. For the authors, it follows that in such a form of supervision, regression on the part of supervisee and/or supervisor is to be expected, welcomed, and analyzed together. Furthermore, the boundary between teaching and treating is quite consciously and intentionally diminished.

Many will strongly disagree with some of the authors' ideas about "treating" supervisees, put forth in chapter 7, "The Teach/Treat Issue." Frawley-O'Dea and Sarnat describe an instance in which the training analyst and the candidate openly agree that since they "are attending to equally important but quite different matters in the analysis" (p. 151), the supervisor should do a sector therapy around significant countertransference problems that have arisen in the candidate's work. The authors seem to accept this as a reasonable division of therapeutic labor, without raising any question about the possibility of creating analytic resistances in which the training analyst and the candidate may be colluding by agreeing to a split in the treatment. Furthermore, one could ask what important issue in a candidate's countertransference to a patient is *not* closely related to issues with which he or she is dealing (or should be dealing) in a personal analysis. Can one easily accept the proposition that "a supervisee's personal analysis follows its own course, which cannot be expected to change just because an important aspect of his internalized relational world has been activated in another relationship [between patient and supervisee]" (p. 154)? And do we agree that "it is far more disruptive of a supervisee's personal analysis . . . to expect the analytic dyad to address a personal conflict or relational conflict emerging in supervision"

(p. 154)? Without serious discussion of the evidence for such statements, these assertions make little sense to me, and they suggest a very different view of analysis than the one I, and I suspect many readers, hold. Failure to fully explore all the ramifications of such a decision to split the treatment, even if only temporarily, makes the authors' argument less credible in terms of the value of the supervisor's periodically treating the supervisee.

Although the chapter described above presents serious problems, as noted, other chapters bring into focus aspects of supervision that are worth revisiting. For Frawley-O'Dea and Sarnat, recognition and analysis of parallel process, addressed in chapter 8, constitute an important tool for understanding both the supervisory relationship and the therapist-patient interaction. Also deserving of attention is chapter 9, "The Contemporary Case Conference," which focuses on an important part of psychoanalytic education that has been little studied. The authors apply Bion's concepts of work groups, as contrasted with basic assumption groups (dependency, fight or flight, and pairing groups), to case conference discussions in a way that is interesting and helpful.

While the authors understandably want to make known their model of supervision, their eagerness to win the reader to this point of view becomes, at times, a weakness. Thus, while they give lip service to other theoretical approaches to analysis and to other ways of supervising, they do themselves a disservice by portraying classical analysis in a superficial manner that, by their own confession, is "outdated and caricatures contemporary thinking and technique" (p. 15).

Furthermore, the authors rarely mention any limitations to their own approach. One can imagine instances in which the attempt to "treat" a candidate in supervision goes awry and derails the supervisory process. And putting too great an emphasis on the relationship between supervisor and supervisee can serve as a resistance that masks, rather than elucidates, what is going on in the supervisee's treatment of his or her patient. Not to

fully discuss, with examples, the possible pitfalls of the authors' approach—while also championing its advantages—is a significant omission.

The same limitation applies to discussions of the many vignettes scattered throughout the book. Often, they are used to simply bolster the authors' arguments, without acknowledgment of the complexity, multidetermined quality, and alternative understandings of the interactions described. With many vignettes, Frawley-O'Dea and Sarnat do what they accuse more traditional approaches of doing by failing to include a full, nuanced, and balanced discussion of the complicated interactions between therapist and supervisor. Furthermore, their failure to inform the reader which of the clinical vignettes presented describe actual events, and which are "composite representations" (the authors' creations), leaves us unclear as to the kind of evidence being presented to support their views.

Despite these drawbacks, Frawley-O'Dea and Sarnat present an engaging, clearly written, and intriguing addition to our literature, one deserving of our attention. This book will no doubt contribute to lively debate and discussion about the nature of the supervisory relationship.

DANIEL JACOBS (BROOKLINE, MA)

NOCTURNES: ON LISTENING TO DREAMS. By Paul Lippman, Ph.D. Hillsdale, NJ: Analytic Press, 2000. 264 pp.

Starting with the tenet that there has been an erosion in the appreciation of dreams in contemporary psychoanalytic practice, this book is devoted to renewing our interest in dreams. In many respects, the ideas expressed have more to do with recharging our excitement and appreciation of dreams than with presenting a theory of dreams or a specific methodology for utilizing them in clinical work. The author describes some of the factors that have helped to rob dreams of their special place in human life: managed care economics, the focus on medication, and an emphasis on the brain rather than on

the mind. Notwithstanding these and other societal changes, the author believes that the psychoanalytic literature has shown a declining interest in the subject, and has tended to look at dreams in limited ways. Lippman, on the other hand, brings a rich and personal appreciation for dreams to the forefront. He is dedicated to appreciating dreams as special, and invites us to regard them with the utmost respect. There is no attempt here to categorize, label, provide a cookbook-style manual, or to do anything other than to participate with the dreamer in the world of his or her dreams.

Lippman does not identify his theoretical allegiance with any one camp, and in fact raises salient issues about how one's theoretical orientation can interfere with the act of being present when listening to dreams. He believes that Freud, Jung, and others have made valuable contributions to the subject, as have neuroscientists in more recent years. In Lippman's view, Freud, and especially Jung, appreciated more fully than we generally do today the rich contribution that the study of dreams can bring to clinical work. In many ways, *Nocturnes* is an attempt to invigorate our work with the enthusiasm held by the pioneers of psychoanalysis. He points out that recent work in neuroscience confirms some of the speculations of those pioneers—speculations made nearly a hundred years ago.

Some of the author's interests go in directions other than back to the roots of psychoanalysis, however. For example, he tells us that, beyond dreams themselves, he is fascinated by the meaning of dreams in a person's life. There is an extensive discussion of the role of dreams in other societies and in other times, without the preemptive dismissal of dreams as not scientifically based. He talks about the role of the dream interpreter, which has a long history preceding the emergence of psychoanalysis—the analyst being only a later incarnation of a time-honored traditional role. He also opens an interesting discussion about forgotten dreams, which represent the majority of our dream life. These are not simply dismissed as a product of repression, but are seen to serve other important purposes for mental life—in Lippman's view, func-

tioning as a kind of refertilization of the unconscious mind. In addition, an interesting section of the book describes the impact of different therapists' differing personality features, and how such factors affect dream work.

Lippman brings himself to life in *Nocturnes*, describing the circumstances of his life and the role dreams have played for him. Unlike Freud, who used his dreams for the purpose of analysis,¹ Lippman employs his dreams to highlight the importance of dreaming in the life of the dreamer. And also unlike Freud, Lippman does not present an overarching explanation of the reason for dreaming or how dreams relate to psychic causality.

Throughout the book, one senses a reverence for the dream, as well as some recommendations to the analyst: not to make premature interpretations, not to make immediate transference connections, not to feel that one has to analyze the dream, and, especially, to give the patient freedom to talk about dreaming and dreams. There are no systematic methods for dream analysis suggested in the book, and none of the dreams presented are fully analyzed. In fact, Lippman would probably question whether any dream can or should be fully analyzed. He discusses dreams from perspectives other than interpretation focused: why the patient reports them, to whom the patient reports them, and what he or she is hoping to accomplish by doing so. He feels that these questions may be as relevant as the analysis of the dream itself.

Only a few dream examples in the book come from patients, although the ones presented help illustrate Lippman's points. Seeing the dream as a repository of unconscious life, Lippman would like for both the analyst and the patient to feel free to play and work with the dream. The last chapter of *Nocturnes* concerns the subject of freedom and dreams, and it is clear that, more than anything else, the author wants to encourage practitioners to allow their patients, the dreams, and themselves the freedom and respect that dreams deserve.

RONALD FLEISCHMANN (DALLAS, TX)

¹ Freud, S. (1900). The interpretation of dreams. *S. E.*, 4/5.

THE SEXUAL CENTURY. By Ethel Spector Person, M.D. New Haven, CT/London: Yale Univ. Press, 1999. 388 pp.

For almost thirty years, Ethel Person has studied and written about sex and gender. Her articles, originally composed with her mentor, Lionel Ovesey, to whom this volume is dedicated, and subsequently republished alone and with other collaborators, are reproduced in *The Sexual Century*. Yale University Press has done the psychoanalytic community a service not only by collating these important contributions, but also by arranging and presenting them in an informative fashion.

Ovesey, whose frame of reference was adaptational,¹ was considered a maverick by the psychoanalytic establishment of his time. In fact, the articles he wrote prior to his partnership with Person were not published in classical psychoanalytic journals, such as the *Journal of the American Psychoanalytic Association* or the *Psychoanalytic Quarterly*, but rather, in *Psychiatry* and similar venues.^{2, 3, 4} Person—whose ideas draw upon Ovesey's and Freud's, as well as on object relations theory, self psychology, cultural anthropology, and feminism—is clearly part of the psychoanalytic mainstream. Times have changed.

The book is arranged thematically in five major parts: (I) Sex and Gender: General Considerations; (II) Cross-Gender Disorders; (III) Sex and Fantasy; (IV) Sex and Gender: Female Sexuality and Femininity and Male Sexuality and Masculinity; and (V) The Impact of Culture. The writing style is elegant and lively. Witness, for example, Person's description of Harry Benjamin, the sexologist who delineated the syndrome called transsexualism in the early 1950s:

¹ Rado, S. (1949). An adaptational view of sexual behavior. In *Psychosexual Development in Health and Disease*, ed. P. Hoch & J. Zubin. New York: Grune & Stratton, pp. 167-172.

² Ovesey, L. (1954). The homosexual conflict: an adaptational analysis. *Psychiat.*, 17(3):243-250.

³ Ovesey, L. (1955a). The pseudohomosexual anxiety. *Psychiat.*, 18(1):17-25.

⁴ Ovesey, L. (1955b). Pseudohomosexuality, the paranoid mechanism and paranoia: an adaptational revision of a classical Freudian theory. *Psychiat.*, 19(4):341-351.

What sort of doctor is it who gives female hormones to men to quiet their disturbing male sexuality, to diminish body hair, to create breasts, to prepare them ultimately for surgical sex conversion? Harry Benjamin is an eighty-eight-year-old charmer, possibly the last European gentleman in New York, a man who lights a lady's cigarette, quotes Goethe when pertinent (and politely translates the quote into English), annually travels to Milan to leave a rose on Verdi's grave ("no one has given me greater pleasure"), and is always ready to buy a woman researcher interested in transsexuals a Bloody Mary at the Polo Room around the corner. [p. 348]

Of the many articles reproduced in *The Sexual Century*, I will select a few of the more important for discussion. "Sexuality as the Mainstay of Identity: Psychoanalytic Perspectives," originally published in 1980, set the stage for much of Person's subsequent thought. Scholars at the Columbia Psychoanalytic Center had earlier published searching critiques of Freud's libido theory,⁵ and Person added her critical voice to theirs: "In sum, the concept of instinct applied to human sexuality is outdated The relationship between sexuality and identity is mediated not only through gender but also through what I have called the 'sex print'" (a term coined in the article, p. 36). The sex print is defined as an individual's "erotic signature, signifying that the individual's sexual potential is progressively narrowed between infancy and adulthood; in the sense of a fingerprint, it is unchangeable and unique" (p. 36). Person added: "I do not mean to imply anything about its origins by this term and it has no reference to imprinting" (p. 44).

The concept of the sex print has perhaps received less attention from analytic scholars than it warrants. Most people seem to construct sexual scripts during their early lives that remain in place ever after, and we are motivated to participate in sexual activity in keeping with the limits of these sexual scripts. Thus, their construction creates a psychological environment that is both inclusionary

⁵ Kardiner, A., Karush, A. & Ovesey, L. (1966). A methodological study of Freudian theory. *Int. J. Psychiat.*, 2(5)489-542.

(certain stimuli arouse us) and exclusionary (others do not). During adulthood, the most important components of our erotic fantasies and desires do not appear to be responses to unconscious conflict, and during psychoanalysis, they do not generally change significantly as a result of interpretation. For example, probably the most important reason that sexual orientation usually does not change during psychotherapy or psychoanalysis is that the object of sexual desire, once in place, is relatively unmodifiable. This is not an invariant phenomenon, however—some individuals do appear to manifest plasticity, and there are probably gender differences with regard to the way sex printing is experienced and expressed. For example, women are probably more plastic with regard to the stimuli associated with sexual desire than are men.^{6, 7} Whether this is true of patients in therapy or analysis, however, remains to be empirically established. The question is researchable, and it is to be hoped that psychoanalysis will have a database about this in the future.

In “The Erotic Transference in Women and Men: Differences and Consequences,” originally published in 1985, Person reviewed the history of analytic thought about the erotic transference. Although assumed to be universal, the erotic transference appears to be considerably more common in women analyzed by men than in men analyzed by women. Person discussed gender differences in relationship style, responses to dependency, and conflicts about power and autonomy. She suggested that women tend to use an erotic transference as resistance, whereas men resist awareness of an erotic transference. There are other possible reasons for gender difference in the expression of the erotic transference, however; extra-analytic research has suggested that erotic desire for the mother is not universal, and perhaps even uncommon in boys. When present, it may signal the presence of an attachment dis-

⁶ Baumeister, R. F. (2000). Gender differences in erotic plasticity: the female sex drive as socially flexible and responsive. *Psychol. Bulletin*, 126(3):375-380.

⁷ Downey, J. I. & Friedman, R. C. (1998). Female homosexuality: classical psychoanalytic theory reconsidered. *J. Amer. Psychoanal. Assn.*, 46:471-506.

order.⁸ The failure of men to develop erotic transferences for women analysts, therefore, might not be generally due to resistance, but to the fact that the transference relationship faithfully replicates early childhood experience.⁹ In addition, it may be that an intrinsic attribute of the analytic process stimulates erotic transference formation in women, but inhibits it in men. In any case, the widespread clinical impression that women develop erotic transferences more frequently than men do awaits the type of empirical validation that would result from the study of a reasonably large group of patients.

Person has not only theorized about sexual fantasy; she has also led a research group that studied it. Their findings, based on a questionnaire study of university students and published in 1989, remain timely and interesting. Among the results are that, at least consciously, men fantasize about sex more frequently than women do and show more interest in partner variation. They also tend to experience different types of sexual fantasies more frequently than women. The investigators found no evidence that men are more likely to have aggressive/sadistic fantasies, or that women have more passive/masochistic ones. Women are more likely to fantasize about being rescued from danger by a potential lover, however. A particularly important finding of this study was that more sexually experienced individuals are likely to report the greatest range of sexual fantasies; hence, "erotic fantasies cannot be viewed as compensation for lack of sexual experience" (p. 255). All in all, Person's scholarship in the area of sexual fantasy has provided psychoanalysis with important data, and has also raised our collective consciousness about a most important dimension of psychological functioning.

The Sexual Century's discussions of gender identity development and cross-gender disorders are enlightening as well. The psychody-

⁸ Erickson, M. T. (1993). Rethinking Oedipus: an evolutionary perspective of incest avoidance. *Amer. J. Psychiat.*, 150:411-416.

⁹ Friedman, R. C. & Downey, J. I. (in press). *Sexual Orientation and Psychoanalysis: Sexual Science and Clinical Practice*. New York: Columbia Univ. Press.

dynamic theories that Ovesey and Person put forth in the 1970s were based on the study of twenty transsexual subjects, volunteers referred by Harry Benjamin and the Erickson Educational Foundation. All were biological males who sought hormonal and surgical sex reassignment. The investigators proposed a classification consisting of *primary transsexualism* and *secondary transsexualism*, with the latter further divided into *homosexual transsexualism* and *transvestitic transsexualism*. At the time the study was carried out, Robert Stoller had already proposed that the transsexual syndrome resulted from what he called a blissful closeness between mother and child, but Ovesey and Person failed to find evidence of this. Their subjects had borderline psychopathology, separation anxiety, and severe impairment in core gender identity and gender role identity stemming from early childhood. Although the authors concluded that primary transsexual patients experience separation anxiety and fantasies of fusion with the maternal representation, it was also noted that these dynamics are not specific to transsexualism, and therefore are not necessary or sufficient to explain its occurrence. This remains a puzzle that is yet to be unraveled by behavioral scientists.¹⁰

"Extreme Boyhood Femininity: Isolated Finding or Pervasive Disorder," a well-known study carried out by Coates and Person on boyhood gender identity disorder, is also reproduced in *The Sexual Century*. In the study described, the behavior of twenty-five boys with gender identity disorder was systematically assessed with a standardized research instrument. Most of the individuals in this sample suffered from pervasive psychopathology. The fact that sixty percent met DSM-III criteria for separation anxiety disorder was compatible with Ovesey and Person's theories about the development of gender identity syndromes and disorders. This article, originally published in 1985, is particularly important in the history of research on gender identity disturbances.

These are but some of the many contributions contained in *The Sexual Century*. Other topics are discussed as well, including, for

¹⁰ Zucker, K. & Bradley, S. J. B. (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*. New York: Guilford.

example, masculine and feminine identifications in men and women and the influence of values in psychoanalysis. This book is a useful one for all psychoanalysts and psychotherapists, and indispensable to those working with the particular groups of patients discussed in the clinical sections.

RICHARD C. FRIEDMAN (NEW YORK)

TO REDEEM ONE PERSON IS TO REDEEM THE WORLD: THE LIFE OF FRIEDA FROMM-REICHMANN. By Gail A. Hornstein, Ph.D. New York: Free Press, 2000. 510 pp.

The title of this superb biography of Frieda Fromm-Reichmann is taken from a story told by the sixteenth-century rabbi Isaac Luria, in which he said that “the responsibility of every Jew is to rescue the divine sparks and restore order to the world. This is the work known as *tikkun*”¹ (p. xvi). The title thus succinctly captures so much of Fromm-Reichmann’s life and work, and eloquently shows the continuity that binds together her orthodox upbringing with her inspiring career of dedicating herself to intensive individual work with severely ill patients.

The book also includes a sensitive and fascinating history of Chestnut Lodge’s first decades. Ironically, I received the book for review the very month that the Lodge closed its doors. Having left the medical staff of the Lodge only two years earlier, I found reading the book to be a bittersweet experience. Although Fromm-Reichmann’s tenure at the Lodge occurred long before I was there, I was struck again and again by how well Hornstein captures the spirit of the Lodge (“a kind of analytic think tank” [p. 180]), and she gives an intriguing account of how it developed its unique institutional identity. Many of us are still in mourning over the loss of the Lodge and what that loss reflects about the current status of American psychiatry. We can be grateful to Hornstein for memorializing the Lodge and one of its best-

¹ *Tikkun* is the Hebrew word for *repair, reform, improvement*.

known analysts in such a detailed manner that the book could almost serve as a manual for creating another Chestnut Lodge, when external conditions once again permit the existence of such an institution.

Hornstein, a professor of psychology at Mount Holyoke College, devoted ten years to researching and writing this book. Her work is a model of scholarship in its exhaustive thoroughness. She interviewed many analysts who had worked with Fromm-Reichmann, and collaborated with others who had previously written about her, including Ann-Louise Silver.² Hornstein admits both candidly and elliptically that “Many parts of this book were emotionally painful to write” (p. xxxvii). Given her many plausible formulations about Fromm-Reichmann’s psychology, the reader is left curious to know more about Hornstein herself, and the relationship of the biographer to her subject. Whatever the dynamics of Hornstein’s deep interest in Fromm-Reichmann might prove to be, we are all in her debt for her prodigious work in writing this book. She describes the challenges she faced in interviewing people about a person who is clearly still a powerful transference figure:

People who had known her well were so protective of even the most innocuous facts that it was hard not to feel they were hiding some terrible secret about her; those who knew her only by reputation spun out elaborate speculations filled with spite and innuendo. The overly emotional response by both groups seemed far in excess of what was called for by a historical debate. [pp. xxii-xxiii]

Hornstein gives an excellent overview of the book in her prologue, where she informs us that

. . . Frieda always told people she had been a psychiatrist since earliest childhood. The eldest of three daughters in an Orthodox Jewish home, she had taken on responsibility for illusions of family harmony and was brilliant in

² Silver, A.-L. (2000). The current relevance of Fromm-Reichmann’s work. *Psychiat.*, 63:308-322.

the role. Like a simultaneous translator, listening past words to murmur, to the half glance, the tonality of a room, she interpreted everything everybody did with a grace that seemed effortless Gliding back and forth between the sensitivities of her father and her mother's fierce control, Frieda learned to intuit a person's need Her own neediness went unnoticed, a sacrifice so complete it seemed deliberate. [p. xiv]

Fromm-Reichmann's self-effacing style also influenced her attitude toward men: "Learning to rely on her own talents while simultaneously denying their existence proved a boon in Frieda's dealings with men; she could do whatever she wanted without threatening them" (p. 21).

Hornstein argues cogently that Fromm-Reichmann's extensive experience treating brain-injured soldiers during World War I shaped her later approach to schizophrenic patients—she was not put off by bizarre symptoms, and she believed that all symptoms had meanings and identifiable causes. Her teacher and mentor, Kurt Goldstein, encouraged her to look for the healthy parts of the patient.

Fromm-Reichmann had a personal analysis with Wilhelm Wittenberg. She later recounted that, when Wittenberg told her she was productive and creative, "I thought I would fall down off the couch" (p. 56). In 1923, she began her studies at the Berlin Psychoanalytic Institute, which required her to give up Wittenberg in order to undertake a training analysis with Hanns Sachs, who "seems mostly to have taught Frieda how not to behave as an analyst" (p. 33). She had frequent migraines during her sessions with Sachs (as she did on her father's birthday), and she once vomited on his analytic couch.

Hornstein accepts Silver's speculation that Fromm-Reichmann's affair with her patient Erich Fromm represented a "manic flight" from her feelings about her father's death, possibly by suicide, one year earlier. Hornstein seems characteristically protective of Fromm-Reichmann in discussing her relationship with Fromm:

Of course, things were a lot looser in the analytic world of the 1920s We can't apply our own rigid rules to that world Besides, Frieda was never much of a classical analyst. Being naturally opaque, she didn't need a contrived neutrality for protection Yet at a deeper level, she constantly blurred the boundaries of relationship. [p. 60]

Hornstein goes on to refer to Fromm's having seduced his analyst. This represents a lapse from Hornstein's usual portrayal of Fromm-Reichmann's relationships—to assume that she was the seduced rather than the seducer. Hornstein quotes a head nurse as saying of her, "No one ever dared say no to her" (p. 221; cf. related descriptions on pp. 217-222). Fromm-Reichmann and Fromm stayed together less than four years after their marriage. Chestnut Lodge lore has it that, when their divorce was finalized, Fromm quipped, "At last, 'Freedom from Reichmann.'"

Three-fourths of the book cover the twenty-two years that Fromm-Reichmann spent on the staff of Chestnut Lodge. This focus is apt, given the degree to which her career was intertwined with that hospital, which she did so much to shape. I found Hornstein's descriptions of the Lodge's atmosphere to be astutely perspicacious: "The Lodge was the kind of place that drew people in Equal parts plantation, rest home, company town, and tribe, the Lodge had the hothouse intensity that brought each [patient] to life" (p. 85).

Dexter Bullard, Sr. originally hired Fromm-Reichmann to work at the Lodge for two months, so he could take a vacation. But after Karl Menninger tried to lure her to his clinic, Bullard matched Menninger's offer to provide her with a house on the hospital grounds. Although it had been operated by the Bullard family for twenty-five years before she arrived on the scene, Chestnut Lodge took on its unique identity as a psychoanalytic hospital under her influence, specializing in the treatment of the most severely ill and treatment-resistant psychotic and personality-disordered patients. Dexter grew up on the grounds of psychiatric hospitals; "patients were the people he was closest

to . . ." (p. 92). He took over the hospital in 1931, after the death of his father, Ernest. His son, Dexter Bullard, Jr., who ran the Lodge during my years there, grew up on the hospital's grounds himself. This probably contributed to one of the core ingredients in the Lodge's therapeutic milieu—an unusually deep respect for the patient. Hornstein identifies another ingredient in the Lodge's success: "[Dexter, Sr.] was a genius at attracting people smarter than he was and letting them experiment" (p. 101). Contrary to widespread belief, Harry Stack Sullivan was never on the staff of the Lodge, but, at Fromm-Reichmann's urging, he conducted a seminar there for four years.

Among its many other important contributions, this book considers "the origin and fate of new ideas in psychoanalysis."³ Despite Fromm-Reichmann's penchant for minimizing conflict concerning various professional debates, she has been identified with several controversies in the field of psychoanalysis. Hornstein gives us an admiring portrait of Fromm-Reichmann's intellectual independence and flexibility. Similarly, Hornstein explores the influence of her subject's teachers, such as Georg Groddeck, and their own renegade inclinations. Hornstein writes that Groddeck himself was subject to "heretical" influences, such as those of Ernst Schweniger, Bismarck's personal physician. (I would add that the word *heresy* comes from the Greek for "to choose," in contrast with the acceptance of current dogma.) Groddeck encouraged Fromm-Reichmann to recognize that "the goal was to help the patient, not to stay loyal to any one method" (p. 37).

In a characteristic observation about Fromm-Reichmann's personality, Hornstein asserts that "Too respectful of authority to challenge the rules directly herself, Frieda could use Groddeck's constant pushing at the limits to claim that her own innovations, which might otherwise have seemed radical, were only minor modifications" (p. 37). Fromm-Reichmann explained to the editor of her influential book, *Principles of Intensive Psycho-*

³ This was the title of a 1969 paper by R. Greenson (*Int. J. Psychoanal.*, 50:503-515).

therapy,⁴ that she had dedicated it to Freud, Goldstein, Groddeck, and Sullivan, “to show readers that I am not sold on the teachings of any of the existing and fighting psychiatric and psychoanalytic schools of thinking, but have endeavored to learn the best of [what these] four teachers stood for” (Hornstein, p. 122). Similarly, she vetoed her editor’s efforts to begin the book’s title with the word *The*, explaining that this would make her book sound too definitive.

A major theme of Hornstein’s biography is Fromm-Reichmann’s core belief that even the most seemingly bizarre symptoms of psychotic patients can be understood. Her deeply respectful devotion to trying to understand and help her patients pervaded the atmosphere of the Lodge even decades after her death. As a formerly violent, schizophrenic woman told me after a few years at the Lodge, “You have a taming effect on me, without making me feel you’re taming the shrew.” Hornstein notes that “The interpersonal ethos also powerfully shaped patients’ attitudes toward one another” (p. 201). This reminded me of the patient whom I just quoted, who grew disturbed as she watched the visiting father of a fellow patient raising his voice at his daughter, as he contradicted her delusional statements. My patient could finally take it no longer, and explained to the father, “If you want to bring her back to reality, you have to enter her world first.”

Hornstein argues that Fromm-Reichmann’s work is unfairly rejected because of her comments on the “schizophrenogenic mother.” Sadly, this concept still leads to misguided dismissals of the psychotherapy of schizophrenia.⁵ Hornstein points out that Fromm-Reichmann “uses the term only once, in a parenthetical remark” (p. 133). The author speculates that “whatever buried hostility lay in her offhand remarks about ‘schizophreno-

⁴ Fromm-Reichmann, F. (1950). *Principles of Intensive Psychotherapy*. Chicago, IL: Univ. of Chicago Press.

⁵ See, for example: Willick, M. S. (2001). Psychoanalysis and schizophrenia: a cautionary tale. *J. Amer. Psychoanal. Assn.*, 49:27-56.

genic mothers' was Frieda's way of retaliating against Klara's [her own mother's] domination" (p. 135).

Hornstein offers many trenchant observations about American psychiatry and its recent drift toward an almost exclusively biological model. "One of the strangest ironies of contemporary medicine is that doctors in other specialties are a lot more impressed by the powers of mind than psychiatrists are" (p. 379). Similarly, Hornstein asks, "Can [a] relationship heal severe mental illness? And why are psychiatrists the people fighting hardest against this idea?" (p. xiv).

Hornstein devotes two chapters to Fromm-Reichmann's treatment of Joanne Greenberg, and the depiction of that treatment in Greenberg's memoir, *I Never Promised You a Rose Garden*, which has sold over five million copies.⁶ She notes that Fromm-Reichmann as an actual person is nearly overshadowed by her portrayal in the book as Dr. Fried. Greenberg's editor for the book was Christopher Lehmann-Haupt, later a widely read *New York Times* book reviewer. Greenberg's generosity to her readers has been staggering: she answered every single letter that readers sent her (as well as giving Hornstein access to those letters and her replies). My own institutional transference toward the Lodge was powerfully shaped during adolescence by my reading of *Rose Garden*. As I told Greenberg when I met her three years ago, I had initially thought her book was purely a work of fiction, and after I learned otherwise, the Lodge became for me an institution that inhabited some intermediary realm, between the worlds of reality and of the imagination.

In the epilogue, Hornstein briefly discusses the psychiatric community's response to the lawsuit that Raphael Osheroﬀ brought against Chestnut Lodge. Osheroﬀ's "most vocal supporter was Gerald Klerman" (p. 386), who, the author tells us, acknowledged in their interview that he was "dropped" as a candidate by two different psychoanalytic institutes. Hornstein quotes Alan

⁶ Greenberg, J. (1964). *I Never Promised You a Rose Garden*. New York: Signet Books.

Stone's call for pluralism in psychiatry, and his sadly prescient comment in 1989, while discussing the impact of that lawsuit: "After a while, there won't even be places like Chestnut Lodge, because the medical boards will refuse to approve institutions whose treatment lies outside the new standard of care" (p. 387).

Despite the overwhelming preponderance of its strengths, there are a few flaws in the book, some trivial and some more significant. Although Hornstein's writing style is generally superb, she begins on a disconcerting note on her first page: "The hallways [at Chestnut Lodge] echoed with the sound of nurses unclenching their teeth" (p. xi). In my thirteen years on the staff of the Lodge, this was a sound I never once heard! Furthermore, this is the only book of nonfiction I can recall reading in which almost everyone is referred to by nickname; I half expected Hornstein to start referring to the Bill Al White Institute in New York. But these flaws seem minor in contrast to her mistreatment of Harold Searles. On the one hand, Hornstein states that "for mainstream psychiatrists, attacking Searles became the perfect way to caricature the approach Frieda had pioneered" (p. 377). Nonetheless, Hornstein seems all too eager to join this attack of Fromm-Reichmann by proxy. She selectively quotes Searles's colleagues at the Lodge in a way that highlights their critical stance toward him, without questioning the possible role of competitive and envious feelings in their criticisms. Similarly, Freud comes across here as a straw man whose main role seems to be to highlight Fromm-Reichmann's superiority.

But overall, the book's flaws pale beside its impressive accomplishments, and I recommend it enthusiastically.

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STEPCHILDREN OF NATURE: KRAFFT-EBING PSYCHIATRY AND THE MAKING OF SEXUAL IDENTITY. By Harry Oosterhuis. Translated by the author with the assistance of Tom Brouwers. Chicago, IL: Univ. of Chicago Press, 2000. 310 pp.

This is a scholarly biography of Richard von Krafft-Ebing, who lived from 1840 to 1902. Arguably the father of modern sex-

ology, he was famous for his seminal work, *Psychopathia Sexualis*, which had already been republished in twelve editions at the time of his death.

The author of *Stepchildren of Nature*, Harry Oosterhuis, is a professor of history at the University of Maastricht in Holland. Obviously, the area of sexuality and its vicissitudes is of special interest to him. He is the author of a number of previous works, including *Homosexuality and Male Bonding in Pre-Nazi Germany*, and is co-author of *Gay Men and the Sexual History of the Political Left*.

Although *Stepchildren of Nature* emerges as a cohesive piece of work, it appears to have developed from disparate essays that now form its various chapters. It provides an interesting historical review of the history of psychiatry, most notably in the nineteenth and early twentieth centuries, and to a lesser extent, in the late eighteenth century. This serves as background to Krafft-Ebing's development as a psychiatrist, forensic psychiatrist, and sexologist.

The author discusses male and female homosexuality in the nineteenth century, including social and legal attitudes of the time. He also delineates the evolution of the definition of perversion, including sadism, masochism, and fetishism. He observes that to a large extent, the work of Krafft-Ebing and some of his contemporaries served to liberalize Western attitudes toward sexual deviation, from a highly moralistic and punitive stance to a more medicalized and humanistic approach. His work has also been employed to refute the arguments of Michel Foucault, who accused psychiatry and the medical establishment of coopting certain disorders in order to achieve professional power and influence.

To a large extent, psychiatry's involvement with forensic medicine in the nineteenth century parallels Krafft-Ebing's evolution from a clinical, organically oriented psychiatrist trained in the German, French, and Central European materialist tradition, to a forensic psychiatrist and specialist in sexology. He was heavily influenced by his famous teacher in Zurich, Wilhelm Griesinger, and by his maternal grandfather, Joseph Anton Mitter-

maier, a prominent professor of criminal law, who may have influenced Krafft-Ebing to move into the forensic field. While very much impacted by the degeneration theories prevalent in European psychiatry in the nineteenth century (which were highly materialistic and organically oriented), he nevertheless developed a clinical and eclectic approach as time went on. Toward the second half of his career, he left the somewhat insular world of the alienist working in asylums for the environment of university psychiatry, at Graz and subsequently in Vienna. He merged the moral approach to mental disease derived from his asylum years—inspired by Professor Roller, a good friend of his grandfather Mittermaier—with the Darwinian biological zeitgeist that was impacting all of medicine in the second half of the nineteenth century, as well as with the experimental approaches of Fechner and Wundt.

Although Oosterhuis takes great pains to refute Foucault's thesis that psychiatry was attempting to intrude itself upon the sexual arena in order to expand its power, he nevertheless spends a great deal of time discussing psychiatrists' attempts to enhance their professional status, since they were typically viewed as second-class citizens in the medical world of the time. Generally, respectability was attained through allegiance to materialistic, organic approaches. One is struck by the parallel between these nineteenth-century struggles and changes that have occurred in contemporary psychiatric politics since the rise of neuroscience and psychopharmacology in our own era.

Of interest to psychoanalysts is Krafft-Ebing's dismissal of Freud's seduction theory as a "scientific fairy tale" in 1896 (p. 88). However, the two were on good professional terms, and Krafft-Ebing actively supported Freud's application for professorship at the University of Vienna. He alluded favorably to Freud's work with Breuer in the hypnosis of hysterical patients, a technique in which Krafft-Ebing himself became quite proficient.

Over the years, Krafft-Ebing became extensively involved in forensic consultation, as well as in presenting lectures and demonstrations in clinical psychiatry. In 1892, after the death of

Theodor Meynert, he was elected to one of the two prestigious chairs of psychiatry at the University of Vienna, subsequently becoming president of the Vienna Society for Psychiatry and Neurology. Significantly, Krafft-Ebing was opposed in his academic advance by certain Viennese psychiatrists who considered him not organically and scientifically oriented enough, since he was seen as highly clinically oriented and eclectic.

Krafft-Ebing's earliest patients were poor, highly compromised inmates of sanatoria, but he was gradually able to augment his caseload with a private practice that included middle- and upper-class clientele, providing him with a broad patient base from which to learn. The enlargement of his practice and his evolving interest in many aspects of sexuality allowed Krafft-Ebing ready access to gay and lesbian patients and to those with perversions. He actively solicited clinical autobiographies, which were sent to him in letters both from clients and from others, and Oosterhuis was given access to this amazing archive. Many of them dealt with the personal sufferings of gay and lesbian people who considered themselves to be high functioning, and yet were condemned to lives of secrecy and repression by prevailing societal attitudes. While these are poignant and illuminating, the book is filled with so many such letters that they are somewhat repetitive.

Krafft-Ebing was ultimately successful in liberalizing and medicalizing attitudes toward homosexuality, and to some extent toward perversions. Very much a part of the liberal intelligentsia in Central Europe, he contributed to a manifesto denouncing anti-Semitism in 1893. Interestingly, however, in an 1894 condemnation of Vienna—a city he deplored in many ways—he commented on the ubiquity of the “Jewishness” one encounters there, no doubt reflective of pervasive anti-Semitic attitudes, both malignant and latent, which pervaded Central Europe at the time.

Stepchildren of Nature cannot be considered a comprehensive biography, since the details of Krafft-Ebing's personal life are only sketchily presented. No doubt the archives to which the author

had access were much richer in professional and clinical material, and one does not get to know much about Krafft-Ebing as a husband, father, or family man in Oosterhuis's presentation. He is described as a somewhat flamboyant and vain lecturer, and was no doubt something of a crusader, though he maintained a shrewd capacity for academic and professional self-advancement.

Of particular interest to psychiatrists and psychoanalysts is the book's very rich background of nineteenth-century psychiatric, medical, scientific, intellectual, cultural, and political history, which illuminates the atmosphere in which Freud's work evolved. As a matter of fact, one is struck by the parallelism among many contemporary thinkers at the time that Freud's work was emerging—on such topics as conflict, the unconscious, clinical humanistic approaches, and the influence of Darwinism and other biological orientations. This book contributes to an understanding of the elements of intellectual ferment that ultimately gave birth to the science and movement of psychoanalysis.

The translation from the Dutch is quite lucid, and *Stepchildren of Nature* is eminently readable. However, a number of archaic words are used, such as *urning* (meaning "homosexual"). *Casuis-try* is used repetitively and is probably intended to mean "a theoretical orientation or exposition," but seems to suggest, unintentionally and unfortunately, "false logic."

As noted earlier, much of the book's clinical material could have been condensed or epitomized to avoid repetition, but one nevertheless comes away with a poignant feeling for the plight of the clientele whom Krafft-Ebing championed. He emerges as a contributor not to Victorian repression, but rather to more modern and enlightened views about gay identity, as well as about sexual perversions.

Two excellent bibliographies are included: one covering the work of Krafft-Ebing, and a second, general one. Sorely missing, however, is an index (at least in the uncorrected page proof that I reviewed)—a deficiency no doubt to be lamented by those utilizing the book for research.

In summary, this is an excellent scientific and professional biography of a very important figure in nineteenth-century psychiatry. It will be helpful to those interested in the historical emergence of psychoanalysis, as they will find much valuable information here about the scientific and psychological ethos of *fin de siècle* Central Europe.

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ABSTRACTS

REVUE FRANÇAISE DE PSYCHANALYSE.

Abstracted by Emmett Wilson, Jr.

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L'objet en personne (The Object in Person)

The theme of this issue, the concept of the object, is discussed in general terms by Françoise Coblence and Jean-Louis Baldacci. The intent is to explore the opposing polarities of the notion of object, whether this be the narcissistic object, object in the world, internal and external objects, partial and whole objects, fantasy objects, or the other in reality. Some of the articles in this issue centrally address the concept of the object, whereas others take it up peripherally or tangentially, and still others are quite distant from the theme.

Multiple meanings of the word *object* began with Freud. In "Instincts and Their Vicissitudes," he used the term in several senses. On the one hand, he discussed the instinctual object, the partial object, and the means of satisfaction in which reality and hallucination are confused (in French terminology, the *object person*). On the other hand, Freud spoke of the consistent, total, or whole object, cathected in an ambivalent fashion in an object relationship, the source of real satisfactions and dissatisfactions (in French terminology, *the person of the object*).

A central problem is that of juxtaposing partial and whole objects, i.e., the rediscovery outside of that which was previously within. Clinical observations and theoretical hypotheses have led to the elaboration of a series of concepts in an effort to deal with this opposition of within and without, of inside and outside, narcissistic relation, mirror relation, and transitionality; all have attempted to interweave to varying degrees the notions of similitude and difference. On the psychic level of the object, these concepts try to take into account intersubjectivity, and are developed within a triadic frame of reference. Thus, a vast field of reflection opens up that can be organized along various axes, including that of the patient with the analyst, who is a composite object that is neither completely the same as the patient nor completely an other. These reflections may also be organized vis-à-vis the place of sexuality and of the third in establishing difference and otherness, or in terms of the guilt or blame that make possible the transposition of parental authority. Failures of sym-

bolization of the object, ranging from fetishism to psychotic self-engendering, may be operative factors as well.

The Person of the Object: A Portrait-Mirror. Paul Denis (pp. 361-364).

This article considers the actual role of the person chosen as the love object at different life stages. For various reasons, and ironically so, the actual love object has been neglected in psychoanalysis. This is in part because the notion of *object* in psychoanalysis often refers essentially to an element of the psyche, and the construction of the psyche has been confused with that of objects. In psychoanalysis, the loss of an object is considered as a psychic phenomenon, rather than as the disappearance of a loved one; and the end result has been that the loved object as a person has often been left out of consideration by analysts. Careful adherence to metapsychological viewpoints, as well as efforts to keep our distance from such developmental models as those of Bowlby and Anna Freud, have contributed further to this lack of interest in the actual person loved. (One exception is found in the work of Jean Laplanche, who situated the role of the mother/parent—especially his or her attitudes and responses to the child—at the very core of the psyche.)

Internal objects are lost if they are not subject to a permanent reconstruction, like a language that is no longer used. The cathexis of a new person has the power, more or less lasting, to remodel these internal objects, and, for better or worse, to remodel the self and its structures. An intensely cathected relationship with a new person opens up the subject's psychic structure and leads to the possibility of its modification via the integration of new elements elaborated in this relationship. This possibility of change is what confers strangeness on a new amorous experience. In an encounter with a loved person—that is, with a new object—patterns of repetition compulsion find an opportunity for renewal and change, a shift away from that which was previously sought to be repeated, and toward the actual experience as lived. Repetition is involved, of course, but there is also a potential for change because of the fresh and original response of the new object. The relationship with past objects is the same, but only by analogy, not by identity.

The Other: Object or Function? Agnes Oppenheimer (pp. 365-376).

Here the polysemiotic nature of the term *object* is addressed. The emphasis given by some analysts to difficult patients' denial of otherness or denial of the object connotes the persistence of a pejorative view of narcissism, in spite of the rehabilitation attempted by such writers as André Green, Béla Grunberger, and Heinz Kohut, betraying a normative or ideo-

logical view of development. Moreover, the expression *denial of the object* describes a narcissistic countertransference on the part of an analyst who may not like not being considered as a separate object, and whose own narcissism is threatened by the regressions and narcissistic defenses of the patient.

Oppenheimer proposes an integration of the clinical aspects of narcissism as discussed by Kohut with Freud's theories of narcissism. Rather than regarding narcissism as an enemy to be fought, Kohut demonstrated the importance of the selfobject, enabling us to avoid stigmatizing narcissism as a denial of otherness, and to understand its positive dimension from the point of view of the needs of the ego or the self. Freud had difficulty in conceptualizing this aspect of narcissism, and his comments reveal several confusions and paradoxes. His discussion of narcissism and the related negative therapeutic reaction shows that he was aware of the narcissistic transference, but he drew back from this recognition because of the countertransferential threat to his own narcissism; thus, he did not go on to theorize about it. Now, however, we can make explicit the idea that if the analyst accepts being a function of the narcissistic system of the patient, the patient's narcissism may evolve and become analyzable. This represents an alternative pathway between a narcissistic withdrawal and object love.

The author illustrates some clinical aspects of narcissistic transference in her work with a patient. Her conclusion is that the narcissistic other is a functional object with an essential clinical perspective, difficult as it may be to place metapsychologically. This object is neither external nor internal, but intermediary, and is a useful clinical adjunct, although it does not have equal status to the instinctual object, the love object, or the selfobject. This narcissistic other may be viewed more as a precondition of structuralization. Work on fluctuations of cathexes in the narcissistic relation to the other may transform narcissism from an obstacle into a complex but identifiable motive, which can be verbalized and analyzed.

The Language of the Object in Person. Laurent Danon-Boileau (pp. 377-385).

In an attempt to track the development of the notion of *person* in an analysis, this article examines the language in which interpretations are expressed. All interpretations imply an articulation between transitionality and conflict. The author compares the formulation of interpretations with recent studies on *motherese*, the language used by mothers with their children. Researchers have identified two stages in the development of motherese. In the first stage, the mother speaks of what the infant might want, but only with respect to herself as the instrument of

its desire, or else she speaks in place of the child, with statements such as "Give me my teddy bear." In stage two, she recognizes that the infant can introduce into their exchanges something initially exterior, thoughts of its own. Recognizing the autonomy of the other and its capability of independent thought, she adds her opinions on the themes she picks up from the child. An example might be: ". . . those children who are shouting in the garden? We'll go see them in a little while if you wish."

In both French- and English-speaking analysts, Danon-Boileau finds a remarkable similarity between the language of the psychoanalytic session and the language a mother uses to address her child, including the evolution of the same canonical stages in the progress of an analysis. Analytic interpretations articulate a personal comment on themes constructed by the patient in transitional space. There are on one side interpretations along the lines of "Perhaps you think [believe, wish, fear] that . . .," or "It seems to me that you . . ." The patient's thought becomes the common regard and aim of both analyst and patient.

Another canonical form of interpretation is expressed when the analyst takes up a theme from the patient and joins it to a proposition or reformulation that takes on an interpretative value, such as: ". . . in order to protect us from a contamination, as if your words were dangerous"—i.e., a repetition and a commentary. In this latter form, it is clearly the analyst who is the source of the commentary. In the "perhaps you are thinking . . ." type of communication, the analyst is exclusively responsible for the theme introduced, while in the second type, the theme emanates more from the patient, with the attendant "as if" or "in order to" emphasizing the metaphorical value of the interpretation. The *person* in all this is evident in the regulation of a balance between transitionality and conflict in interpretative comments.

Under Cover of Femininity. Monique Cournut-Janin (pp. 387-397).

Psychoanalytic discussions are reviewed on the mistrust and fear of femininity, both in childhood sexual theories and in "A Child Is Being Beaten," ending with Freud's 1937 comment that the rejection of the feminine occurs not only among men, but also in women. The author considers the transmission from mother to daughter of what the author calls *a strategy for femininity*. The pleasure of the young female child in exhibiting herself, especially to her father, may arouse severe anxiety in the mother, who senses the pleasure of exhibition she herself once felt.

The Symbolizing Function of the Object. René Roussillon (pp. 399-415).

This is perhaps the most important and most tightly argued article in the volume. The author discusses the role of primary objects in the de-

velopment of the sense of self and other, as well as in the capacity for symbolization and representative thought. He points out how much more is required in our contemporary concept of *object* than was involved in Freud's simplistic 1905 notion of anaclysis (*Anlehnung*), which required of the object only what was necessary for self-preservation. He suggests that perhaps we should even dispense with the concept of anaclysis as just too marked by its origins; furthermore, with its emphasis on support and purely physical needs, anaclysis neglects both the needs of the ego and the possibilities of symbolization and of subjectivity.

A psychoanalytic theory of the subject must function simultaneously as a theory of the object, as well as a theory concerning the manner in which the object "subjectifies" the subject—that is, permits the subject to experience itself as a subject. This is the all-important *symbolizing function of the object*. Roussillon attempts to describe in detail what he prefers to term the *rapport* (rather than the relationship) with the primary object, as well as the relationship—or rather, *rapport*—that develops with symbolization itself and with the process of symbolization. His first proposal is that the characteristics of the rapport with the primary object and with symbolization are reciprocal, and that the former type of rapport tends to be transferred to the rapport of the subject with the activity of symbolization and the symbolizing apparatus. The symbolizing function of oedipal objects is especially focused on the function of these objects in providing a stimulus barrier. To symbolize, or to develop a capacity for representation, it is necessary that the quantity of excitation to be bound by symbolization be relatively moderate, not exceeding the infant's capacity. Put another way, the absence of separation from the object should not exceed in its duration the capacities of the subject to reestablish, through representation, the psychic continuity necessary for the feeling of continuity of the object.

The oedipal nature of primary objects is another important factor. Triangularity comes into play because of the oedipal aspect; the mother's desire for a third, the father, permits the subject to develop out of the presymbolic and antisymbolic mirror relationship. There is thus no symbolization possible without an oedipal organization, that is, without a distance that develops between two other subjects who set up the triangularity and introduce thirdness. This thirdness is the organizing character of the all-important differences, that of the sexes and the generations.

The rapport with the primary object includes responses to the subject's emotions, stresses, and impulses—what Roussillon terms, with Winnicott, the *needs of the ego*, so that not just the moderated *absence* of the object is considered important, but also the *presence* of the object and her (the mother's) responses as *reflective* of the needs of the subject. Problems with this proposed model for the explanation of symbolization are evident, however. The first is the question of how the subject takes the

symbolization and binding proposed by the object and its behavior and transforms this into a subjective and creative symbolization of the subject's own. The second problem concerns the dual aspects of the symbolizing function of objects: they are *objects to symbolize*, in their difference, their otherness, and their absence, and at the same time, they are *objects for symbolizing*. This double necessity—that of encountering the otherness of the object, and then symbolizing with the object this otherness—led Roussillon to introduce the term *subject-other*.

To resolve theoretical difficulties, Roussillon appeals to Winnicott's concept of *utilization of an object*. Winnicott amplified the genesis and discovery of the otherness of an object by emphasizing the response of the object to the destructiveness of the subject. To be discovered, the object must survive the destructiveness of the subject, without retreating and without introducing reprisals or retaliation; and finally, the object must show itself to be alive and creative. The object survives; it is discovered as an instinctual object; it is loved. Roussillon emphasizes that the object must therefore have both a *deflecting* and a *reflecting* capacity for the subject. Although symbolization arises out of the distance or gap introduced by the object on the basis of its primary adaptation to the needs of the subject, the deflecting response of the object to the destructiveness and rage thus mobilized are also necessary to make the work of symbolization possible. The transformation of illusion and of destructive rage into motives of representative activity cannot come about without the intervention of the object.

Roussillon closes with a brief consideration of clinical situations and technical issues in which these reflections might prove helpful.

My Name Is No One (Personne): A Little Story about the Foreclosure of the Name-of-the-Father. Gilbert Diatkine (pp. 415-423).

This article discusses the success as well as the shortcomings of Lacan's concept of *forclusion* (*Verwerfung*, or repudiation), which is one of only three Lacanian concepts that Laplanche and Pontalis retained in *The Language of Psychoanalysis* (along with *symbolique*, or symbolic, and *imaginaire*, or imaginary). *Repudiation*, or *foreclosure*, was proposed by Lacan as the specific defense mechanism of psychosis, and was held to present a "preliminary question for all possible treatment" of psychosis.

The first difficulty here is that foreclosure cannot be taken in isolation, but instead forms a system with other Lacanian concepts of the same period, such as the law, the symbolic, the *signifiant*, and the other. At the time that Lacan was promoting the concept of foreclosure, he also identified the oedipal complex as a system of alliances and relationships that are subject to the law of the prohibition of incest, into which the subject is born. For Lacan, the Oedipus complex does not come about because the child has sexual desires for the parents, but

rather because the child, even before being born, served as an object of the desires of the parents, and was thus part of an oedipal situation from the very beginning. Furthermore, for Lacan, the symbolic was already there before the subject existed. Lacan objected to both the topographical and structural theories of Freud because of the opposition of interior and exterior involved; if the unconscious has a place, it is not an interior place. Lacan viewed the other as the place of the unconscious, conceived without being interior.

Diatkine carefully examines Lacan's texts, utilizing many citations, to explore the Lacanian theory of psychosis. Lacan's formulation was that: "[It is] the foreclosure of the Name-of-the-Father in the place of the Other, and in the failure of the paternal metaphor that we designate as the fault, that gives to psychosis its essential condition, with the structure that separates it from neurosis." Freud, by contrast, saw the object as the least essential component, the most variable aspect of instinctual drives. Some post-Freudians, such as Klein, have remained faithful to Freud and regarded as privileged the role of the interior world and the internal object, while others, such as Fairbairn and Winnicott, have to varying degrees given precedence to the external object and its personal characteristics, even while continuing to address the interior world of the subject.

Lacan, however, went much farther, giving only a secondary role to the subject's sexual impulses, fixations, and regressions. Lacan compared Freud's and Niederland's explanations of Schreber's psychosis, objecting to both their interpretations; he saw Schreber's problem as the foreclosure of the Name-of-the-Father. An encounter with the father in person sets in motion the psychotic process, for the subject is forced to call upon its own paternal imago. In psychosis, this Name-of-the-Father is invoked in vain, for it has been foreclosed (*verworfen*) because of the incapacity of the father to assume his function. (We must be clear that by the Name-of-the-Father, Lacan did not mean the father in person, the father himself; it is not the personality of the father that is in question, but rather the impossibility of the mother's appeal to him to embody the law in her eyes and in those of the subject. Even so, the biographical characteristics of the parents, for Lacan, played the same etiological role that repressed memories had for Freud.)

How is the foreclosure of the Name-of-the-Father to be addressed in treatment? Lacan, curiously, maintained that he had an answer to this question, and that he knew how to manage the psychotic transference, but was repeatedly hesitant to discuss it in his lectures, always promising to take it up at another time. When he was refused use of the amphitheater at the Hôpital Ste-Anne, after having lectured there for eleven years, and was ridden out of the analytic institute, Lacan, in something of a fit of pique, took vengeance when he declared that he

would never again take up the theme. Diatkine believes that Lacan's earlier hesitation and subsequent vengeful silence suggest that he had reached an impasse and did not have the promised solution. Indeed, Diatkine wonders whether the theory of foreclosure was perhaps much less substantial than was conveyed by Lacan's eloquence. He feels that, as with any concept that is too widely expanded and overused, the concept of foreclosure suffered a loss in explanatory force corresponding to what it gained in being so extended.

Lacan's theory of the role of foreclosure in psychosis is too often confirmed in practice to be discounted. Clinical experience repeatedly validates his thesis that the psychotic's family constellation includes a father who is forfeited and foreclosed in some way. However, clinical experience does not confirm the pessimism to which the theory might seem to lead. Analysts who have treated psychotics understand that there is no one "psychosis," but rather, there are many and diverse patients. Many analysts, including some of Lacan's students, have had success in treating psychotics.

Interestingly, Diatkine suggests that the imaginary (*imaginaire*) might be a more helpful Lacanian concept for understanding psychosis, given that the psychotic patient experiences a mix of ambivalent and violent emotions that cannot be represented, which forces him to search for a double, an *imago*, to contain them and then to represent them preconsciously.

The Object in Person: Paternal Reality. Rosine Debray (pp. 425-433).

This article postulates that even though the role of the father has changed in recent times—with many fathers doing caretaking chores formerly delegated to the mother—there has been no reduction in the importance of the symbolic father or his organizing role as the initiator and subsequently the representative of the Law, nor is the Lacanian notion of the foreclosure of the Name-of-the-Father any less relevant. Whether the father is actually present, has effectively disappeared, or has been voluntarily eliminated by the mother, the inevitable and unavoidable reality is that we are all born of the union of a man and woman, and we have the sex of one or the other. This reality weighs in upon the psychological and physical development of each human being, and is necessarily the object of particular elaboration for each of us. The personal characteristics—that is, the general psychosomatic economy of the mother and father—heavily influence the traits of the offspring, whether as infant, child, adolescent, or even young adult.

Earlier, Debray discussed the importance of the inheritance of the maternal and paternal preconscious system by the child. In this current article, she speaks to the manner in which the maternal and pa-

ternal preconscious are moderated, tempered, or softened, leading to a certain complementarity between father and mother. In the triad of father/mother/baby, the father plays an essential role in containing the anxieties of the mother, forming a sort of second circle or protective encompassing that contains the mother/baby dyad. Such a system, when it functions well, provides an all-important stimulus barrier that is extremely efficacious and that possesses the capacity in itself to reduce and to transform excess excitations, whether these come from the internal world of the baby, from the worlds of the mother or father, or from the external world. Left only to themselves, mother and child are in a much more precarious situation, in which the risks of surplus excitation and disorganization are markedly increased. Furthermore, the father functions in a role crucial to the baby when he sees himself cathected as a privileged object, in much the same fashion—though nevertheless different—as is the mother.

Debray believes that the perception and recognition of mother/not-mother and father/not-father are concomitant in time, arriving much earlier than has usually been described. She explores this hypothesis through discussion of clinical material relating to various phases of development, as these phases were described by Wolff, Roiphe, and Galenson, among others. Utilizing her own clinical work to illustrate her thesis, she discusses the case of a three-year-old and another of a fifteen-year-old.

From the Person of the Analyst to the Analyst in Person. Catherine Couvreur (pp. 435-444).

Beginning with the initial dream of an analytic patient, this author illustrates and develops her thesis concerning her role *in person* in her practice. She is concerned with the transformation of such elements as the factual reality of the person of the analyst, and how such elements serve to create in the patient, in his or her psychic reality, what she terms the *analyst in person*, the central reference in the development of the transference neurosis. The construction of the *analyst in person* depends on and finds support in the *person of the analyst* in reality, but there is still a separation between the two, with one source for the construction in reality and the other in the patient's childhood. Couvreur examines her patient's dream to show how the *analyst in person* is actually the product of a transformation comparable to the dream work carried out by the patient, who reweaves real elements linked with the analyst's person and the analyst's environment into a fantasied relation with another person from the patient's own past.

In spite of the well-known and familiar asymmetry of the analytic relationship, the development of the *analyst in person* occurs not just from the patient's point of view, but corresponds, from the side of

the analyst, to an engagement *in person*, one which is to be differentiated from direct involvement of the analyst as a person. Couvreur illustrates this with two case studies.

Finally, an excerpt from Hilda Doolittle's report of an analysis with Freud permits the author to speculate on the future of the *analyst in person*. Freud is reported to have remarked that such an entity dies when the analysis is terminated. Couvreur is tempted to conclude that Freud was referring to the *person of the analyst*—and, as is the case in the work of grieving, the verdict is finally that the object is no more. For her part, however, the author prefers to leave open the question of the destiny of the *person of the analyst* and the personages of the past that for a time returned it to life.

Seeing Me, Hearing Me, Imagining Me. Colette Combe (pp. 445-454).

A clinical session is presented in which a patient made strange use of the phrase "I imagine you with . . .," rather than reporting that he had seen the analyst with someone before entering the session. The various levels, meanings, ramifications, and confusions between perception and fantasy, and the structural as well as topographical aspects of this curious linguistic modification, are explored. The author's interpretation—"imagining me isn't the same as seeing me"—led to screen memories reenacted in the transference, and to dreams in which the patient used the analyst as an object in person to create a subjective object, leading to the decomposition of his identifications with his father. The analyst's own transference on theory also came into play as countertransference, and this aspect of the work is discussed as well.

The Object Such as It Is Spoken. Jean Cournut (pp. 455-464).

This article explores the psychoanalytic setting with reference to three questions that the author argues are central to the analytic process: (1) When someone speaks to me, what are they saying to me? (2) When someone speaks to me, to whom are they speaking? (3) When someone speaks to me, what do I hear?

Cournut explores the analytic framework to probe the deep ramifications of these questions, noting that they are reversible and can be asked not just from the side of the analyst, but by the patient as well. He shows how much must be taken into account—not only the language and style of what is said, the choice of words, and syntactic elements—but also the infraverbal, i.e., emotion, affective coloring, nuance, and all that is transmitted in the tone, rhythm, and enunciation of the

speaker. He explores the nature of the release triggered by an appropriate interpretation, in which there is a lifting of repression and entry of the repressed into consciousness. He asks why it happens that, when an interpretation is accurate, there may be a rather pleasant reaction in the patient: a cessation of anxiety, a freedom of movement—even if at times there may also be a fleeting aggravation of symptoms and a transitory disequilibrium of the patient's general affective state. Something strange has happened, something good but uncustomary, long desired but held as unexpected—somewhat like a dream that realizes a desire.

Here the theory cannot be purely and exclusively intellectual. One can begin to explain what is happening with rigorous metapsychological principles, but we are pushed more and more toward metaphors and comparisons. This linking of psychic elements, of thing and word representations, the joining of old memories and present experiences, the coincidence of representations repressed up to that point, and words that are revived and released—this conjugation is the effect of the realization of an oedipal wish.

Should We Return to the Notion of Imago? Pierre Fédida (pp. 491-495).

The anthropological and historical aspects of the term *persona* are examined, including its relation to the masks of theater, and in an older usage, the masks or *imagines* of departed ancestors. The author suggests that we might reintroduce the now-disused term *imago* into psychoanalytic discussions as *transferential imago*, to designate the person in analysis.

From the Object, to Become a Subject. Jean Guillaumin (pp. 497-508).

This article discusses the surprising paradox that for true subjectivity to be accomplished, we need the presence of others in order to become ourselves. This is well known from experiences with mother and child, for example, or with analyst and patient. Guillaumin explores what he calls the necessary, solipsistic paradox of the subject, noting that it is only in the experience of existing and thinking in his or her own unique body that a person—whether patient, analyst, or indeed, anyone—can find the self, encounter the unconscious, and confront his or her representations of exterior reality, including representations of others. At the same time, in the midst of this solipsistic existence, the individual learns to appreciate the intimate otherness of others, thereby transcending the self.

This is an inextricable puzzle indicative of the fact that we still have much work to do—probably interminable work—on the issue of the subject and the object. In particular, although we have begun to study the metapsychology by which we develop a recognition of the subjectivity of others, research has not yet seriously addressed the specific metapsychological alterations of the individual psychic apparatus under the impact of object love received by the ego. Among other works, Guillaumin cites Freud's essay "On Transiency." Guillaumin dismisses as atemporal Kantian and other philosophical positions that focus on the conjoint constitution of self and object. We live in time, and transiency, loss, and death come into play. There are many losses and many griefs that—once they have been worked through and finished—liberate the ego and enrich it, allowing new behavior and new objects to succeed these losses.

The author further argues that there is an essential and founding role played by sadness and pain in perceiving oneself as subject. We cannot conceive of the other as authentically a subject except by thinking of it as transitory, perishable, mortal, and inscribed in the truth of time. And we cannot think of ourselves as subjects except through recognition of this temporal precariousness, of this impermanence of being. Indeed, when subjectification grows, and depth, indulgence, and human wisdom are found to have measurably increased, it is because something more than loss and mourning has come about.

Guillaumin attaches great importance to the inevitable element of psychic suffering in the service of the ego-subject, noting that it both indicates and brings about personalization. While admitting that this is only a hypothesis, he states that it is by virtue of this negative that he understands the problem of the elaboration of subjectivity under the impact and specific actions of the object love of another. Via the transition from being an object indicated by another as sufficiently authentic, to becoming an authentic subject oneself, a position of uncertainty and precariousness is mastered.

Guillaumin tentatively tries to formalize this hypothesis in metapsychological terms. He believes that the process occurs in the pre-conscious, which, he argues, is the veritable crossroads between the other and the self, others and the self. Three situations in analytic work are described to demonstrate the value of such observations and paradigms concerning the self and the other. In analysis, we come to see the strangeness of the sacrifices that have led us to become analysts, and we see how this position in ourselves creates in our patients changes in self-esteem and perception of the self. When a patient falls in love, the analyst preserves his or her place as a third, maintaining equal distance between interpretation and acceptance, so that the patient becomes the only author of his or her love and object attachment. Such a third is also found in the phenomena of analytic training and super-

vision, i.e., in the movement from being junior to becoming an analyst with analytic peers and with patients.

A Little Arrangement with Death: The Future of an Object. Marie-Françoise Guittard-Maury (pp. 509-524).

Hector Bianciotti's 1988 novel, *Seule les larmes seront comptées* (*Only Tears Will Be Counted*), is examined in this article. Bianciotti, who may not be well known to American readers, was born in 1930 in Argentina, of Piedmontese parents, and has lived in France since 1960, thus being trilingual. He became a master of the French language and eventually a member of the Académie Française. At first, he wrote in Spanish, but came to adopt French for his writing because of his preference for the structure and exactness of the language.

Analysts have frequently examined issues of loss and death, as well as the response of the subject in the face of such trauma, but Bianciotti, in a more personal manner, chose to write a novel about these themes. The novel opens with the startling sentence, "My mother is dead tomorrow." Tomorrow will come only at the end of a tragedy, in the course of which a succession of scenes and situations are put into place, oedipal scenes that permit the elaboration of the trauma of the loss. The time of the novel embraces the time for the acquisition of reality. Tomorrow comes in thirty years, and those thirty years represent the lapse of time necessary for the narrator to put to death the death of his mother, without further sheltering himself behind screen memories that, in their manner, are already parodies of the act of putting to death. Thus, the novel, as a vast anal exercise, is a fantasized manipulation of the representation of the object, offering the possibility of keeping the object, of expelling it, of partially destroying it, or of introjecting it. In the novel, even from its opening sentence, a temporality comes into play in which time (past/present/future) is invaded and disorganized by grief. "My mother is dead, tomorrow, the sixteenth of October, thirty years ago," gives way to, toward the end of the novel, the following restatement: "My mother died on the sixteenth of October thirty years ago"—a sentence that repositions the event in the past and amounts to an acceptance.

Why did Bianciotti choose a novel, and not a chronicle or other factual account, to discuss the death of the mother—a reality so insistent for the person who wants to assuage his remorse? To defend himself against the loss, the narrator uses a fascinating manipulation of words, images, and situations. Grief here brings about a regression to a sadistic anal stage in many of the scenes of the novel. The skillful play with language contributes to the construction of this novelistic world that, little by little, comes into place and acquires autonomy. Of course, the reading of a novel does not necessarily imply that the reader has a

biographical knowledge of the author, for it is the task of every work to portray an autonomous world from the experience of the writer. Yet there is more here; this novel is not simple fiction. Writing for Bianciotti meant not only the production of a novel; it was also a process of constructing the self in relation to an object—that is, in this case, the loss itself. Indeed, this writing is first of all the proof of a dispossession, an absence, of an essential incompleteness left by the loss of an object.

Bianciotti's novel about loss may be thought of on the model of the play with the spool, the *fort-da* game discussed by Freud. The repetition in the game, and here in the act of writing, leads not to habitude or mastery, but lays out the space of fascination. The *fort-da* game and the act of writing do not represent the mastery of absence, but rather its scanning, its manifestation. The *I* is not made in mastery or conquest, but in the acceptance of the loss of the object. As with the throwing and retrieving of the spool, writing is a coming and going between the *I* and the lost object.

Ordinarily, it is from the capacity to carry out grieving for a lost object that the capacity to cathect a new object comes about, but Bianciotti has, in a sense, proceeded otherwise. Without having carried out the mourning of the lost object, he cathected as a new object the death of his mother and produced a movement of absence and the disappearance of his mother. The novel indeed permitted its author to move from one psychic level to another through the creation of a novelistic space, and it facilitated his shift from one type of writing, the novel, to the autobiographical narratives that followed in his subsequent work. Writing, by its fantasy or hallucinatory content, acknowledges the lost object. At the same time, it opens the possibility of releasing toward the exterior, through a process of discharge, the anxiety of abandonment, putting into words that which was not previously expressible and is found to be charged with the potential to disorganize. Fiction waylays trauma, mutes it, and changes it into material for the novel, as well as establishing a way station for becoming oneself.

The Object's Role in Psychic Construction and Destruction: Its Role in the Treatment and the Perception of Its Psychic Reality. Denys Ribas (pp. 547-556).

Epistemological problems for the theory of the role of the object are highlighted in this article. The Freudian model has a point of view that is strictly intrapsychic, and this viewpoint carries over into technique via the abstinence of the analyst and the holding judgment in suspense, with the immense gain of taking into account psychic reality and the active and creative aspects of the perception of the world. However, an intrapsychic focus leads to an inextricable difficulty in

the description of the genesis and origins of the object, for it is only after subjectification that the intrapsychic can legitimately be described.

The prehistory of psychic construction, before the acquisition of within and without or internal temporality, cannot be described along the lines of the Freudian model. Curiously, Freud put his comments on maternal care into a footnote, as evidence for an external observer but as heterogeneous to metapsychology. Even the theme of this issue of the *Revue Française de Psychanalyse* contains this same paradox, if one considers the contribution of the object's psyche to psychic construction: that is, the paradox of using a metapsychological term to describe that which permits a subject to construct itself in a manner that will subsequently be describable only by again employing metapsychology.

This paradox is a long-standing difficulty in psychoanalysis. Ribas reviews the various ways in which several theorists have worked on this puzzle of the interaction of two psyches, introducing new concepts or alluding to parental care in footnotes. His own focus is on what he terms the *polyphony of cathexes* by primary objects in various modalities, both loved and hated, partial and whole object, narcissistically and erotically, and so on. He argues that it is the simultaneity of these various cathexes that is organizing for the child. The object may sometimes also play a role in psychic destruction. We are familiar clinically with the various ways in which the economy of two psyches functions to the detriment of one of the two. In treatment, it is necessary to take into account the desire of the other, and to get a better perception of the psychic reality of the external objects of the patient. The object may have been constructive, destructive, involved only in itself, and so on. This is a goal and an important part of the work of analysis, one that must be carried out in small and prudent moves, in order to uncover denial and illusions about the psychic reality of the object.

The Object of Reality, the Reality of the Object. Annick Sitbon (pp. 557-570).

The author discusses Freud's article entitled "Negation" and his arguments about the formation of the psyche and reality. Sitbon attempts first to disengage the theoretical consequences developed by Freud in "Negation" for the establishment of reality and the psychic apparatus, and then proceeds to examine the characteristics of the object that permit such a process to take place. Finally, the author draws on all of this to derive what he finds to be important for psychoanalytic technique, especially in the case of psychotic patients.

Such preoccupations were not new to Freud, who had considered them earlier in "The Two Principles of Mental Functioning" (1911). For

Freud, the capacity of representation develops through the loss of the object, which sets in motion an awareness of proof of reality, under the aegis of the principle of pleasure/unpleasure and its transformation into the principle of reality. The premises are that psyche and reality are not givens, that they have a history, and that it is necessary to understand how they are set up, and especially, the close relationship that exists between psyche, representation, reality, and object.

A number of implied consequences here are neither absolute nor unique. Reality would seem to be always disagreeable and unsatisfying, according to this theory; the recovered object is never the object lost, and a nostalgic pole for the ego seems to exist, tending toward the remnants of lost objects. Even though this is all true, there are still satisfying realities, happy moments, and ecstatic encounters with certain realities and certain objects. Perhaps the symptomatology of loss and absence comes to the forefront only when the present object has failed to construct a sort of continuous framework on which the experiences of loss, absence, and discontinuity can come about.

The specificity of the object that favors the development of the psyche and of reality is also a key factor. What is the object for which loss or absence favors the transformation of the pleasure ego into the reality ego? The author reviews the opinions of various theorists, especially Ferenczi and Winnicott, and of those authors who accord an important place to the father in the development of mental functioning and reality (Fain, Green, and Chasseguet-Smirgel, among others). The implications for treatment with neurotic and psychotic patients are considered.

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The *Revue Française de Psychanalyse* has a long-running theme of the return to sources, and this issue presents a translation of Fairbairn's article, "Observations on the Nature of Hysterical States" (1954). Finally, there is a series of retrospective historical articles on the individuals who founded the Société Psychanalytique de Paris and the *Revue*: René Allendy, Marie Bonaparte, Adrien Borel, Angelo Hesnard, René Laforgue, Rudolph Loewenstein, Charles Odier, Georges Parcheminey, Édouard Pichon, and Eugénie Sokolnicka.