CONFLICT, COMPROMISE FORMATION, AND STRUCTURAL THEORY

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Evidence is put forth to support the previously presented view (Brenner 1994, 1998) that present knowledge of mental conflict and compromise formation renders invalid the widely accepted theory of mind as functionally separable structures called id, ego, and superego. The nature, origins, and timing of conflict and compromise formation in mental development are discussed, as well as their relation to psychic trauma.

INTRODUCTION

Freud's first published exposition of a theory of the mind—or to use his preferred term, of the mental apparatus—is contained in the seventh chapter of *The Interpretation of Dreams* (Freud 1900). There he suggested that the mind is composed of three systems, for which he proposed the names *Cs.* (= Conscious), *Pcs.* (= Preconscious), and *Ucs.* (= Unconscious). Although he changed the names and the definitions of the systems into which he proposed to divide the mind, the idea that the mind is best understood as a group of functionally identifiable systems, agencies, or structures (the three words are synonymous in this context) is one that he held throughout his life (Arlow and Brenner 1964; Brenner 1994).

The fact that these systems and structures are, moreover, an aspect of psychoanalytic theory that has won general and unchallenged acceptance by psychoanalysts is attested to by the currency

of the terms that Freud introduced at various times to designate the various systems: the conscious, the preconscious, the unconscious, the ego, the id, the superego. But despite the fact that the idea (= theory) that the mind is best understood as a group of functionally identifiable and separable structures has achieved general acceptance, I believe it is not a valid theory and should be discarded (Brenner 1994, 1998). In the present paper, I propose to present evidence that I believe further supports this view. I shall also include some comments on both the nature and the origin of conflict and compromise formation in mental life.

CONFLICT AND COMPROMISE FORMATION

The related ideas of conflict and compromise formation were what suggested to Freud in the first place that different parts of the mind can be opposed to one another. He discovered very early in his analytic work with patients that psychogenic symptoms have meaning (Freud 1894, 1896). His early observations persuaded him that such patients want to gratify some sexual wish(es) of childhood origin that are inaccessible to consciousness in adult life, and at the same time, they want to deny, disavow, or suppress those wishes. To explain these findings, he proposed the theory that one part of the mind, inaccessible to consciousness, is bent on gratifying such wishes, and another part, conscious or accessible to consciousness, is opposed to their gratification. Mental conflict and symptom formation are then explainable as results of conflict between different systems or structures within the mind.

    To summarize very briefly, one system or structure, called first the Ucs. and later the id, was understood to be concerned with the achievement of pleasurable gratification of sexual and aggressive wishes of childhood origin without delay, and to function without regard to the demands and limitations imposed by the environment (= external reality). Another structure, or group

of related functions, called first the Cs.-Pcs. and later the ego, was understood to take account of and conform to those very demands and limitations. It was credited with serving the function of controlling—and when necessary, opposing—the sexual and aggressive wishes of the id. A third structure, the superego, was understood to serve the function of erecting and enforcing each individual's moral code of beliefs and behavior. Thus, the clinically observable data of mental conflict are to be explained, according to Freud, by the assumption that the mind is composed of functionally definable and separable structures (= systems, agencies) that may, by their very nature, be opposed to one another.

The fundamental importance attributed to this theoretical concept is attested to by the fact that analysts customarily use it to designate the whole of psychoanalytic theory. Its first version, which divided the mind into Cs., Pcs., and Ucs., gave rise to the term *topographic theory,* generally used by analysts to designate the whole of psychoanalytic theory as it existed prior to 1923, when Freud published *The Ego and the Id.* The second version, which divided the mind into ego, superego, and id, gave rise to the term *structural theory,* which, in its turn, has generally been used to designate the whole of psychoanalytic theory as it has developed subsequent to the publication of *The Ego and the Id.*

The truth is, however, that the theoretical concept that divides the mind into structures, systems, or agencies is but one part of psychoanalytic theory, a part that has been, to be sure, an important and enduring one until now. It is only that part which I am calling into question at the present time. I am not suggesting that one call into question such aspects of psychoanalytic theory as psychic causality, for example, or the role of unconscious mental processes, or that dreams and symptoms have meaning, or that psychosexual life begins in early childhood, to name but a few of its tenets. I assert only that mental functioning in general—and mental conflict and compromise formation in particular—are not best explained by the theory

that the mind is composed of three functionally definable and separable structures (= systems or agencies) called ego, superego, and id.

It should be added that Freud attributed additional distinguishing characteristics to the systems or structures into which he proposed to divide the mind. These will be merely mentioned here, since I assume they are familiar to most readers.[1] Freud believed that what he called the *id* functions according to what he proposed to call the *primary process*. The id is concerned solely with achieving prompt and full gratification of pleasure-seeking wishes of childhood origin. In its functioning (= primary process), it takes no account of external reality, disregards rules of logic, tolerates mutually contradictory ideas, is unconcerned with temporal restraints or demands, and so on. Its way of functioning can be aptly described as being in accord with the demand, "I want what I want and I want it right now!" The id, Freud believed, is a part of the mind that serves the drives and ignores the environment.

The ego, by contrast, was conceived to be as tied to external reality as the id is tied to the individual's pleasure-seeking wishes. The ego, Freud proposed, functions according to the *secondary process*. It obeys the rules of logic, is cognizant of the demands and constraints of the environment and attempts to conform to them, does not tolerate mutually contradictory ideas, is concerned with temporal constraints, and so on. In addition, Freud postulated that what goes on in the id, following the primary process, is nonverbal, while what goes on in the ego, following the secondary process, is verbal. As is evident from even such a very brief summary as this, the theory of mental agencies embodies Freud's conclusion that what he had discovered about the role of conflict in mental life is best understood if one assumes that one part of the mind functions in an infantile way, while another part functions in a more mature way.

[1] A fuller discussion can be found in Arlow and Brenner 1964.

EVALUATING FREUD'S SYSTEMS/ STRUCTURES OF THE MIND

How consonant is this theory or assumption with observable facts? Let's start with the id. What can be observed of the sexual drives of each individual are that individual's wishes for pleasurable sexual satisfaction (Brenner 1976, 1982). From the very earliest time of life at which such wishes can be observed, they are anchored in reality. They never—so far as can be observed with the help of the psychoanalytic method—ignore external reality as perceived and understood by the individual at the time of life in question. A child aged three years or thereabouts wants satisfaction from its parent, i.e., from a particular person, and it wants a particular form of physical contact with that person. It does not want only oral gratification, for example; it wants to suck or swallow a particular person's penis or breast. Its wishes are realistic ones, given its state of mental development. They are determined by its experiences and by its thoughts about those experiences. It wants to do or to have done to it what it has observed and/or fantasied being done to or by one or more of the persons of its environment. However illogical and unrealistic its wishes may be by adult standards, they are quite in accord with what the child understands of the real world in which it lives. Associated competitive, murderous, and/or castrative wishes are similarly determinatively influenced by the persons and events of the external world.

Furthermore, such sexual and aggressive wishes cannot be said to be nonverbal. All of them can be formulated in words and are so formulated by each individual, however primitive and immature its verbal capacities may be. All young children certainly have wishes that are irrational and/or unrealistic by adult standards, and that appear so when they persist—as they so often do—into adult life, whether consciously or unconsciously. They were not, however, either irrational or unrealistic at their time of origin. To say that there is a part of the mind that strives

for sexual gratification with no concern for external reality is wholly at odds with the observable data.

The same is true for the theory that a part of the mind exists that is reality bound, that strives to be mature and logical, that is more concerned with its relation to the external world than with achieving pleasurable sexual gratification. Every aspect of mental functioning attributable to what Freud proposed to call the *ego* is, in fact, a compromise formation that serves the purpose of gratifying pleasure-seeking wishes of childhood origin, as well as the purpose of defending against them (Brenner 1968, 1982, 1994, 1997). There is no part of the mind that functions in a mature, logical, realistic way simply because that is the way that part of the mind is designed to function, which is what the structural theory maintained was the case. To be mature in one's thinking, to be logical, to be consistent, to take account of the demands and constraints of the environment are all behaviors that express conflict and compromise formation originating in the pleasure-seeking wishes of childhood. The most intelligent of persons may believe religious myths that are obviously unsupported by observable data. Millions of individuals in time of war are united in attributing to the enemy the least acceptable of their own wishes. There is no part of the mind that functions as the ego is supposed to do. Being logical, mature, and realistic in one's thinking has a pleasure premium. It may gratify childhood wishes to be as omniscient as one's parents seem to every child to be, to win their praise, or to compete with them or with brothers and sisters. Like all compromise formations, such attitudes and behaviors have a defensive function as well; they may reassure that one is not castrated or otherwise defective, or that one is reasonable and obedient rather than rebelliously antagonistic.

THE UBIQUITY OF COMPROMISE FORMATIONS

Whatever its origins may be, a mature, logical, and realistic attitude is in every case a compromise formation, as can be demon-

strated whenever analysis is possible. Analytic and other data do not support the conclusion that secondary process mentation occurs due to the fact that a part of the mind, the ego, operates by its very nature in a mature, logical, and realistic way. For the mind to operate in the way that Freud called the primary process is often perfectly ego-syntonic (Brenner 1968).

The compromise formations that result from conflict over the pleasure-seeking (= libidinal and aggressive) wishes of childhood are not necessarily pathological, as Freud believed to be the case. His belief was that conflict—or, more precisely, compromise formation and pathology (in mental life)—are synonymous. Normal, adult mental functioning, he believed, is not conflictual. It is, as Hartmann (1964) later put it, conflict free. Witness the idea, still widely current, that psychoanalysis and/or psychoanalytic psychotherapy, when successful, resolve conflicts. "The patient's conflicts over childhood libidinal and aggressive wishes were resolved, and the symptoms [= compromise formations] disappeared" is the customary formulation.

Freud recognized very early—almost from the start of his psychoanalytic work—that psychogenic symptoms are compromise formations. It was not long before he realized that the same is true for the slips and errors of daily life, and for dreams as well. But he never recognized that nearly all aspects of mental life that are of interest to analysts—thoughts, plans, fantasies, dreams, actions, to name but a few—are, in fact, compromise formations that are determinatively influenced by the same childhood wishes and conflicts that give rise to symptoms of mental origin (Brenner 1982). Mental functioning, both in childhood and in adult life, is governed by the pleasure/unpleasure principle.

The difference between what is customarily called *normal* and what is called *pathological* in mental functioning is not that one of these is a compromise formation, while the other is not (Brenner 1982); in fact, both are compromise formations. If a compromise formation allows for enough in the way of pleasurable gratification, if it is not accompanied by too much unpleasure in the form of anxiety and/or depressive affect, if there is

not too much inhibition of function as a result of the defenses at work and not too much in the way of self-punishing and/or self-destructive tendencies, the compromise formation, whatever its nature, is classified as *normal*. If, on the other hand, a compromise formation allows for too little in the way of pleasurable gratification, if it involves too much unpleasure in the form of anxiety and/or depressive affect, if there is too much inhibition of function and too many self-destructive and/or self-injurious tendencies, that compromise formation is classified as *pathological* (Brenner 1982).

Whether normal or pathological, the dynamics of every thought, fantasy, and so forth are the same: all are determinatively influenced by childhood conflicts in accordance with the pleasure/unpleasure principle. Every mind works at all times to gain as much by way of pleasure through the gratification of childhood sexual and aggressive wishes as it can, and at the same time, to avoid as much unpleasure as possible. The problem is not to satisfy the need of some mental agency or structure to be reasonable, mature, and realistic, while simultaneously pressed by the desire of another agency to achieve immediate pleasurable gratification of childhood sexual and aggressive wishes; rather, the problem is how to achieve as much pleasurable gratification as possible, while avoiding as much associated unpleasure as possible.

To put the matter as succinctly as possible, when one wishes for something that is intensely pleasurable, either in fact or fantasy, and that is at the same time associated with intense unpleasure, what results is what Freud (1894, 1896) called a *compromise formation*. That is to say, Freud discovered that every obsessional or hysterical symptom is at the same time both the gratification of a childhood, pleasure-seeking wish and the defense against and/or punishment for gratifying that same wish. This represents, he discovered, a mixture of gratification and defense and/or self-punishment. More recently, it has become clear that the same is true not just for obsessional and hysterical symptoms, but for every aspect of mental life. Conflict and com-

promise formation are ubiquitous and normal, not exceptional and pathological (Brenner 1982).

In light of our newer knowledge, we can say that what *compromise formation* means today is that the human mind always functions so as to achieve as much pleasurable gratification as it can, while at the same time avoiding as much as possible of any associated unpleasure. When a pleasure-seeking wish is associated with unpleasure, the mind is in conflict. What one observes in thought and behavior in situations of conflict is *compromise formation.* Conflict and compromise formation characterize all of mental life. Everything we observe that is of interest to us as analysts is a compromise formation.

MENTAL CONFLICTS IN EARLY CHILDHOOD

The conflicts that are the most intense and fateful for mental functioning throughout the course of an individual's life are those that center on the sexual and aggressive wishes of early childhood (Freud 1905, 1926). They make their first identifiable appearance in mental life at about the age of three years. The pleasure-seeking wishes in question are essentially the same as those that characterize the sexual lives of adults. Children of that age yearn for the attention of other persons, usually their parents, and for the stimulating pleasure of physical contact with them. They are jealous of any rival. They intensely resent any evidence of infidelity, lack of interest, or neglect on the part of the person they yearn for. They desire revenge, whether against a successful rival, the faithless loved one, or both. Being ignorant, they are curious about what adult sexual partners do with and to each other, and wish to do the same themselves. They wonder where babies come from and want to make them. Being relatively small, weak, ignorant, and unintelligent, they feel inferior and humiliated, and in turn miserable, desperate, and enraged at being made to feel so. They intensely desire to be

grown-up sexual men and women who are as clever, wise, and sexually successful as the adults around them seem to be.

The gratification of these sexual and aggressive wishes, in fact or fantasy, is associated with intense pleasure. Efforts to achieve their gratification persist as fundamental motives in thought and behavior throughout life, though disavowed and disguised after the first few years of childhood. The period of life during which they appear relatively undisguised lasts approximately from ages three to six years. Analysts customarily refer to these wishes themselves as *oedipal wishes* and to the period of life between the ages of three to six years as the *oedipal period.*

This customary terminology, introduced by Freud, has dramatic and didactic value. King Oedipus, in the play written more than two thousand years ago, murdered his father, married his mother, and had children by her. But in addition to its obvious value, usage of these terms has disadvantages as well. Emerging sexual and aggressive wishes during this time of life include much that the legend of Oedipus did not even hint at, at least in the form in which it has come down to us. For example, jealous and rivalrous sexual wishes are as important and as characteristic a feature of the development of girls as of boys. Why designate them with a male name? Moreover, the sexual wishes in question are never exclusively heterosexual. They are, as far as one can judge from experience to date, always bisexual. Young boys have wishes to be girls or women, just as young girls have wishes to be boys or men. Calling these sexual and aggressive wishes *oedipal* has, therefore, often led to misunderstanding, as though to imply that the sexual and aggressive wishes identifiable at ages three to six are limited to the crimes attributed to Oedipus in the play.

What the terms *oedipal wishes* and *oedipal period* actually mean when used by analysts, in most cases, is much better described as the *sexual and aggressive wishes that usually appear in identifiable form at about ages three to six years.* Such wishes vary from person to person, and always include far more than just killing father and marrying mother. The reader must constantly be alert to

this ambiguity whenever the term *oedipal wishes* appears, and substitute for it, where indicated, the more accurate term *sexual and aggressive wishes first identifiable at about age three,* and must similarly substitute *ages three to six years* for *oedipal period.*

The reasons why these wishes give rise to conflict that is both so intense and so long lasting in its effects are not far to seek. Children at that age are not independent creatures. They are dependent on their caregivers—usually parents—not only physically, but emotionally as well. Parental love, physical contact, approval, admiration, protection, and all that go with them are of utmost importance to children as sources of pleasure before, during, and after ages three to six. Children long for and seek them all. Contrariwise, anything that—in a child's mind—forfeits or threatens to forfeit parental love and approval, anything that the child feels has turned or will turn one or both parents against the child, becomes a source of intense unpleasure to the child. High on the list of those sources of intense unpleasure are the child's own pleasure-seeking sexual wishes, many of which are directed toward and/or against the parents. In addition to being sources of great pleasure, they become associated with intensely unpleasurable ideas of disapproval, rejection, abandonment, retribution, and punishment by the parents. It is that association, that inevitable concatenation of pleasure and unpleasure, that is the essence of conflict in mental life.

From then on, throughout the course of life, people's minds strive to achieve pleasurable gratification of the sexual and aggressive wishes in question, and at the same time, to avoid the associated unpleasure. Every thought, plan, fantasy, action, and so on is a compromise between these two imperatives, and every thought, plan, fantasy, and action must therefore be understood as such. Mental activity forevermore is governed by simultaneous opposing efforts to gain pleasure and to avoid unpleasure in connection with the sexual and aggressive wishes that are so clearly identifiable beginning at about three years of age. Mental functioning beginning then and forever after is al-

ways a compromise between the two. Compromise formation has thus become the rule in mental life.

But why at ages three to six years? It is obvious to the most casual observer that mental activity—what we call *mind*—begins long before age three, and that, from its beginnings, the mind seeks pleasure and avoids unpleasure. Why should the period from three to six be of such crucial importance in mental development? Is mental functioning so different then from what it was before? If so, what are the differences and what causes them?

Physiological Development of the Brain

Mind is one aspect of the functioning of the brain. In humans, the brain is far from fully developed at birth. Both anatomically and functionally, it continues to grow and change until well into adolescence. Evidences of this are legion. For one example, the electroencephalogram of a normal neonate is very different from that of an older child or adult; in fact, it could easily be mistaken for that of a comatose adult. As another example, many children cannot coordinate eye movements until several weeks after birth, with each eye moving independently of the other. The neurons that will later coordinate the movements of the two eyes develop their full functioning in these infants only after birth. As still another example, certain postural reflexes are normally present at birth, while a day or two later, the brain has changed, and the reflexes in question have disappeared.

To give one more example, the cells of the precentral gyrus, the so-called motor cortex, do not control movements of the limbs until months after birth. In fact, the normal plantar reflex of babies a few months old is the same as the abnormal plantar reflex of an older child or adult whose leg has become paralyzed as the result of a stroke or other damage to the neuronal fibers that have their origin in the motor cortex. It is not until about

the age of a year that the brain has developed to the stage at which the plantar reflex is of the normal, adult type, and motor control is mediated through the axons of the cells of the precentral gyrus.

Equally striking and more directly to the point are the progressive changes in language capacity that result from the growth and development of the brain in the months and years after birth. During the first several months of infancy, the human brain is not yet an organ that can acquire language. Some individuals develop the capacity for acquiring language earlier than others, but none has ever been known to have the capacity at birth. The median age for developing the capacity is, roughly speaking, about a year after birth. Before that time, language is literally impossible; the brain is not capable of it. It is not a matter of the need for time, experience, and practice to acquire language, but rather, the human brain cannot acquire language before a certain stage of development, a stage that is never reached until several months after birth. And even then it takes months and years for the capacity for language acquisition to develop fully. No child can learn to read or write, for example, until long after it has the capacity to speak and to understand spoken words.

A brain so immature that it has no capacity for language is capable of only very simple thoughts. Before the age of three or thereabouts, the average child cannot engage in the relatively complex, language-dependent thoughts that constitute the pleasure-seeking sexual and aggressive wishes that give rise to the conflicts and compromise formations that play so large a part in mental functioning from ages three to six years and ever after. What makes the period from three to six of such crucial importance in mental development is the fact that at that age, the brain has matured sufficiently so that thoughts not previously possible begin to appear—thoughts expressing sexual and aggressive wishes and their real and fantasied consequences. There is no reason to believe that children aged three to six are any more (or less) driven to seek pleasure and avoid unpleasure than when they are younger. What change are the

specificity and complexity of their pleasure-seeking wishes, as well as the association between those very wishes and highly unpleasurable perceptions, memories, and fantasies. Those are the changes that lead inevitably to conflict and compromise formation. No child on the road from infancy to adulthood can escape such conflicts; they are part of human development.

Childhood Sexual Wishes

The pleasure-seeking childhood wishes that give rise to conflict are, as Freud (1905) emphasized, associated with pleasurable sensations in various parts of the body—not only the genitals, but the mouth, anus, skin, and organs of special sense as well. As he and many subsequent authors have noted, these wishes also have to do with persons in the child's environment. Childhood sexual wishes, and the accompanying rivalrous and vengeful, aggressive ones, are reality bound. They have to do with each child's current life experiences and environment, as was noted earlier. It is not possible to separate a child's wish for sexual pleasure from its knowledge of the world about it. Furthermore, the importance of pleasurable sensations in the genitals and other parts of the body must not be ignored or underestimated. Both thoughts and perceptions of its own body and thoughts and perceptions of its environment are essential elements of every child's sexual and aggressive wishes. The pleasure and unpleasure associated with each motivates everyone from childhood on.

What is of fateful importance for every child during the years from ages three to six is that he or she is but a child. Whatever the rare exceptions may be, it is certainly the rule that children cannot woo and win the adult(s) they yearn for, nor can they destroy or otherwise avenge themselves on those whom they perceive as rivals or as faithless. A three- to six-year-old child cannot be the sexually and otherwise physically mature adult it wishes to be. It is scant comfort to a child to be told that someday it, too, will be grown up and have all the

pleasures it longs for now. To the child, *someday* is too far off; it is the same as *never*. Even tomorrow is very distant in the mind of a three-year-old.

In addition, as noted earlier, children are extremely dependent on the adults (parental figures) whom they love and hate —dependent both physically and emotionally. And the parental figures in a child's life are, the child believes, both omniscient and omnipotent. How to combat such an adversary? How to imagine making an enemy of such a loved one? One has only to imagine oneself in a child's position to realize how inevitable it is that the pleasure-seeking sexual and aggressive wishes of a three- to six-year-old child must give rise to intense conflict.

It was the application of the psychoanalytic method to the psychoanalytic treatment of adults and children that led to the discovery of the importance in mental life of the sexual wishes and conflicts of early childhood (Freud 1905, 1926). This discovery was soon observed to be supported by a wide variety of nonclinical data, beginning with the *Gradiva* paper (Freud 1907).[2] As I have noted elsewhere (Brenner 2000), the available pertinent evidence, both clinical and nonclinical, compels one to conclude that the conflicts and compromise formations that begin at about age three have a determinative effect on all subsequent mental activity—an effect that can be explained by assuming that the mind functions according to the pleasure/unpleasure principle, i.e., to achieve pleasure and to avoid unpleasure. In this case, the pleasure and unpleasure are those associated with the sexual and aggressive wishes of childhood. To assume the existence of mental agencies or structures that are often at odds with one another is not only unnecessary, it is also often misleading, since it obscures the fact that conflict and compromise formation are ubiquitous in mental life. They are not merely occasional or pathological, but are ever present and normal.

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[2] A fairly full account of the nature of this data can be found in the last chapter of *The Mind in Conflict* (Brenner 1982).

The Preoedipal Period

What has been said about conflict and compromise formation having their origins at ages three to six years has been criticized as ignoring or minimizing the importance of earlier events in the mental lives of children—events in the so-called *preoedipal period.* I see no reason to doubt the importance of the events of the first three years of life for mental development. How a child deals with the conflicts of the second three years of life must, it seems to me, be profoundly influenced by at least some of the experiences of the first three. The earlier events, however, do not affect mental functioning in later childhood and adult life independently of the conflicts of the second three years of life. Whatever a patient's symptoms (= compromise formations) may be in adult life, they are never simply or directly a consequence of psychologically unfavorable events (= psychic traumas) that occurred in the first three years of life. The way the mind functions in later childhood and in adult life represents the outcome of the conflicts and compromise formations of the second three years of life, influenced and shaped as they have been by whatever went on during the first three years as well.

This view is not accepted by all analysts. Some separate symptoms into those they believe to be preoedipal in origin and those they believe to be of oedipal origin. The former include symptoms showing much evidence of separation anxiety or depressive affect associated with separation, as well as symptoms with evidence of wishes to merge with a loved and/or hated person. Ideas of dissolution, fragmentation, and unreality are also often classified as preoedipal. My own experience is that in every such case, if one reserves judgment and pays attention to the patient's associations to the symptoms described, one discovers that such a classification is incorrect. Though they may not be immediately apparent, sexual and aggressive wishes—and the conflicts and compromise formations associated with them—are as much

the determinants of such so-called preoedipal conflicts and symptoms as they are of any other.

A good example would be an adult patient with symptoms of depression, whose mother was emotionally unavailable during the patient's first and second years of life. Analysis—i.e., attention to the patient's associations and behavior—will show in every such case that the patient's reactions to mother's absence can be understood only when the conflicts of the second three years of life are taken into account. Such a patient may be convinced, for example, that mother did not love her/him because of the patient's "bad" sexual wishes, or because of his/her "bad" murderous impulses or jealousy, and that his/her punishment and/or penance included castration—wishes and fears that arose and flowered in the patient's mind during the ages of three to six years.

To repeat, I see no reason to doubt the significance of what happens in the earliest years, but the evidence available to us at present supports the view that its importance lies in its effects upon the sexual conflicts and compromise formations that characterize the ages of three to six years.

Effects of Psychological Trauma

It is not unusual for the orderly sequence of mental development to be interrupted by an event in a child's life that exacerbates conflict and produces long-lasting consequences in development and functioning. Common examples are absence, illness, or death of a member of the child's immediate family, birth of a sibling, serious physical disability and/or illness, physical abuse, and sexual seduction or overstimulation. Analysts are accustomed to finding evidence of such psychologically traumatic events in patients' histories, and recognize that they produce discontinuity in mental development to a greater or lesser degree. Things are not the same after the event as they were before it; the

course of development and the way the individual's mind functions has been altered. I believe that the developmental changes in brain anatomy and physiology that make it possible to acquire language and to have language-dependent thoughts have consequences for mental development and functioning that are similar in kind and in degree to the consequences of the psychic traumas of which I have given examples. The greatly increased ability to think that is characteristic of the second three years of life results in a discontinuity in mental development. Things are not the same afterwards as they were before. Mental functioning has changed forever.

To be sure, the term *psychological trauma* implies that the resulting changes are undesirable and disadvantageous, and in making the above comparison, I do not wish to imply that the same is true of the changes in mental development and functioning to which I refer. In any case, such value judgments are beside the point here. The point is that it is commonplace for events to occur that result in discontinuities in development, and that one such event which is universal is the change that regularly occurs during the second three years of life in that aspect of brain functioning called the *mind*. One of its consequences is the greatly increased role of conflict and compromise formation associated with sexual and aggressive wishes. I believe that this is why that particular period of life is a crucial one for mental development and for all subsequent mental functioning.[3]

SUMMARY

To summarize, the mind is not best understood in terms of structures or agencies. It is better understood in terms of conflict and

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[3] It is of interest to note that the period of the second three years of life is not the only one regularly marked by an exacerbation of mental conflict. Another such period is puberty, when general physical maturity, and especially sexual maturity, is attained. Still another is the time when sexual functioning wanes: in women, the time of menopause; in men, the time of the less obvious male climacteric.

compromise formation that occur in accordance with the pleasure/unpleasure principle. There is no mental structure or agency that ignores external reality, nor is there any that by its nature is bound to external reality. What the term *mental conflict* refers to is a situation in which one wants some pleasurable satisfaction and is at the same time frightened and/or made miserable by the idea of achieving it. One wants it because it is so pleasurable, and at the same time, does not want it because of the frightening and/or miserable consequences associated with the idea of achieving it. The earliest identifiable conflicts of this sort develop during the ages of three to six years, in connection with the pleasure-seeking sexual and aggressive wishes characteristic of that period of life. The reasons for these conflicts have to do with the physical and emotional immaturity of children of that age and with their dependence on parental figures. The reasons for the flowering of conflict during those years have to do with the functional development of the brain, which is the organ of the mind, and especially with the development of the capacity for language-dependent thought. Other periods of life in which conflict related to these wishes is regularly exacerbated are puberty and climacterium.

I wish to add the following, on a personal note. It was no easy matter for me to consider giving up the familiar and useful concepts of id, ego, and superego. It took me a dozen years to convince myself that it is valid and useful to do so. Even then, I doubt if I should have expressed this conclusion so directly in the public forum without encouragement from my colleagues, Drs. Yale Kramer and Arnold D. Richards (Brenner 1994, p. 473n). It has become evident to me during the course of the years that have elapsed since I published my first paper on the subject (Brenner 1994) that most of my analytic colleagues are today as reluctant to discard the concepts under discussion as I myself was for many years. I am convinced that my own reluctance was due to the continuing influence of conflicts arising from childhood sexual and aggressive wishes. It was important to me to continue to believe in the concepts of ego, superego,

and id, even in the face of what seems to me now to be convincing evidence that those concepts constitute an invalid theory. That the same may be true for others is indicated by the following anecdote.

In the course of a discussion with a colleague well versed in analytic theory, and with long experience of analytic practice, the colleague raised the following objection to my suggestion that the concepts ego, id, and superego should be given up.

"The ego," said my colleague, "is an integrating agency. It makes compromises among conflicting demands of the mind. Compromise formation is an aspect of ego functioning according to the structural theory. The idea that compromise formation is ubiquitous is perfectly consistent with the concept of an ego as part of psychoanalytic theory."

I objected that this formulation asserts that symptom formation is a function of the ego and is thus at odds with the structural theory, which explains symptom formation not as an ego function, but as a result of conflict between id and ego in which ego gives way. My colleague promptly agreed and suggested that, as was the case for me for so many years, so also for my colleague it was more important to cling to the concepts of ego, id, and superego than to draw the conclusion that there are important and obvious facts that render those concepts invalid.

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SOME HAZARDS TO NEUTRALITY IN THE PSYCHOANALYSIS OF CANDIDATES

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The author looks at the challenges confronting psycho-analysts as they attempt to approach a desirable goal of neutrality in the treatment of psychoanalytic candidates and others who will become or are professional colleagues. Many such hazards are embedded in the interlocking relationships that inevitably exist between the analytic institute and its personnel, its training analysts, and its candidate-analysands. The author considers difficulties in the crucial analysis of aggression in training analyses. The analysis of aggression plays a determinative role in the personal and professional lives of analysands, and vitally affects the health and creativity of analytic institutions and the future of psychoanalysis.

INTRODUCTION

Psychoanalysts have always been concerned with protecting the "new reality" (Gitelson 1948) of the psychoanalytic situation from outside intrusions derived from the "realities" of their analysands' lives.

Although the dilemmas and conflicts of the analyst that I describe exist in all analyses, this paper focuses on my experience as an analyst of candidates acquiring their analytic education.

The lives of analytic candidates today and the very richness of psychoanalysis—its theories (we can no longer use the singular *theory)* and the wide variations in its practice—make candidacy even more challenging than in the past. The analytic candidate must learn how contemporary analysis became the complex, evolving, many-headed creature it now is, and must begin to compare and evaluate competing theoretical conceptions and correlated technical approaches, often while just beginning to acquire clinical analytic experience. Consequently, candidates bring their curiosity, their hunger for intellectual and practical answers and for restoration of shaken certainties, their anxious need for mentors and for authorities to imitate and identify with, as well as to struggle against, to idealize, and denigrate—to each of several supervisors, advisors, their many teachers, and others in their institute, the surrounding analytic community—*and* to their training analysts. All these individuals inevitably convey to the candidate not only differing ideas about analysis, but also communicate deliberately or inadvertently personal and professional knowledge and feelings that they hold for one another, for their institute, its origins, its history and development, its paths to privileges and authority.

As an educator and a training analyst, I know that my colleagues and I impart our own acknowledged and unacknowledged theoretical preferences and clinical styles, as well as our own complicated identifications and relationships with our former analysts and teachers. As members of a psychoanalytic school, we hope that the educational program and the personal analyses of our candidates will enrich each other, with neither compromising the potentially far-reaching development of both. Such interpenetrations, we hope, will stimulate the candidates' lively appreciation of the disguises and displacements, the hidden paths taken by transference and countertransference conflicts, in themselves

and in the patients they will treat. As analysts of future analysts, we hope our analysands will develop a profound belief that it is permissible—no, essential—to keep the wide-open eyes of a child, to be frankly and deeply curious, to speak freely about their myriad realistic perceptions of *us* and our shared world of candidates, colleagues, ideas, and institutions. Transference and countertransference fantasies will have inevitably attached themselves to these perceptions. However, surely no analytic relationship is purely transferential *or* purely realistic. We cannot maintain that the analyst only analyzes, and that the teacher only teaches, although we attempt to remain aware of these separate aims in the course of our daily work.

As analysts, we try not only to tolerate but to value ambiguities, regressive expressions of conflicts, conscious and unconscious dilemmas about what constitutes rational action, detours to making choices, delays in closing psychic wounds—in our analysands as well as in ourselves. As educators, though, we set goals, and especially when we are part of a group such as an education committee or a progression committee, we tend to view inhibitions, delays, and detours in moving toward those goals as problems to be squarely confronted and expeditiously overcome. The language of education includes—I think appropriately—words like *standards* (which at least connotes uniformity), the *fostering* of learning and identifications (which connotes active encouragement), and *training* toward *competence*. As analysts, we are mindful that temptations to foster, encourage, direct toward achievement, or to measure progress may open the way to unexamined countertransference enactments. Such goals can appear to justify our assumptions of power that can cripple our analysands' potentially genuine experience of analysis—a process that should give their "egos *freedom* to decide one way or the other" (Freud 1923, p. 50, italics in original). I hope that this paper will contribute to an integration of our approaches to the essential but sometimes conflicting tasks of our two professions as training analysts: psychoanalytic treatment and psychoanalytic education.

I

I start with the assumption that it is desirable in all analyses to maintain an orientation that strives to achieve a group of interrelated conceptions of neutrality. I believe that our preconscious mindfulness of neutrality as a compass helps us meet significant challenges in training analyses, as in all analyses. But we have known for decades that in training analyses, holding such an attitude causes us to repeatedly run into obstacles derived, at least manifestly, from the policies, practices, personal and collegial relationships, and goals of our institutes. I shall discuss such hazards in more detail as they affect how we deal with aggression in the analytic relationship. I believe that the productive integration of our analytic and educational efforts may succeed or founder according to how effectively such aggression can be analyzed.

My working formulation of neutrality owes much to a group of definitions articulated by Greenberg (1986). He commented approvingly that Anna Freud's (1936) concept of "equidistance" (between ego, id, and superego) asserted that the analyst attempts to occupy a balanced position in relation to the contending forces in the patient's personality. He further supported an inclination toward this balanced stance in the setting of goals for the analysis and in the levels of attention given to oedipal and preoedipal wishes and defenses. Informed by his relational perspective, Greenberg stated, "Neutrality embodies the goal of establishing an optimal tension between the patient's tendency to see the analyst as an old object and his capacity to experience him as a new one" (1986, p. 96).

Traditionally, two conflicting conceptions of the analyst's neutrality in training analyses have come under discussion in the United States. Fleming (1973), a major voice in American psychoanalytic education a generation ago, argued that a training analyst properly helps the candidate-analysand to become as good an analyst as possible. She claimed that she and her analysands could flexibly shift their modes of discourse and ways of relating to each other between a relatively free-floating, associative

mode, and one in which they could actively collaborate on designated "educational issues." In Fleming's view, the analyst should be a "monitor" of the analysand's education; institute decisions, often made in the presence of the analyst, should be openly discussed with the analysand. This process was regarded as useful in demonstrating transference distortions and in stimulating the analysand's self-analysis.

Fleming would have rejected my contention that such analysands are being "trained" in their analyses to follow a technical procedure that circumscribes and limits the nature of, immersion in, and degree of eventual resolution of transference (and countertransference), and that this potentially encourages the unexamined uses of suggestion and manipulation. In effect, I believe, Fleming held out the promise that "good behavior"—usually defined as "appropriate" by the analyst—determines who becomes a favorite analytic and institutional child, the one receiving the blessing, and who does not.

A second stance, notably represented by Greenacre (1966) and Kairys (1964), proposed that a training analysis should be conducted as much as possible like any other analysis. This latter view is dominant in my institute, at least overtly. We have long been uneasily mindful, after all, of the fact that the educational situation inevitably interferes with our attempts to maintain the degree of neutrality we strive for in *any* analysis.

While Fleming's position is currently in disfavor, I believe that analysts have always had trouble resisting temptations to set goals for their analysands, to play helpful parental roles, and to instill an analytic identity consistent with their own. I shall try to show that such motives do make their way into many analyses— sometimes clothed in the garb of contemporary clinical theories.

Let me conjure up some typical situations that can pressure training analysts to temporarily discard neutral orientations. When a supervisor, clumsily or tactfully, suggests to a supervisee that he or she "take this issue into your analysis," or when a candidate's advisor appropriately reports on recurrently perceived educational difficulties, there is at least an implicit direction to the

candidate *and* to the training analyst to "work" on something. Voices of educational "reality" insist on being heard or will resist being heard in the analytic room. There are, then, for better or for worse, more than two people in complex interrelationships, realistic and transferential, who demand representation in the analysis.

Consider first just the supervisor: someone who brings a personal history, theoretical preferences, and pedagogical biases as a teacher, who has particular ways of working as an analyst, who holds positions in the institute, and so on. The contexts of the supervisor's instructions to the candidate may include countertransference-laden responses to the candidate's patient, feelings about the candidate as a person, as a student discussed in a committee meeting or encountered in classes or interviewed before admission.

Furthermore, the candidate is the analysand of a training analyst with whom the supervisor often has a complex relationship. This supervisor's entry into the training analysis may be consciously welcomed or resented by either analyst or analysand or both. I have found that the work necessary to analyze the multiple meanings of these impacts, although daunting, has often enriched the analysis and been helpful to the analysand's clinical work. The instruction to "work" on something affects and is affected by an established and dynamically charged transference-countertransference field. We (and/or our analysands) may need to focus on such recommendations as intrusions by our institutes into the analytic situation and relationship—and also as involvements by transferentially invested outside figures related in multiple ways to the training analyst. In addition, these impacts may be looked at in terms of distortions in the analysand's reported version of the *content* of the supervisor's observations and the timing and manner of their delivery. And these comments only *begin* to address the implications of such a situation!

One situation that I feel requires particular skill, tact, relative calm, and monitoring for neutrality occurs when an evaluation by a supervisor, advisor, or teacher exposes a candidate's power-

ful exhibitionist conflicts or narcissistic vulnerabilities, which may temporarily overshadow or skew emphases on other issues that have been under exploration in the analysis. As a training analyst in such a situation, I have found that my analysands' responses to these educationally driven confrontations have included denial or disavowal, expressions of hopelessness, or accusations that I either share the outsider's opinions or that I have irresponsibly ignored or shirked an earlier focus on them. I have felt inner pressure derived from countertransferences and counteridentifications—but sometimes also from justified criticism—to be more quickly active, more centered on the manifest issues of that day than I usually am. I have felt pressured to be "too responsive" in order to avoid experiencing the full force of my analysand's rage and disappointment with me, and/or mine with him or her. It has required hard work, at least for me, even to *approach* being "without desire" for my analysand to make "good" choices that I believe will promote educational progress; and it has been difficult to curb my wish to tamper with the tensions inherent in the asymmetry of the analytic process, or, occasionally, to curtail my desire to compete with my colleague by offering "a little" supervision myself.

After stressful supervisory encounters, some analysands' manifest transference idealizations are seen to have quickly intensified. The underlying aggression they now hide becomes directed toward others, and shows itself as an impatient demand on me, the analyst, because surely I *must* have the power to give concrete help and answers. There is resentful intolerance for self-exploratory detours. Sometimes, my analysand will try to keep our attention deflected toward externalized, displaced representations in the institute of the analytic relationship, diluting transference affects, holding me at a distance. I may feel unable to tune in on the right key, feeling pressed but unable to find my way to an appropriate intervention; and I may decide to maintain a silence that feels useless, though the lesser evil.

The storms that erupt from these untoward "educational" events can sometimes be especially valuable in pushing the analysis out

of a rut of comfortable ritual, or in exposing previously unexplored gratifications that lie hidden in its daily sameness. Stormy emotions are more easily kept under wraps as long as the candidate is "doing well." I try, as much as possible, to find in the issues brought in "from the institute," like many other "realities," derivatives of unconscious transference-saturated fantasies, direct and displaced, to be clarified and interpreted when timely. I have come to believe it is usually appropriate to try to help my analysands understand why I take this approach.

Our analysands' "positive" career decisions or satisfactory educational progress, in other words, can serve to hide drive and superego gratifications and defenses—theirs or ours. Just my mentioning a few such situations will lead many of us to recall difficult moments, marked by uncomfortable conflicts of interest that have challenged those of us who strive for open-minded exploration, rather than pushing for our ideas of a favorable outcome. For example, my analysand may want me to comment on his or her probably ambivalent intention, at a particular juncture, to apply to an institute—mine or another. Or a newly admitted candidate-analysand is deciding whether to begin classes now, or to have a further period of analysis first. Or he or she is puzzling over starting with a first supervised case, choosing or being assigned a particular supervisor, requesting permission to work without supervision, or rationalizing delays in beginning work with a third case—necessary to be eligible for graduation. The candidate may be considering a return to active candidacy after a period of intermission; not infrequently, this decision is wrenching and may involve major life changes filled with conflict, such as separating from a young child or children. Or someone who I feel is talented and promising—or not—may be considering resignation from the institute.

Knowingly or not, we may encourage or discourage progression (as defined either by us or by our analysands), all in the name of "the interests of the analysis." When this well-worn cliché becomes the analyst's stated rationale, often enough, the quest for a concealed authoritarian position is warranted. For many years,

Calef and Weinshel's (1980) comments on the analyst as the conscience of the analysis have been a source of support and of valuable reminders in my work with these issues. Weinshel offered me friendship and wise counsel when I began participating in activities of the Board on Professional Standards of the American Psychoanalytic Association. His care for candidates and for their uncorrupted education, his combination of soft humanness and intellectual and moral rigor, have deeply affected me and others who gained so much of value by knowing him over many decades.

Calef and Weinshel (1980) wrote that "certain wishes with oedipal and preoedipal roots may be hidden by 'successes' in achieving professional goals" (p. 281). They reminded us that, as training analysts, we may inadvertently inhibit the analysis of the *unconscious* meanings of those activities that are regarded as facilitating progress by candidates, by the institute, and by us. As Stein (1981) pointed out, we are tempted to accept the manifest content of the "unobjectionable part of the transference," and are reluctant to "look for a complex of different wishes and defensive operations which may lie concealed beneath this understandable and benign phenomenon" (p. 886)—that is, to remember that what we are seeing is indeed transference.

It is my impression that many institutes today, concerned about prosperity and even their own survival, use some aspects of current psychoanalytic theory and practice to rationalize analysts' temptations to be "helpful," to make their own orientations, biases, and personal attitudes toward their educational institution more "open." Such approaches may seduce the analysand away from expressing latent transference hostilities in the analysis. These tactics are sometimes rationalized as being in the interest of "honesty" or "getting real" (Renik 1998, 1999); of forging an atmosphere of trust and safety for the analysand; of relieving too disruptively painful or disturbing countertransference pressures; or of protecting the analysand from what we believe, because of our inside knowledge, to be "real," as opposed to neurotic dangers posed by institutional politics, conflicts, and personal alliances and antipathies.

What may be impeded or sacrificed is the slow, patient work that can reinternalize the analysand's projection of intrapsychic conflicts—which may present as learning or other professional difficulties—onto the institute and various members of it. External objects easily serve to deflect transference anxieties over aggressive wishes—in analysands, of course, but also in analysts. Our counteridentifications, joined with our frustrated wishes to have impacts on the same people and organizations that our analysands do, can trap us together in a closed circle.

In committee meetings, one frequently "hears" his or her own analyst's voice in the opinions expressed by present and former analysands—or, less often, the voice of a passionate adversary of that analyst! From within such structures of mutual identifications, it becomes formidably difficult for analysands to develop increasing autonomy; instead, they may solidify compulsory, unconsciously hostile, enduring identifications with their analysts.

It seems fairly easy to dismiss the proposals made by Fleming and her followers several decades ago as naive and obsolete. Some of them, however, reflect the acceptance and gratifying enactment of fantasies we all share, in both active and passive forms, as children and as parents, as patients and as caregivers. We remain tempted to see ourselves as analyst-educators whose power to influence a few especially promising younger people can be enhanced by limiting the analysis of idealizing transferences. (And here we are reminded of Freud's dilemmas with *his* analysands.) Or we may act as seductive recruiters to our own institute in preference to a rival program. We may decide to convoy selected candidates through the shoals of training, thereby becoming champions of those analysands' educational progress. And it is no wonder that, from the earliest days of analytic training, variants of such gratifying approaches have been rationalized as necessary and even desirable alternatives to conceptions of the analyst as neutral.

I believe, in fact, that this orientation is also alive and flourishing in our present-day controversies about whether analysts should

present themselves, first and foremost, as "real" persons, figures separable from the "transference analyst." Renik (1998), a vocal spokesman for this point of view, recently wrote: "For me, clinical analysis is a task-oriented endeavor" (p. 582). From a detailed description of his work with a patient, we learn that he described to the patient *his* views of her realistic dilemmas in relationships with the opposite sex, and how *he* would resolve these in comparable situations. According to Renik, such confrontations create an opportunity for transference analysis. He opposes the viewpoint (e.g., Abend 1982) that such an analytic relationship, with its encouragement to act out before looking inward, vitiates the dynamic power that breathes life and conviction into the analysis of transference—and, I believe, into the analysis itself.

Like that of Fleming, Renik's approach would suggest that the task in training analysis is to prepare the analysand to become an effective analyst. In his recent clinical writings (for example, Renik 1998, 1999), Renik has been increasingly active in presenting his personal judgments about what he sees as his analysands' irrational choices, bypassing interpretations of resistance in order to achieve therapeutic success. Renik's belief in the irreducible subjectivity of the analyst rejects the possibility of, as well as the *desirability* of, success in attempting to achieve neutrality in terms of goals, or in holding an equidistant position between intrapsychic forces. He seems to scant analysis of transference as merely the projected incarnation of *old* object and self-representations (Renik 1996).

To quote one critique, "Renik . . . clearly gives primacy to enactment and concomitant correctional experiences in terms of change" (Louw and Pitman 2001, p. 76). In other words, in his analytic work, Renik presents himself openly as a *new object*. This stance, I believe, discourages rather than liberates the analysand's curiosity about repudiated aspects of his or her mental life and potentially creative internal disorder. Acquiring a passion to *know,* to bear owning one's inner world of unconscious wishes and defenses, and to experience the emergence of new, affectively charged insights and memories as surprises from *within,*

are functions that lie at the heart of the intrapsychic transformations that define analytic change as distinct from therapeutic change.

Self-disclosures about an increasingly broad range of the analyst's subjective and external life, employed as technical devices, effectively limit the analysand's increasing tolerance for responsibly knowing about and living with passionate love and hate in the transference. Such self-disclosures support the temptation to unquestioningly enjoy mutually narcissistic idealizations between the analyst and the analysand, an old danger in our profession. A crucial reason why psychoanalysis is reviled when not administered in diluted doses is that it exposes the indirect ways in which the unconscious mind reveals its presence *all the time,* in *everyone's* daily lives of thought, feeling, and action.

Many of us continue to believe that such slow, weighty, protected analytic engagements can make it possible for future analysts to tolerate the emotional stress of, as well as to appreciate the richness of, deeply knowing and understanding both others and themselves—and also to accept how limited everyone's understanding of others must be. Beyond this, we and our analysands must come to accept that there are limits to the therapeutic value of understanding and of being understood.

II

Training analyses will always be "special" analyses, and candidates from our own institute will always be special people who evoke strong feelings in us, including complex countertransference conflicts (Smith 2000). It is natural to feel parental toward them, and relatively easy to experience grandiosity and even fantasies of immortality through identifications with them, as we anticipate the pleasure of following the course of their professional and personal futures. These considerations contribute to pleasure in being a training analyst. But such gratifying, benign parental feelings can also mask significant unconscious gratifications of early, unresolved aggressive and narcissistic conflicts.

Traditionally, many of us have enjoyed our identifications with idealized analysts and educators of past generations, and in times of need we have conjured up their images and remembered words. We have envied those who can trace their lineage back to the "pioneers," to idealized versions of Freud himself, and to the view he once proudly expressed to Jones that analysts and analysands are "the best participants in a great cause" (Bernardi and Nieto 1992, p. 137).

Inevitably, such discriminations between the best and the rest foster loyalty conflicts that seem to me to be part of every training analysis. For instance, suppose a candidate-analysand of mine (heretofore considered a "good" candidate) decides to mount a critical attack against an instructor, who happens to be my friend, a colleague whom I respect and like. Or suppose that candidate-analysand becomes an open disciple of someone from another analytic school, whose views of analysis the intellectual arbiters of *our* school consider destructively heretical—perhaps even a challenge to what we consider the very bulwark, the essential premises upon which psychoanalysis is founded.

In my institute, at one time, such acting out might well have been looked upon as evidence of questionable character, of poor reality testing, of being too sick to be analyzed, or as indicative of a flawed personal analysis. Today the attitudes motivating this finger pointing and labeling probably continue to exist, but are hidden more deeply below the surface. In the past, analytic authorities shamelessly "knew" and explicitly represented such monolithic versions of reality. We might have decided that such a candidate, encountered in analysis or elsewhere in the institute, was trying to provoke us to anger, to libidinally tinged retaliation, or to stimulate us to rescue him or her from bad influences—including a bad analyst.

We have learned much in the last forty years about other uses of aggression in the transference—for example, how it can serve as a provocation to test the genuineness of the analyst's commitment to what he or she professes to believe about self-knowledge and neutrality. Transference aggression may also advance self-

object differentiation and make separation from representations of early objects tolerable. And analysands may "practice" aggression in order to clear a path toward autonomy and maturity, as in adolescence. These are just some among many other meanings about which we might speculate.

People who enter psychologically helpful professions have often been "too good" as children and adolescents, sometimes needing to adapt to and provide structure for disturbed parents by becoming precociously psychologically minded, as well as compulsively understanding and helpful to the adults in their worlds, including their analysts. Analyzing the defensive meanings of my analysands' "good" character traits has entailed my allowing aspects of my character that I consider ego-syntonic to be challenged, denigrated, and even pummeled. Furthermore, I believe that holding to an analytic attitude requires keeping an open mind to emerging disillusions with and attacks on psychoanalysis itself—from my analysands, and also from within myself (Bird 1972). I have come to realize and accept that such rebellious attacks provide new opportunities for both of us to grow.

On the other hand, I know that what is externalized from a training analysis may influence my colleagues' views of me. This adds to the pressure I feel to "help" my analysand to inhibit attitudes and actions that could signal "trouble in the analysis" to my colleagues and other candidate-analysands. In supervised analyses conducted by my candidate-analysand, for example, repetitive patterns of acting out, stubborn countertransference-influenced blind spots, and unrecognized unanalytic interventions constitute in part that candidate-analysand's report on *me* and on his or her analysis. Thinking of my colleagues' judgments about the acting out of an analysand of mine has surely contributed to temptations I have felt to keep things calmed down by interpreting the aggressive transference too quickly, or by pointing out external realities as subtle exertions of superego pressure on the analysand to contain situations that feel threatening to *me.*

The manner and timing of admitting an error, accepting criticism, confirming an analysand's perception—and in the process,

illustrating self-analytic work—similarly deserve our careful self-reflection. While such admissions are sometimes useful, even necessary, they do risk supporting analysands' fears of the power of their aggression to injure us or to coerce us to act for our own sakes rather than theirs. Our demonstration of such rational self-awareness and mature tolerance of our irrational moments, if used as a technique, may covertly convey the opposite—that is, our frightened and therefore frightening intolerance of the demonic power of the unconscious, especially of aggressive transference-countertransference wishes. However, when I have been able to live with—and even enjoy riding out—these storms that are part of every working analysis, I have eventually observed the freeing of previously inhibited creative potentialities, the diminishing of phobic avoidances, and an enlargement and deepening of my analysands' pleasure in living.

As training analysts, we must make it safe for our analysands to "know" without denial and to speak freely and honestly about life in their analytic institutes. When we fail to explore their passive obedience to institutional authorities or their opposition to majority positions, we may, in effect, be seducing them to join *our* fight against, or for, our own positions and relationships in the institute, including "our identifications with ambivalently held figures," such as our own training analysts, supervisors, and mentors (Smith 2001, p. 808).

Often, an analysand's perception of the world of the institute is a route toward genetic reconstructions of the analysand's other "family" situations and the analysis of personal myths. As with other material about people and institutions to whom both of us have ties, we must listen with curiosity to our analysands' views of our educational organization, and of us in our more public positions, even as we understand and perhaps interpret their rebellions against institute requirements and requests as transference actings out as well. Analysts or institutes who reward the "good child" and punish the "bad child" effectively subvert genuine analysis and encourage "as-if" collusions that compromise the health of our institutions and the very future of psychoanalysis.

The attempt to consider perspectives opposed to our own with respectful interest and curiosity defines another important goal of neutrality. When we demonize or scornfully dismiss those who subscribe to different analytic doctrines, we tempt our analysands to join us in waging a "virtuous fight" against targets in the institute, and in the process, "purifying the treatment" of their and our "anger and contempt" (Finell 1985, p. 433), thereby draining our field of creative energy.

Decisions to enter the helping professions often serve as reaction formations against sadistic impulses. Hidden beneath therapeutic ambitions, as Freud pointed out, may lurk contrary wishes —not to cure, not to help, not to alleviate psychic pain, but to cause pain, to hurt, and to control—forms of sadistic wishes that are both satisfied and defended against when the person treating fails in the therapeutic task. As training analysts, we may have especially intense conflicts over our simultaneous wishes to succeed and fail, since candidate-analysands intend to *become* analysts. By advancing beyond us in knowledge and skill, they will displace us, and will one day—perhaps even literally—bury us. Our candidates' success is both our immortality and our death at their hands. The failure of the analysis may be unconsciously accepted as a necessary and inevitable punishment; by such defeats of each other, we may avoid knowing about both the depth and power of our sibling and the oedipal envy of and desires for each other, as well as our wishes to castrate and murder each other.

Traditions in the analysis of those who work or are preparing to work in professions related to ours have, over the years, supported defenses against mainly oedipally derived infanticidal fantasies, limiting the analysis of hostile transference and the awareness of countertransference. For decades, training analysts have accepted as benign those of their own behaviors that express unconscious intent to maim the young who will come after them. I have referred above to the special offers to convoy, the encouragement of disciples, and the acceptance of conscious expressions of idealization without tactful but skeptical analytic

exploration. I believe that a related kind of destructive enact-
ment may lie hidden in the analyst's failure to maintain a re-
spectful distance, usually for several years, after the analysis has
been terminated.

Our quick establishment of new personal relationships after
termination of a training analysis may gratify our understand-
able parental desires, and may also shield us from evidence of
the hurt, anger, and disappointment that the analysand will in-
evitably feel in the period after termination. In reanalyses, I have
been impressed by evidence that analysands are never the active
movers in these activities, but frequently oblige their former ana-
lysts by accepting them, and often covertly resent this. Analysands
in reanalyses tell of feeling deprived of self-analytic opportunities
with which to carry on essential processes of mourning and in-
ternalization in situations where their former analysts have en-
couraged intimate personal relations, including introducing them
into their homes and families soon after the ending of the analy-
sis. These "well-meaning" training analysts are often carrying on
an old and gallant analytic tradition, but I would argue that they
fail to recognize their analysands' need for time and space in
which to mourn the loss, to work through guilt for the oedipal
death they have enacted in leaving, and to atone. Interfered with
as a consequence are the analysand's internalization of the ana-
lyst's functions, and his or her emancipation from the need to
hold onto the analyst by becoming that analyst (Loewald 1962,
1973; Orgel 1983).

Our reasonable abstinence after termination of the analysis
is surely an important requirement for *our* mourning as well. We
implicitly understand that such renunciations are part of the
basic pact we silently make with analysands at the very begin-
ning, when we both agree to create and maintain an *analytic* rela-
tionship. It has become clear that the increasingly internalized re-
lationship and process do not end with formal termination (Orgel
2000). Our confrontation of the reality that no analysis can ever
be complete is especially important in training analyses, whose
beginnings and endings are often defensively explained in terms

of the time cycle of candidacy. Our maintenance of a benign but
somewhat removed personal interest frees former analysands to
return to analysis, usually some time after graduation, either to
the former analyst or to a new one. Our mixed feelings toward
someone who wants to let go of us may influence, then, the rela-
tionship we seek after the analysis is over.

If we become ill, or even as we grow older, our analysands'
cannibalistic transference fantasies may grow more powerful, and
it may be even harder for both of us to face the abstinence a
true termination demands. Some of us can recall situations in
which failing analysts have retained the illusion of ongoing power
by mobilizing followers and caregivers from among their analy-
sands. We know of analysands who, like parentified children, have
taken care of impaired but narcissistically entitled analysts in per-
manent bonds of altruistic surrender, and thus, true post-termina-
tion consolidation and emancipation can never occur. Loyalty to
the "old man" or "old woman" is invoked defensively to screen
out the hostile wishes of both analysand and analyst.

On the other hand, an apparent opposite of the failure to in-
terpret aggressive transference—that is, too-early and too-rigor-
ous interpretations—may have similar unconscious purposes and
consequences. Freud (1937) opposed any effort by analysts to stir
up latent negative transference in order to analyze aspects of it
before termination. Balint (1954) supported Freud's position—
reflecting, I suspect, his observation of problems in analyzing ag-
gressive transference during the 1950s. Balint warned that

> . . . the patient may be prevented altogether from feel-
> ing full-blooded hatred or hostility because consistent
> interpretations [of hostile transference] offer him facili-
> ties for discharging his emotions in small quantities . . . .
> The analyst, interpreting negative transference consis-
> tently too early . . . in the same way as his patient . . . need
> not get to grips with high-intensity emotions either; the
> whole analytic work may be done on "symbols" of hatred,
> hostility, etc. . . . The patient and his analyst may accept

[these low-intensity, symbolic substitutes for emotion]
as . . . the real thing . . . and get away with it. [p. 159]

A further danger is that such too-early interpretations may
intensify resistance, with the analysand regarding them as pro-
vocative and judgmental. A perceptive analysand may conclude
that the analyst is afraid of real aggression, and may tend to pro-
tect and in a sense "treat" the analyst. A consciously idealized
analyst is rescued and shielded in the face of hostility and chal-
lenge from outside. Displaced transference figures may be found
in site visitors, in the Board on Professional Standards (especial-
ly its certification committee), in rival institutes, and, of course,
in many other individuals in the analysand's life who are always
ready to find reasons to attack analysts and the analysis.

Over the years, I have become aware of pressures to prema-
turely confront and/or interpret aggression in the transference
in the face of drive derivatives inherent in my candidate-analy-
sands' efforts to identify with me (Smith 2001). It is not at all
uncommon for candidates to mimic their analysts when they be-
gin to treat their first patients in supervised analyses. The univer-
sal "I do it this way because my analyst does it this way" applies
to every aspect of analyst-analysand interaction, verbal and non-
verbal. One analysand said to me, "I am acting with my patient
the way you act with me. What you tell me, I tell him. It is as if you
are my real supervisor." Another was criticized by a supervisor
for his manner of ending sessions, and his response was, not
surprisingly, "I say what my analyst says." After talking about this
in his analysis, he realized he had distorted my words in end-
ing sessions, making them conform more closely to his trans-
ference representation of me. Soon thereafter, he reported that
he had changed his words—he now repeated what I *really* said!

These conscious and unconscious imitations of the training
analyst reflect relatively primitive, universal methods of learning
that continue throughout life. In addition, acting as though one
is the training analyst bypasses the full affective awareness of
both oedipal and preoedipal wishes. The analysand wards off *want-*

ing the analyst as an object by acting as though he or she *is* the analyst. Gaddini (1984) seemed to be thinking of something similar when he wrote:

> Imitation by itself is insufficient for internalization because it does not allow the existence of an external object to be conceived. By imitation one magically "becomes" that which would otherwise have to be recognized as an external object . . . . One flees from instinctual anxiety by magically becoming the object. [p. 9]

At this level of what Jacobson (1964) designated *imitative identification,* it is predominantly the illusion of the narcissistic power of the analyst that is captured through an imitation of the latter's style, technical devices, idiosyncrasies, and so forth. Possessing this talismanic power, the analysand is magically protected against all the dangers to which beginning analysts are heirs, including the psychic absence of their analysts when they need them most. The candidate-analysand's demonstration in his or her work of the "borrowed" power of the narcissistically exalted analyst affirms and boasts of the analysand's enviable possession of this power, and identifies the analysand as "belonging" to that analyst, somewhat like wearing an article of a lover's clothing might do. At the same time, the resulting caricature ("See how easy it is to be an analyst?") marks the analysand's early attempts to relinquish that power, which he or she is beginning to challenge and tear down, even while exaggeratedly demonstrating it. This form of identification lends a quality of mockery toward, and even triumph over, the analyst, although if the imitation is discovered or confessed, this quality fades, quickly and often touchingly.

In the course of analyzing such actions, I have discovered the unconscious fantasy of obtaining and incorporating the analyst's phallus. In one case, the analysand felt like an as-if analyst, an impostor, experiencing an excitement from the sense of phallic enhancement he received from fantasies in which his transference wishes were fulfilled. Simultaneously, he felt threatened

by the danger that he would be unmasked as a fraud and punished for the "theft" of the training analyst's power.

Another analysand felt embarrassed and humiliated when confronted by his imitations in his own work with analysands. He imagined that he had been discovered masturbating, with fantasies of being a small boy who had appropriated his father's phallus, and who was excitedly exhibiting it and was about to use it like a weapon that would enable him to enter and remain inside the dangerous vagina of a large woman. As one might imagine, this analysand had significant voyeuristic and narcissistic conflicts; and he had similar fantasies about the phallic-exhibitionistic meanings and castration dangers that could follow from *looking at and into* the other when *doing* analysis. "Looking deeply" into the exposed, depreciated person lying on the couch is like looking into the female genital, he said. Understanding the genetic roots of such fantasies about what it meant to him to be an analyst, as well as what it meant to be a patient in analysis, were crucial to the analysis of his transference neurosis.

Another analysand, one who had lost a parent in adolescence, was unable to tolerate the emotions stirred by separations and the prospect of the loss of her analyst (for example, to miss him, to retain conscious fantasies about him in his absence, and to await his return with longing) until late in her analysis. Such an incapacity reflected a failure to internalize aspects of the relationship with the analyst as a person. Rather, she temporarily *incorporated* parts of the analyst that continued to be endowed with magic oral and phallic qualities. She remained deprived of emotional knowledge of the anxiety, hurt, and grief that would eventually allow emancipation and real autonomy to be achieved (Loewald 1973). In order to function as an analyst herself, this analysand continued to require identification with the analyst as a series of "borrowed" part-objects.

In genuine growth to maturity, or when it is possible to analyze "true" identifications with the analyst as a whole object who must be given up, analysands renounce one set of fantasies—for instance, acquiring and possessing the parental breast or

phallus—but can gratify others. The candidate-analyst can con-
solidate his or her own identity as an analyst in the same sense
that one can *be* a mother or father to children who are whole, in-
creasingly separate objects, or as one can allow oneself to know
one's parents as complex individuals, become friends with them,
or at least become to some degree reconciled to who they are.
One can do these things in one's own way without needing the
object (analyst) to be there as a virtually daily (ego and super-
ego) presence, or to require infusions from interminable super-
vision in order to function adequately.

Analysts are made uneasy by the aggression implicit in the
stance that "I don't need you; I have borrowed or stolen parts of
you," and by someone who presents him- or herself as a "false
copy" of the mockingly idealized analyst. We may be tempted to
ward off such "insincere flattery" out of a sense of self-protec-
tion. I think it is preferable, however, to allow these imitations to
exist without prematurely inhibiting them by confronting or in-
terpreting them, perhaps under the sway of countertransference
emotions. In training analyses, it can be tempting to do so, since
the analysand is very likely also presenting to the outside world
a caricature of the analyst's behavior, of the relationship between
the two of them, and of the analytic process. This world includes
the institute and the candidate's own analysands.

Yet this imitative identification also constitutes a form of trial
action in the shadow of the all-powerful early parent. This stage
may be part of a path toward more mature trial identifications,
containing elements of the training analyst's analytic functioning
that the analysand may eventually become able to electively in-
ternalize in modified ways, or to discard without significant
guilt or the need to be punished. In addition, displaying them-
selves as caricatures of their analysts may be necessary for analy-
sands as one way of engaging in "trial aggression," a way of exter-
nalizing their aggressive conflicts by attacking the analyst (Bird
1972)—and in the case of candidates, by attacking analysis it-
self.

CONCLUSION

As all our analysands must, we also have to accept, with the added poignancy of foreknowledge, that every analysis must include wounding attacks on our narcissism, and is imbued, almost from the beginning to well past the end, with the reorganizing potentials latent in the pains of separation and mourning. We promote the analysis and resolution of our analysands' identifications with us so that their superegos will increasingly become part of the autonomous working egos of younger colleagues. Such transformations will enable the younger analyst to become as well the conscience of the analysis (Calef and Weinshel 1980). This process requires acknowledgment and renunciation of revived oedipal wishes in both analysts and analysands. The fact that each analysis requires such renunciations anew suggests that the Oedipus complex is never completely dissolved, but that it must be worked through again and again.

One aspect of the life of an analyst that the analysand must internalize in training analysis is the ability to be relatively comfortable for periods of time in states of separateness and aloneness. The analysand must also be capable of choosing to be different from the analyst, and of allowing the analyst to live, work, and love in separate professional and personal spheres, even as the two may become friendly colleagues.

This freedom to be oneself is the developmental ideal for everyone. To facilitate our analysands' efforts to obtain it and to use it in their analyses of themselves and others is a particular goal of a training analysis. To the degree that we have achieved this freedom ourselves, we will be able to let our analysands offer others the same opportunity. Attaining such freedom means managing to live with occasionally conscious fantasies of incest and murder, with the wish to be both sexes while accepting that one cannot be, with the wish to be an infant and accepting being an adult who is partly an infant. It means living with a cogni-

tive and emotional sense of the flow of one's past history, and with the realization of one's limited future. Most of all, to be such an analyst is to want another person in his or her otherness to exist.

I believe that attempting to be analytically neutral in the ways I have discussed is a necessity in any effort to achieve this. A training analysis sheds a bright light on our faltering attempts to accept another's existence, to love an *other*. To want this is, I think, so hard for all human beings that it is no wonder it is only incompletely realizable in any psychoanalysis. And yet—to choose to live one's life conscious of such struggles and to work with them daily honors the gift of being human. This makes being a psychoanalyst—and an analysand—an incomparable privilege.

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WHY DON'T OUR INSTITUTES TEACH THE METHODOLOGY OF CLINICAL PSYCHOANALYTIC EVIDENCE?

BY DALE BOESKY, M.D.

One of the most pressing theoretical, therapeutic, and educational problems confronting the advance of psychoanalysis is our confusion about the nature of clinical evidence. There is considerable disagreement among psychoanalysts about how to define evidence. *Recently, there has also been a growing tendency toward evidential nihilism, justified by some of the more radical constructivist-narrative views of postmodern epistemology. Two surveys, conducted ten years apart, of all the psychoanalytic institutes recognized by the American Psychoanalytic Association, indicate a continuing and disturbing neglect of this topic in the curricula of our institutes. This paper reports the views of a number of psychoanalytic educators who participated in these surveys and is intended to stimulate discussion about the causes of this critical problem.*

> The same degree of precision is not to be sought for in all subjects . . . . It is the mark of an educated man to look for precision in each class of things just so far as the subject admits.
>
> —Aristotle (1984) quoted in Franklin (2001), pp. 64-65

Some psychoanalysts would agree that our inability to sort out the difference between our conflicting opinions and our knowl-

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edge is a critical problem. Others prefer to question the definition of *knowledge*. But even those analytic educators who agree that this distinction between opinion and knowledge is important are doing little to teach about these issues in psychoanalytic institute curricula.

THE METHODOLOGY OF CLINICAL PSYCHOANALYTIC EVIDENCE

We are well aware that there are a diverse number of theoretical models that claim the advantage of superior therapeutic and explanatory results. Less familiar is the fact that one can also distinguish another diversity among psychoanalytic educators, about whether or not to teach about the use of clinical evidence to evaluate these rival theoretical claims. One group is convinced for epistemological reasons that the pursuit of "evidence" is a fallacy deriving from outmoded ideas rooted in logical positivism and "scientism." Another group of analysts teach only about empirical research. But as this report will demonstrate, the greatest number of educators in our psychoanalytic institutes *believe* that clinical evidence is an important issue, but are not teaching about this topic.

The inference of meaning from defensively altered communications is perhaps one of the core dimensions of psychoanalytic theory and practice. And it is precisely the vicissitudes of inference that underlie the entire problem of distinguishing opinions from knowledge. Of course, the way in which we infer meaning (or formulate hypotheses) has always been a source of disagreement among analysts; it has been said of analysts that we can make anything mean anything. So the problem of evaluating the competing explanations of meaning deriving from various theoretical models, as well as within any one model, has always been with us.

One might think that the profound importance of improving our ability to evaluate the evidence adduced to support the

cacophony of contradictory and competing claims for better meanings would by now have become a high-priority topic in the curricula of our psychoanalytic institutes. This paper bears testimony to the fact that this is definitely not the case. During the course of teaching a seminar for many years about this topic,[1] I conducted surveys of other institutes to learn how fellow educators dealt with this problem. In this paper, I will discuss the disturbing reports of those surveys. I will also in a very abbreviated manner consider some of the problems about the way in which we think about clinical data and give a very brief introductory summary about the way in which we teach this topic at our own institute.

One of the advantages of the polemics about epistemology in our literature in recent years has been to remind us that this dimension of the problem about clinical evidence is as old as human intellectual history. Thomas Nagel spoke of this as

> . . . an issue that runs through practically every area of inquiry and that has even invaded the general culture—the issue of where understanding and justification come to an end. Do they come to an end with objective principles whose validity is independent of our point of view, or do they come to an end within our point of view—individual or shared—so that ultimately, even the most apparently objective and universal principles derive their validity or authority from the perspective and practice of those who follow them? [Nagel quoted in Williams 1998, p. 40]

Nagel came down firmly in favor of the first of these two choices: understanding and justification depend on apparently objective and universal principles. And of course it is precisely this view that the most radical postmodern constructivist, intersubjective, and hermeneutic attacks have challenged. As an ex-

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[1] This seminar has been cotaught since its inception by Dr. John Hartman and the author.

ample of the tenor of such views, I will quote from recent comments by Hernandez de Tubert and Tubert-Olander (2000). They criticized those analysts who maintain, as Freud did, that there are preexisting contents in the unconscious that are to be found by the analyst's inquiry. That implies an objectivistic theory of knowledge. That objectivist view is wrong because of the following erroneous assumptions:

> (1) There are some concrete contents in the patient's unconscious that are previous and independent of the psychoanalytic inquiry, (2) The analyst may objectively know such facts, if he avoids any interference with their manifestations and applies a correct procedure for identifying, describing, and explaining them, and (3) Any proposition that describes and/or explains such facts is either true, if it corresponds with these facts, or untrue, if it does not.

The authors concluded that what they were discussing was not a difference in theory, but a more fundamental divergence in our conceptions of the world. I think that these views about epistemology are fairly representative of those authors who maintain that meaning is cocreated and not discovered. These views are just a step away from a nihilistic view of clinical evidence. It just does not matter if one intervention is closer to what the patient is actually feeling than another, because the assumption that there is an "actual" is a fallacy. In the most radical forms of perspectivism, the very idea of *evidence* is an epistemological fallacy. In this view, all that we can know is what we construct, and meaning is always limited to local contexts.

In my own view, there is a straw-man quality to this description of crude and naive scientism. In his foreword to *The Closing of the American Mind* (Bloom 1987), Saul Bellow presciently described the academic battles of the time in terms that also capture the tone of these recent psychoanalytic controversies about the very possibility of speaking of clinical *evidence*. He said: "The heat of the dispute between left and right has grown so fierce in the last

decade that the habits of civilized discourse have suffered a scorching. Antagonists seem no longer to listen to one another" (p. 18). The term *evidence* has acquired just such scorching accretions of connotation and confusion in our recent literature.

What Do We Mean by Clinical Evidence?

There are highly complex issues that bear on the notion of clinical evidence. These include the problems of situating psychoanalysis as a scientific enterprise, the relation of causality and meaning, the challenges of postmodern pluralism, and the vexing confusion about the relevance of epistemology for clarification of the questions about what the psychoanalyst can observe and what constitutes psychoanalytic "facts." For many analysts, the term *evidence* is fatally irrelevant on epistemological grounds, and in some quarters of our literature, the use of the term *evidence* without the protective quarantine of quotation marks evokes dismissive suspicion. Those who speak of evidence are relegated to the ash heap of "scientism" and logical positivism. The antinomial paradox that both observation and subjective participation by the analyst are not only permissible but also necessary for an adequate description of the psychoanalytic enterprise is not a popular idea in either the one-person or the two-person model. The futility of retrieving *evidence* from the molten flux of the irreducible subjectivity of the analyst in the intersubjective matrix led to the view that the "truth" was whatever helped the patient. The Gordian sword of pragmatism thus cuts through the daunting knot of evidential challenge.

At the other extreme of these mistakenly polarized views lies the closed system or one-person model that provides no theoretical home for the participation of the analyst. Adding to this confusion was the mistaken notion that a discussion of evidence assumes the pursuit of some form of absolute truth. I wish to be clear that in the ensuing discussion, I use the term *clinical evidence* to refer to whatever information the analyst considers to jus-

tify the view that his or her hypothesis gives a better account-
ing for the available information than some alternative hypothe-
sis.

The primary definition of the term *evidence* in the *Oxford En-
glish Dictionary* (1994) is: "The quality or condition of being evi-
dent; clearness . . . . An appearance from which inferences may
be drawn; an indication, mark, sign token trace . . ." What I do not
mean by *evidence* is the idea of absolute proof or truth. As I use
the term, *evidence* is the information we can adduce to decide if
an inference about a patient is better than some other inference.
Clearly, such a decision is fraught with possibilities for error, but
the point I am making is that we must improve our present sta-
tus by at least rendering clearly *what* information we are using
to arrive at such opinions. It is my hope that raising questions
about this problem as an educational issue will lead to responses
and discussion that will improve our present very crude ability to
speak to one another about clinical experiences, either in intra-
model or intermodel discussions of clinical material.

It is especially the problems of comparative psychoanalysis
that would most benefit from clarifying our confusion about how
to define *evidence*. But experience with our seminar has taught
me that there is also much to learn about our intramodel dis-
agreements, and this latter would be easier to demonstrate with
detailed examples from the seminars. Here I must ask the indul-
gence of the reader, since this paper deals with three topics:
the problems and questions about evidence that led to the sur-
veys, the surveys, and a description of our own seminar. Since
the present discussion is only a part of a projected fuller treat-
ment of these issues, detailed examples from our own seminars
and a fuller discussion of the relevant theoretical issues will have
to appear later.

Everything that I wish to say in this discussion can be under-
stood as an attempt to better view the problems of distinguishing
evidence from inference in the education of future psychoana-
lysts. Moreover, for this purpose, I wish to advocate the value of

process-oriented and explicitly self-conscious hypothesis forma-
tion as a pedagogical exercise.[2]

THE SURVEYS

The author conducted two informal surveys of American psycho-
analytic institutes concerning whether or not the institutes of-
fered seminars on the evaluation of clinical evidence. They were
conducted with no official sponsorship, and the opinions here ex-
pressed about the results of the surveys are solely those of the
author. It will be necessary in the course of reporting and dis-
cussing the results of the surveys to merely touch on some of the
most vexing and complex problems attending the methodology
of clinical evidence. Not the least of these is the well-known fact
that one cannot logically attempt to "prove" a hypothesis using
the same hypotheses to generate the confirming data that are
under question (Fonagy 1999, 2002; Rubenstein 1967, 1980). Suf-
fice it to say here that in the present discussion, it is my inten-
tion to deal mainly only with the problem of how we are pres-
ently *teaching* our candidates about these issues, rather than to
consider the actual scientific, philosophical, and methodological
issues directly.

The first survey (1989-1990) included all the psychoanalytic
institutes in the United States accredited by the American Psy-
choanalytic Association. Each institute was asked whether or not
it offered a seminar for candidates specifically devoted to the
topic of evaluating clinical evidence based on *hypotheses formulated
by the candidates*. Although there were none other than Michigan
that did so in the original, 1989-1990 survey, and only one other
in the second, 1999-2000 survey, a small number of institutes did
offer a wide variety of *reading* seminars about the scientific and/or
research dimensions of psychoanalysis.

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[2] I owe thanks to an anonymous reader of an earlier draft of this paper for
this felicitous way of describing my intent.

The diverse responses to these surveys confirm what one might have predicted: there is no consensus among our institutes about how to define *research* (Dreher 2000; Fonagy 1999). And as we know so well in our present era of theoretical pluralism and epistemological controversy, it is even harder to agree about what we mean by psychoanalytic *evidence,* or even whether we should be permitted to use the term. So there are a large number of topics that our institutes place under the rubrics of *evidence* and *research.* These include empirical research, developmental studies, outcome and efficacy studies, postmodern epistemological challenges and prior hermeneutic perspectives, process research, the relation between theory and technique, the philosophy of science, third-person assessment of process material, tape-recorded sampling, extraclinical validation studies, and so on. This same diversity of research enterprises is reflected in the report of the Research Advisory Board of the International Psychoanalytic Association (Fonagy 1999). Funding of research projects by the RAB was split between outcome studies, process studies, developmental studies, historical and archival studies, studies of psychoanalytic education, and studies of legal issues. The Michigan seminar would probably be (loosely) included under the rubric of process studies. But it is clear that even the larger topic of process studies includes quite a diverse range of topics and methodology. So it will come as no surprise that the responses to these surveys reflect considerable disagreement about the definitions of *evidence* and *research.*

Obviously, these research seminars are valuable, but are not addressed to the basic educational task envisaged in our own seminar, which is devoted to intensively focused process discussions on how the candidates form and test their own clinical assumptions. So in this special sense, the myriad responses to the surveys that deal with the important topic of psychoanalytic research are really marginal to *this* paper. In fact, one might ask if our candidates would not be better prepared for later research activities of their own if they had a better grounding in what is

entailed in the formation of a clinical hypothesis and its support earlier in their careers.

In the ensuing discussion, when I refer to the seminar we have offered at the Michigan Psychoanalytic Institute about evaluating clinical evidence, I wish to be clear that I do not believe that our seminar has solved any of these problems, nor is it possible that *any* seminar will do so. Obviously, there are a number of ways to address this problem in the curricula of our institutes. Certainly, using the candidates' own writing is not necessarily the best way to teach this topic, but the survey shows that it is rarely done in our institutes. So our seminar is different from the others, which deal with evidence as an aspect of empirical research, in contrast to clinical process. The other difference is this: We ask the candidates themselves to formulate an assertion or hypothesis derived from one of their own psychoanalytic cases in progress. (We also encourage assertions about applied psychoanalysis and about child psychoanalytic treatment cases.) We further ask candidates to then briefly report whatever clinical evidence they have that, in their opinions, supports their assertions.

This seminar is intended to highlight and discuss the *inferential processes of the analyst at work*. In particular, it is assumed that one of the basic elements of any psychoanalytic theory of technique is to account for the inference of hidden meanings. It is our further assumption that the affective distress of the patient is a preexisting, actual reality that the patient brings to the treatment. But when we speak of evidence, it is not our expectation that we could arrive at any absolute truth about those realities. We are instead trying to focus on the *various* methods for comparing diverse hypotheses about the same clinical material. We believe that some hypotheses explain the available data better than others, and that one of our biggest problems is sorting out and refining our reasons for agreeing or disagreeing about how to make such comparisons.

The discussions in the seminar have been based on the premise that each of the existing theoretical models was introduced to

better deal with problems that had been inadequately described by other models. The emphasis has been to try and determine how we could *compare* these advantages and disadvantages. No attempt was made to conceal the theoretical biases of the instructors (transference, resistance, and unconscious conflict), but we tried to encourage disagreement and to clarify the fit between the assertions of the candidates and the supporting evidence, in order to see which hypothesis seemed most cogently related to the available data. A central feature of the seminar has been the regular attempt to compare alternative hypotheses to account for the same data, not only *between* various theoretical models, but also *within* our own model itself. (For a representative example of a discussion of the same clinical material by analysts from similar theoretical orientations, see Hansell [2000]; and for an example of the same clinical material discussed by analysts from different theoretical models, see the case presentation and discussions by Scharff [2001].) A comprehensive report about the actual working of the seminar and detailed examples of seminar sessions will be reported elsewhere.

The Michigan seminar was inaugurated in 1988, and we completed its thirteenth year in the academic year of 2000-2001. After completion of the first two years of the seminar, I did the first informal survey of all the institutes accredited by the American Psychoanalytic Association in 1989-1990, in order to determine whether and how they dealt with the topic of evaluating clinical evidence in the curricula of their institutes. In addition to other questions and statements in that initial survey, I said that it had been my impression that this topic was addressed in many institutes, but only in passing. I obtained a surprisingly good (almost 80%) response to that initial survey, and discovered that the majority of institutes did not deal with the evaluation of clinical evidence in one focused seminar at all. To be sure, there was a small number of institutes that had seminars on psychoanalytic empirical research, or on psychoanalysis as science, but there were no seminars anywhere devoted *exclusively* to the topic of evaluating clinical evidence.

These results are similar to the report of a survey by Schachter and Luborsky (1998). Although the purpose and content of that survey differed from my own, the authors indicated that only four institutes conducted seminars on psychoanalytic research. Many of the respondents to my own initial, 1989-1990 survey expressed regret that there was so little support for or interest in such a seminar in their own institutes. In one instance, a seminar on the evaluation of clinical evidence was indeed launched ten years ago and is still in progress. But it was quite clear in 1990 that the overwhelming majority of American psychoanalytic institutes either did not think that such a seminar was necessary, or they faced some obstacles that prevented inclusion of such a seminar.

In 1999-2000, I conducted a follow-up survey to see how matters stood after a lapse of about ten years. In this second survey, I included the four independent institutes affiliated (after 1990) with the American Psychoanalytic Association through the International Psychoanalytical Association: the Institute for Psychoanalytic Training and Research, the Los Angeles Institute and Society for Psychoanalytic Studies, the New York Freudian Institute, and the Psychoanalytic Center of California. Obviously, I have omitted our European and Latin American colleagues, as well as those in new training facilities and other training groups not yet affiliated either with the American or the International Psychoanalytical Association. This arbitrary choice reflects mostly limitations upon my own resources, since I have conducted these surveys unassisted, and my language and time capacities did not permit a totally inclusive survey. That is regrettable, and it is my hope that further discussion in the psychoanalytic community will lead to a broader investigation about the teaching of this topic.

The second survey also consisted of a letter[3] sent by me to the curriculum chairpersons of the twenty-nine institutes accred-

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[3] This letter appears as an appendix at the conclusion of this paper. The letter contains a brief description of the Michigan seminar.

ited by the American Psychoanalytic Association (in early 1999),
and also to the four free-standing institutes recognized by the
International Psychoanalytical Association (the Institute for Psycho-
analytic Training and Research, the Los Angeles Institute and So-
ciety for Psychoanalytic Studies, the New York Freudian Institute,
and the Psychoanalytic Center of California). Many of the re-
spondents were generous in offering comments about this prob-
lem. With greater persistence than in the first survey, it was actu-
ally possible to obtain a 100% response rate, so the results can be
viewed as unusually inclusive (at least with regard to American
educational practices), in comparison with most such surveys. In
fact, this unusual degree of interest and responsiveness bears
testimony to the fact that this gap in our seminar curriculum in
no way reflects a lack of interest or concern about this problem
on the part of psychoanalytic educators. Indeed, it is the para-
doxical imbalance between the obvious interest and helpful re-
sponses from so many colleagues on the one hand, and the ab-
sence of attention to these problems in our curricula on the other,
that calls for further discussion. In fact, the results of these sur-
veys have implications for psychoanalytic education that are wor-
risome.

Before reporting the survey results, it would be clarifying to
comment first on the recent report by Compton (unpublished)
on the proceedings of the Task Force on Scientific Activities. This
comprehensive and thoughtful report decries the absence of at-
tention within the American Psychoanalytic Association to the en-
tire issue of encouraging and supporting scientific research. The
report contains numerous very good suggestions to remedy the
deplorable status quo. But the tone of the report seems to imply
that the topic of evaluating clinical evidence would have to be *most-
ly* delegated to special empirical researchers. The contributions of
clinicians to the refinement of the methodology for evaluating
clinical evidence from within the psychoanalytic treatment situa-
tion are not explicitly included.

Furthermore, the report made little distinction between out-
come and efficacy studies of entire analyses, in contrast to the eval-

uation of smaller units of data derived directly from the psychoanalytic treatment situation. I insert this point here to anticipate the fact that the majority of the replies to this survey seem to make similar assumptions. Also, as pointed out by Edelson (1984), we psychoanalysts continue to explore questions that are big and vague, to the neglect of clarifying more wieldy and smaller questions. It is striking that the reports of both Compton (unpublished) and Fonagy (1999) include but *deemphasize* the topics of research and education about the methodology for the single-case evaluation of clinical evidence.

It is well known that analysts from within the same theoretical model frequently disagree about the effect of a single intervention. It is as though we were to debate the history of the architecture of various houses when the provenance of the bricks in each home was so unknown. It thus seems timely to question the asymmetry of idealizing outcome research and devaluing process research.

Second Survey Results

The responses to the second survey of thirty-three institutes can be grouped as follows:

1. No research seminars at all: twenty-four institutes.

2. No seminars devoted exclusively to evaluating clinical evidence, but cognate seminars about research and scientific topics were offered: five institutes.

3. Seminars devoted exclusively to the evaluation of clinical evidence offered: four institutes. (Three of these seminars used candidate clinical material; one did not.)

In this repeat survey (conducted in 1999 and 2000), twenty-four of the thirty-three institutes that replied said that they did not offer a course on the topic of psychoanalytic research, let alone a course devoted exclusively to the evaluation of clinical evidence.

(It should be noted that I have anecdotal information to the effect that seminars on psychoanalytic evidence had been offered in the past, but were not offered at the time of the survey, at two of the twenty-four non-seminar institutes.) Sixteen of these twenty-four institutes spontaneously expressed interest in offering such a course at some time in the future. Five of these twenty-four institutes that offered no course replied with information about how these topics were touched on in other seminars in those institutes. Only nine institutes (including Michigan) reported offering any seminar focused on evidence, "research," or "science." Of these, two (Chicago and San Francisco) offered elaborately organized research seminars. Spontaneous comments offered by numerous colleagues from institutes offering such seminars, as well as from those who did not, are of considerable interest.

Institutes without Special Seminars

The first group of comments is from those twenty-four institutes that offered no formal instruction on this topic at all. Many of these colleagues expressed regret that this was so, and said that they would like more information about the Michigan seminar and the results of the survey itself. Several in this group indicated that of course they dealt with the problem of clinical evidence, either during supervision or in a number of their seminars, but never in one seminar devoted only to this topic. One colleague spoke ironically about the strain and competition for curriculum time due to the steady addition of seminars about new theoretical models and diminished interest in the topic of evidence. He was not the only person to also note the extra demands placed on curriculum decisions in more recent times because new students begin their psychoanalytic education with so little prior experience with dynamic psychotherapy. Two groups reported that a seminar about clinical evidence had been offered in the past, but had been discontinued when the colleague who taught that course became less active in teaching.

Institutes with "Comparable" Seminars

A number of these twenty-four institutes that offered no special seminars felt that their curriculum afforded "comparable" opportunities for their candidates. For example, one respondent said: "I disagree with your statement [in the survey letter] that 'such questions were addressed in continuous case seminars, but only in passing.' I think that [in our Institute] this is a prominent area of discussion. I will have to think more about it, but it seems on first reflection that it is one of the major elements of discussion, namely, 'How did you draw that conclusion from what the patient said or did?'" This respondent said he was initially taken aback, and began wondering why such a seminar, one that seemed so promising, had not caught on in other institutes. He felt less bad about that when he concluded that his institute did this all the time.

But I would not agree that we are both doing the same thing. He is quite correct when he says that candidates are repeatedly asked to justify, defend, or support specific clinical interventions. But I think he overlooks the very different implications of asking the candidate in *advance* to formulate such an assertion, to think about it, to put it into coherent language, and to clarify what information he or she wants to adduce to persuade others that this particular assertion or hypothesis was the most advantageous one that could have been made. *It is a very different learning experience when the focus of the discussion in the seminar is centrally organized around the balance between the assertion and the supporting evidence than by the perceived clinical needs of the patient.* Support for this conclusion will have to await the later report of detailed examples from the actual seminars.

The very fact that continuous case seminars spare nonpresenting candidates the obligation to formulate assertions of their own may have exempted them from the important actual experience of *personally* thinking through the complexities of formulating hypotheses, and then supporting them against alternative hypotheses. The experience of supervision is, of course, the op-

portunity par excellence for the candidate to review and recon-
sider alternative explanations for the understanding of the pa-
tient. But the experience of the candidate who is treating a pa-
tient and responding to the challenging questions of a supervisor
are importantly different from the candidate who is asked in ad-
vance of a seminar to report and defend an interpretation. In
supervision, the therapeutic requirements of the patient govern
the assumptions of the candidate, and the methodological ele-
ments of these interventions necessarily remain in the back-
ground. Moreover, the repetitive focus and cumulative effect of
addressing this specific question exclusively, as well as the chance
to compare the candidate's experience with colleagues, intensi-
fies this pedagogical exercise.

Another respondent said his institute offered courses on how
to write case histories. Presumably, this was felt to be comparable
because considerable attention would be directed in those semi-
nars to what was relevant to report in a case history. Another
seminar that a respondent thought might be comparable was en-
titled "Microanalysis." One colleague reported that his institute
offered "research electives," and that their candidates were re-
quired to write a psychoanalytic essay prior to graduation. Since
this essay presumably utilized observable clinical data, it was felt
to be in some way analogous to the Michigan seminar. Still an-
other group reported introducing a seminar entitled "Writing
about the Psychoanalytic Process." But that respondent noted: "The
emphasis is more on integrating formulation and assertion in clin-
ical writing rather than supporting a given assertion."

Another colleague in the "we-offer-something-comparable"
group offered some enlightening comments to describe the cli-
mate in his own institute:

> I think people here do not have thought-out forms, or
> closely examined forms of thinking, in terms of the truth
> or falsehood of evaluating claims in our literature. I
> think there *are* attitudes toward ranges of validities, but
> they seem to be recognized or not recognized more or

less haphazardly. Most attention is paid to clinical material, and attitudes toward unconscious operations, interpretations, conflict, defenses, attitudes about . . . the analytic set-up [situation], and attitudes of the limits, ideas about the necessities and limitations of permissible behavior of the participants, and so on. Now we are hearing more about process, and some of it even in higher-level theoretical terms—but not much.

In the seminar taught by this colleague, the format consisted of assigned readings, rather than clinical presentations. The focus of the seminar was to discuss the relationship between the theoretical position of the author and the actual demonstrated technique. He said: "My purpose is to introduce possibilities and relationships, not true or false statements . . . . I believe in a range of possibilities and synchronizations that are more truthful in our capacities to perceive realities approximately, in good-enough ways." He added that he tried very much to encourage disagreement.

Another institute reported an *elective* program in empirical psychoanalytic research, with opportunities for candidates to develop their own research projects under the mentorship of an experienced psychoanalytic researcher. The following comments are excerpted from a letter sent to me by a colleague expressing his disappointment about the lack of interest in his own institute among the candidates to whom he had offered an elective seminar about evaluating clinical evidence. To attract the interest of advanced candidates in his institute, he circulated a letter quoting some comments by Tuckett (1994): that for too long, psychoanalysts had conducted arguments that were not based on reason but were instead ideological, or based on appeals to authority, or derived more from analogy than by evidence. It had been the hope of this colleague that his forceful reminder that we urgently require a better understanding of the relationship between clinical "facts" and the theory within which their observation was embedded would win the interest of this group of can-

didates. He joined Tuckett in asking them to consider with him in a reading seminar: "How do we determine that an inference is valid? And of what does psychoanalytic validity consist?"

The responses to both this announcement and a similar one the next year were both so disappointing that the seminar was cancelled before it began. This letter bears testimony to the fact that there is quite a bit of apathy and even outright opposition on the part of many candidates to participating in a course on clinical evidence. That is also true of the faculty in many, but not all, of our institutes. It is quite well known that many analysts are either disinterested in or even actively opposed to clarifying the methodology of clinical evidence, let alone teaching about this topic. The reasons for this are obviously complex, and urgently require clarification. It is well known that many analysts who pride themselves on being clinicians are not much interested in theory.

Conversely, we have analysts who are fluent theoreticians, but who report only meager information about their clinical work. This was true not only of Hartmann, but also of Loewald. (I was told some years ago by a respected colleague that Hartmann replied to criticisms of his omission of clinical data by saying that he merely used a different form of shorthand.) A number of analysts who have little acquaintance with the relevant ontological and epistemological issues are frankly intimidated by what appear to be arcane arguments about truth, constructivism, realism, and hermeneutics. "Remedial" seminars about the interface of the philosophy of science and psychoanalysis are to my knowledge even more rare than seminars about evidence. The "pragmatism" of those analysts who maintain that the only truth that really matters is that the patient feels helped is a potential warrant for a nihilistic view of the entire problem of evaluating clinical evidence. The fallacy of pursuing absolute truth is then replaced with the fallacy of exploiting irreducible subjectivity as a warrant to shrug one's shoulders about these problems.

These issues might account for the response of one colleague, who stated that the very use of the word *evidence* put him off and

aroused his doubts about conducting a seminar on that topic. He was presumably assuming that it was logically incoherent even to think of *evidence* generated in the intersubjective matrix (and viewed in the strongest constructivist perspective). At this point, I will merely say that our seminar is taught with the premise that the refinement of criteria of clinical evidence in no way requires adherence to naive positivism or simplistic views of an analyst who is merely an external observer. We further believe that the very idea of pursuing absolute truth is a profound misunderstanding of what science is all about. The business of science is to determine the best available explanation for a phenomenon or event; there is obviously no absolute truth in this definition of science.

In his comments on his failed effort to launch such a seminar, one respondent said the following: "I was disappointed, because I thought that teaching the course would give me an opportunity to get into that literature. We tried offering an elective course . . . on follow-up studies in psychoanalysis. This course might have approached the issue of evidence, but it also was not selected by any of the advanced candidates." One might wonder about the implications in this particular institute that the course offered was an elective rather than a required one. Is it possible that this optional quality conveyed a message about the majority sentiment of the faculty about these educational problems?

The following example illustrates the diversity of strategies employed by those institutes that do recognize the importance of the topic of evaluating clinical evidence, but who do so in the context of research as a broader topic:

> In general, it is the policy of the . . . [institute] to alert candidates in the seminars, particularly during the post Readiness-for-Control years . . . to this process. In fact, while there is a great variation in how it is accomplished, it is a policy in all the advanced clinical seminars. In one particular seminar, there indeed is an effort to use a method of fine-grained analysis of text (á la Paul Gray) to examine formulations concerning analyzability in

the early phase of analysis. Another much more systematic approach can be found in our research training program in the section on recorded psychoanalysis, as well as in our project on Retrospective Reconstruction after Termination. In these projects, a small number of students trace specific theoretical formulations about introjection, internalization and symbolization of the transference as they manifest themselves in spoken language.

This next reply from another institute is a further illustration of dealing with these topics by discussing assigned readings. In a seminar entitled "Critical Review of Psychoanalytic Thought," five sessions were devoted to the following topics: Positivism and Empiricism, Postmodernism and Hermeneutics, Writing as Teaching and Writing to Develop/Refine Theory, Empirical Research and Beating Dead Horses, and Beyond Hartmann. Still another institute assigns readings throughout the four years of seminars that deal with such topics as fundamental hypotheses underlying analytic listening; the philosophy of science and research; epistemological issues; and comparison of scientific, hermeneutic, and narrative points of view.

The last comment from the group of institutes saying they offer "comparable" seminars describes a one-year course about analytic listening:

> This seminar deals with the question of psychoanalytic epistemology: What are clinical facts? How are they adduced from the clinical material? How do the analyst's theories and experiential biases condition what is known in the analytic situation and how it is interpreted? Readings on this topic form the backdrop of the seminar; in the foreground is the presentation of analytic process material which focuses on the question of how the analyst listens and how the analyst knows.

These sophisticated questions and the way they are dealt with can be described as using an "embedded" strategy of teaching, in which the inferential processes of the candidate who is presenting the clinical material are embedded in the broader question of

how the candidate listened to the patient. That is, of course, less focused than the explicit requirement to make and support an assertion already selected as the focal point for discussion in the seminar.

The following example also reflects the "embedded" strategy of dealing with the topic of evaluating clinical evidence. The respondent enthusiastically endorsed the importance of the topic, noting that his own institute dealt with the topic as follows:

> The course is based on case write-ups, and the candidates are expected to try to apply what they have learned about theory to the clinical material. In other words, the candidates address what clinical data support a particular theoretical view and how the theory assists them in conceptualizing what is happening in the process.

In this case, it would help to know in more detail the relation between a "particular theoretical view" and the nature of clinical data adduced to support that view. Too often in our literature, we see examples of case reports wherein sweeping and highly abstract generalizations are based on data that are unpersuasive. *The entire question of the optimal fit between the level of theoretical generalization and the type of data best suited to even illustrate, let alone support, the theoretical inference is one of the most confusing problems at the center of the methodology of evaluating clinical evidence.* In our own seminar, we have been impressed that the most valuable educational experiences have emerged in the course of discussing alternative explanations within the *same* theoretical model chosen by the candidate. We will certainly make little further progress in comparing the numerous competing theoretical models available until we can clarify a better way to compare alternative explanations or inferences within any one of the same models.

Institutes with Seminars in Research

Four institutes indicated that, although they had no courses devoted to the evaluation of clinical evidence, they did offer ones

on the topics of science and research. These four described a variety of reading seminars devoted to psychoanalysis as science, the methodology of psychoanalysis, longitudinal studies, and outcome research. For example, one institute described a seminar on applied psychoanalysis, as well as one in research in psychoanalysis, consisting of assigned readings of noted psychoanalytic researchers. The goals of the seminar were "to introduce the way research in our field has been done, to discuss the dangers of not doing research, the implications of postmodern philosophic perspectives, and the connections between clinical work and research." Two institutes offered an elaborate sequence of seminars about these topics.

Institutes Offering Seminars on Evidence

Four institutes—Chicago, Michigan Psychoanalytic Institute, Philadelphia Association for Psychoanalysis, and San Francisco—offered formal seminars explicitly devoted to the topic of clinical evidence. The San Francisco Institute offered three seminars, entitled "Validation," "Psychoanalytic Writing," and "Psychoanalytic Research." The first and third courses were based on the discussion of assigned readings. The course on psychoanalytic writing was originally established along lines very similar to the Michigan seminar, and was the only other such course offered at the time of the survey in the various institutes.

The Chicago Institute was the other one offering three seminars on research. Their "Research Sequence" was organized into three quarter-long courses of six sessions at the end of the second, third, and fourth years of seminars. As in San Francisco, each course was taught by a different instructor and was devoted to a different topic related to analytic research. The Chicago seminar (i.e., the first in their three-seminar sequence) differed from the Michigan and San Francisco seminars; it consisted of discussions of how analysts have actually advanced the field with successful and failed single cases; of clinicians discussing their own

cases; and symposia and literature that brought together more than one clinician to extend the range of cases, theoretical models, and historical time periods presented. This course concluded with a student presentation of a single case, with a focus on a psychoanalytic topic of interest and a discussion of what conclusions could be safely drawn. The second seminar was about larger-scale outcome and process research conducted by researchers outside the clinical dyad. The third course was on extra-analytic research bearing on analytic propositions.

"This six-session course was designed to help second-year candidates recognize and select analytic data to include in their initial and interim write-ups of their analytic cases." It was organized in the following way:

> Candidates . . . were asked to write no more than two pages describing a clinical interaction . . . . It could be part of a session, a single session, or a series of sessions —whatever was thought to be unique about psychoanalytic theory and/or technique . . . . [It] became the sole material for the seminar discussion. The instructors tried to focus . . . on the process the clinician used to select the material . . . how each participant related the material to transference/resistance, unconscious conflict, self-reflection, and the subjectivity of patient and analyst. Our focus: (1) Are there clear methodological/treatment principles derived from "psychoanalytic moments" between patient and analyst—different from other psychological "therapies"—which can be convincingly demonstrated and documented in written form? (2) What constitutes psychoanalytic data [evidence]?

Here the instructors provided embedded hypotheses (the two focuses) to be evaluated, which is an interesting and useful alternative, but one that differs from the Michigan assignment.

Prior to the time of my second survey, Dr. David Rackow posted the following e-mail message to members of the American Psychoanalytic Association (dated April 24, 1998):

> The curriculum committee . . . is looking to create new courses for its candidates. One rich area for development is that of "research" topics in psychoanalysis. This area includes not only the work of dedicated researchers with a "program" of investigation yielding new methodologies, concepts, or bodies of information (e.g., Luborsky, Dahl, Shevrin, Bucci, Waldron, and many others), but also the work of day-to-day clinicians who find ways of integrating data from outside the analytic situation with data from inside the analytic situation. Such publications include longitudinal studies of analytic treatment and supervision, extra-analytic models applied to analytic process or phenomena, clinical entities illuminated by analytic treatment and biological or behavioral research, models for reporting clinical information, etc.

This posting appealed for information about the experience of other psychoanalytic training programs in their educational efforts to impart such a "research" approach to clinical trainees.

One of the three instructors of the Chicago seminar sequence, Dr. Robert Galatzer-Levy, posted a reply to Dr. Rackow's question (dated April 25, 1998). He said:

> It is easy to become too ambitious and to overwhelm candidates. It is essential that the research be clearly linked to clinical concerns. What excites researchers does not necessarily excite candidates. Candidates with psychology backgrounds are often quite sophisticated about methodology issues, while M.D.'s and social workers are not, leading to a challenge in deciding the "level" at which the class should be taught. These same sophisticated psychologists often came to the institute to get away from precisely these issues, and find their reappearance distressing.

WHY AREN'T WE TEACHING THIS TOPIC?

The great majority of all psychoanalytic institutes, whether or not they offer seminars of any kind about clinical evidence, believe

that this is a very important topic that *should* be taught. But an equally clear majority of all institutes do *not* do so. And even in the very few such seminars currently available in our institutes, very little attention is devoted to the candidate's own clinical material for systematic evidential consideration, other than during supervision or in continuous case seminars. Almost without exception, the available seminars deal with very abstract theoretical issues or large clinical questions, such as outcome studies, and rarely with more wieldy, smaller topics, such as "process" studies. There is no available explanation for this paradoxical agreement that we should be teaching this topic in the face of the fact that by and large we do not. This educational gap is a serious problem, and one can only speculate about the reasons why psychoanalytic educators are so opposed to recognizing that it is a threat to the future of psychoanalysis. Obviously, the false claim that we analysts have no evidential support for our therapeutic claims is a powerful reason for widespread distrust about the validity of psychoanalysis.

Goethe said that life is green and theory is gray. We have always had analysts who devalued theory, and the question of our neglecting the teaching of evidence cannot be separated from this larger issue of disparaging the necessity of theory altogether. Yet these same antitheoreticians often do not decline invitations to teach and supervise candidates; they must believe that they have learned something worth transmitting, and that means they have certain theories that they consider useful. It is widely agreed that an important cause of the misunderstandings between analysts is their reliance on highly abstract generalizations or ideologies, in contrast to discussion of specific clinical material. Tuckett (2001) recently made the important point that clinical work requires careful and rigorous attention to detail in sessions, and that it is crucially important that we psychoanalysts be more clear about how we organize our understanding of these details.

There are many questions that cloud the role of teaching a methodology of clinical evidence. These questions include (among

others): What kind of science is psychoanalysis, or can it be called a science at all? If it is useful to view analysis as an empirical, scientific enterprise, how shall we define the "research" that supports or disconfirms its theories? Shall such research include only what is generated in the laboratory, or shall we consider data from the couch? Should single-case research be an important part of what we teach? Why is single-case research so seldom recognized, let alone encouraged, by the various scientific committees of organized psychoanalysis? What are the most advantageous epistemological principles to employ in coming to an agreement about whether or not there can be any such thing as admissible evidence? Have we resolved the confusion evoked by the "postmodern turn" that led some analysts to claim that reality itself is a "social construction," and that meaning is always cocreated? Does reliance on coherence theories of truth or on pragmatic theories of validation support a nihilistic view of clinical evidence? Does the incommensurate nature of our numerous theoretical models allow us to make logical comparisons of evidence generated in different models?

This is clearly not a complete list of relevant questions, and even these cannot be discussed here. Our confusion about how to define a psychoanalytic fact and our ongoing controversies about how to distinguish between evidence and inference continue unabated. In fact, the continuing confusion about these topics is the very reason why the omission of them is so worrisome. It would be misleading to think that we do not teach much about evidence because we have nothing to teach about it. The cumulative experience of many generations of psychoanalysts for a century has produced a very rich base of clinical experience. We know that we have helped many of our patients, and we are able to teach others how to do that, and we can recognize useful points to disagree about. What we have yet to do is to codify and refine our methods for achieving all of this.

So why are we doing such a poor job of teaching this topic? I wish here only to state that I do not assume that the results of

these surveys are based on any one simple explanation, nor that these very striking findings reflect mere indifference to these problems on the part of psychoanalytic educators. I am not at all sure that anyone knows all or even the most important reasons for this remarkable educational gap. The results of this survey clearly show that overall, we are doing a terrible job of teaching candidates about the problems with our methodology for evaluating clinical evidence. Why is this? Are we really so totally ignorant about these issues that we have nothing to teach our candidates about them? Obviously not. Then why is this critically important problem so widely neglected in the curricula of our institutes? It is the purpose of this present report to stimulate discussion of that very question.

We can only benefit from a thorough airing and discussion about why so many analytic educators are failing to face up to this as an issue. Does the absence of this topic in our curricula express a collusive wish that we are conveying to our candidates? Do we prefer that they join us in a continuing avoidance of the necessity to decide whether to base the future of psychoanalysis on improving our understanding of clinical evidence? The discussion I hope for has nothing to do with which theoretical model is "the best." Nor will simply offering seminars solve these serious problems about the methodology of evaluating clinical evidence.

Clearly, our own seminar is not the only or even the best way to teach this topic. What is needed now is a better way for us to talk to each other logically about our disagreements, and to do that, we have to have a better way to present detailed clinical evidence, rather than ideological opinions. We need to invent a new discipline of comparative psychoanalysis, and the essential first step toward that goal will be to refine our understanding and improve our teaching about the evaluation of clinical evidence. In that way, we can have more constructive disagreements. Hopefully, the present report will stimulate further discussion about this problem.

APPENDIX

The Second Survey Letter

Dear Dr. X [Chairperson of Curriculum Committee]:

For the past twelve years, we have been teaching a seminar to our fourth-year candidates entitled "Clinical Evidence" at the Michigan Psychoanalytic Institute. The basic purpose of the seminar derives from my deepening conviction that one of the leading problems in the education of our candidates has to do with an important gap in our local and national curricula. In my original survey (ten years ago) of each of the psychoanalytic institutes recognized by the American Psychoanalytic Association, I discovered that at that time, there was not a single institute in the country that devoted a seminar exclusively to this problem. *To be sure, several institutes had seminars on empirical research, but not one was exclusively devoted to the methodology of evaluating clinical evidence derived from the psychoanalytic treatment situation* [italics added]. Our candidates, nationally speaking, had evidently no focused chance to clarify, improve, and refine their understanding of the methodology that they were using to evaluate the truth claims in our literature, let alone their convictions about the truth or falsehood of their own conclusions about their patients. Such questions were addressed in continuous case seminars, but only in passing.

We therefore decided to inaugurate a seminar devoted exclusively to this topic at the Michigan Psychoanalytic Institute. This has proved to be very valuable, and after ten years of experience with this course, I have decided to collate our findings. As part of that endeavor, I ask for your cooperation in describing the way in which you deal with this issue in your own curriculum. To facilitate your reply, I offer the following brief description of our own seminar on clinical psychoanalytic evidence.

We offer this course to fourth-year candidates in eight to ten weekly sessions. The format is as follows: Each candidate is re-

quested in turn to present a written paper no more than several pages in length. The paper is supposed to present an assertion of any kind pertaining to any psychoanalytic topic, together with the evidence adduced by the candidate to document the assertion. I have discovered that this deceptively simple task proves quite regularly to offer highly useful educational opportunities. Commonly, the candidates emerge from this experience with an increased appreciation for the complexity of the methodological problems of evaluating truth claims in their own writing, as well as in that of their colleagues and in the psychoanalytic literature at large. These informal, brief papers may be about either clinical or applied psychoanalytic topics; the only requirement is that the paper must contain some evidence that the candidate thought was persuasive. I encourage child psychoanalytic papers from those candidates enrolled in our child analytic training program, and on those occasions, a member of our child training faculty attends the seminar. Although I offer suggested theoretical references for the candidates to read independently, the major focus of the seminars is the close reading and discussions of the papers written by the candidates themselves.

For purposes of comparison, I wish to determine whether and how colleagues in each of the psychoanalytic institutes recognized by the American Psychoanalytic Association are teaching this topic now. I urgently need your help in order to compile accurate information about the current status of this topic in the curriculum of each of our institutes. If you do offer a course on this subject at your institute, I would like to include notice of it in the survey results. If you do not now do so, but did offer one in the past, it would be valuable for me to learn that also. I do not ask that you send a detailed or lengthy report, but if you do offer such a seminar, I would like to know the kind of information provided above about the manner in which your seminar is organized. Especially if you do not offer such a course (and it is expected that the majority of institutes do not), it would be most important for me to receive a note from you to that effect. All information about any individual institute will be held in

confidence, and no identifying information will be published about data that you provide without your consent.

I am making this inquiry on an entirely informal basis with no authorization or approval from the American Psychoanalytic Association or from my own institute. But as you can well understand, it is essential for us to gather this information from every one of the component institutes of the American. I am grateful to you for your help and I look forward to your reply.

Sincerely,

Dale Boesky, M.D.

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SUPEREGO TRANSFORMATIONS THROUGH THE ANALYST'S CAPACITY FOR REVERIE

BY ANTONINO FERRO, M.D.

The author discusses the application of certain Kleinian and Bionian principles to psychoanalytic work with patients who suffer from symptoms arising out of pathological superego functioning. Clinical vignettes are presented to demonstrate how the analyst's willingness to employ reverie, and to move from conviction-based interpretations to more open and tentative ones, can help such patients to change maladaptive behavioral patterns that may have stemmed from early interactions with an unavailable or nonreceptive Other.

THE SUPEREGO, THE EGO IDEAL, AND THE SUPEREGO IDEAL

We know that Freud (1921, 1923, 1932) had an ambivalent view of the concepts of the *superego* and the *ego ideal:* On one hand, he believed that they could be superimposed, and on the other, he saw them as clearly distinct from one another. Grinberg and Grinberg (1978) emphasized the utility of distinguishing between these two viewpoints. Freud (1923) proposed that the superego, as classically described, develops following resolution of the oedipal phase, and that its attendant anxiety derives from fear of castration. Klein (1928, 1945) studied the early phases of superego formation, noting common characteristics of severity and

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cruelty that derive from the introjection of sadistic objects, which in turn result from projection of the child's sado-oral and sado-anal impulses.

The *ego ideal,* in contrast, develops out of idealized internal objects that reflect real objects onto which the child's good feelings and valued parts of the self have been projected. Normally, the function of the ego ideal is to protect and stimulate. A tyrannical ego ideal may develop, however—one that is pathologically imperious and insistent on high goals that are impossible to attain. This pathological ego ideal exposes the subject not only to frustration, but also to devaluation of the self and to narcissistic depression; it also predisposes to criticism and punishment by a relentless superego.

Meltzer (1967, 1973) introduced the concept of the *superego ideal* to indicate a structural relationship between the ego ideal and the superego, in which the two are considered to represent different functions of internal objects in a dialectic and evolving relationship. According to such a structure, the primitive and inhibiting functions are left to the superego, whereas the ego ideal represents a parental figure with both positive and maturational functions (Mancia and Meltzer 1978).

As a substitute for the more common one- and two-structure concepts, Manfredi (1978) proposed that the ego ideal, the superego, and the superego ideal should be considered capable of functioning both as a single internal object, and as three separate internal objects. Manfredi added that these different functions may be distinguishable only in certain situations. In the particular situation of the psychoanalytic process—viewed not in terms of a linear progression or developmental process, but rather as a spiral of introjections and projections—the ego ideal and the superego behave like functions of objects that are continually being modified, particularly with respect to extreme feelings. These modifications are shaped primarily by the qualities of the internal objects from which they were derived via projective identifications, but they are also affected by the degree to which they enter and become a part of the analyst's internal world; and

consequently, the analyst's psychic apparatus is a significant variable factor in the analytic process.

THE CONCEPT OF THE CONTAINER / CONTAINED

Building on Klein's description of projective identification, Bion (1962a) developed the notion of a *container* into which an object is projected, and of an object—designated by the term *contained* —that can be projected into the container. When emotions are allowed to pervade this process, the container and the contained are transformed in a manner usually described as growth. In fact, the container itself is formed out of a reticulum of emotions, made possible by the characteristics of the medium in which the contained exists. That medium must incorporate tolerance of doubt without a sense of persecution, as well as tolerance of a sense of infinity, in order to facilitate the development of a link that leads to knowledge ("K"). Bion noted that development of the psychic apparatus necessary to process affect depends on suffusion of the psyche with emotions, and that these emotions become the connective mechanism in which the elements of the contained are embedded. In other words, the particular emotions present in the psychic apparatus of the mother (or of the analyst) in the context of his or her received projections is fundamental.

The Capacity for Reverie

The quality of the mother's capacity for reverie, as well as of the analyst's, determines future mental development, and thus also the development of the mature superego. Bion (1962a) discussed what would happen if, instead of positive emotions, the receiving psychic apparatus were to be invaded by envy (as in the case of *inverted reverie*). In such a situation, known as "-K" ("K" being symbolic of *knowledge),* there is a sense of the breast as remov-

ing the good elements projected by the infant, and, thus deple-
ted, the infant becomes a victim of nameless dread. Bion be-
lieved that this negative usage of the container/contained—the
opposite of that facilitating knowledge and growth—fosters the
development of a particular type of superego:[1] that is, a supe-
rior object that affirms its predominance by finding fault with
everything. Its main characteristic is its hatred of any new de-
velopment in the personality, as though such a development were
a rival to destroy.

Naturally, all of this can be seen as belonging to the patient,
or as having belonged to the mother, but I think that it could
also belong to the analyst. The configuration of container/con-
tained can be used to destroy knowledge, instead of promoting
it, by asserting the superior morality and power of ignorance.
New ideas are stripped of their value because one cannot feel
other than devalued by them.

Before presenting clinical material, I wish to share some
reflections deriving from various aspects of Bion's thinking, par-
ticularly its relational elements. Bion considered the encoun-
ter with the Other to be the keystone of his beliefs. In these
encounters, the expansion of dreaming in the waking state (the
alpha function) is continually called upon to metabolize sensor-
ial and perceptive debris (*beta* elements); the success or failure
of this operation is always directly communicated by the patient,
if one knows how to listen (Ferro, in press). The amplification of
dreaming in the waking state is, in my opinion, the most impor-
tant conceptualization contributed by Bion. Through the flower-
ing of images in analytic sessions, this dreaming in the awake
state continuously provides climactic data (such as temperature,
heat, disturbances in the air) about the present field. If we know
how to listen to it, it becomes a valuable indicator of how the ana-
lytic couple is functioning.

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[1] Indeed, the concept of the container/contained has many characteris-
tics in common with what O'Shaughnessy (1999) described as an abnormal su-
perego.

THE ANALYST'S USE OF BIONIAN CONCEPTS

It follows from Bion's theories that a defect in the functioning of reverie precedes the development of a rigid superego, implying that nonmetabolized proto-emotions remain. If the defectiveness of reverie is extreme, to the point of inversion, a pathological utilization of the container/contained develops; and in these cases, the analyst must successfully perform in sessions all the mental operations that failed earlier in the patient's life. It should therefore be of interest to the analyst to examine what relational features existed in the period prior to formation of the primitive superego or ego ideal. The analyst may then be able to demonstrate to the patient how early intrapsychic features have predetermined present relational functioning. First and foremost, the analyst should be aware of the pervasive influence on the analysis of the way he or she sees the patient—that is, the analyst's transit of his or her own psychic apparatus, the quality of the analyst's mental functioning, and the available emotions he or she can bring to bear in the service of the analysis.

The analyst should keep in mind the following points:

- The psychic apparatus and perceptiveness of the analyst do not exist merely as invariable background elements in the analysis (Baranger, Baranger, and Mom 1983, 1988; Renik 1993), but rather, they play important and active participatory roles in the constitution of the emotional, linguistic, and semantic field that is cocreated with the patient. The analyst's psychic functioning varies not only by virtue of what he or she receives from the patient, but also according to the analyst's unique characteristics and emotional oscillations.

- The analysis proceeds via continuous alternations between the transference (as repetition or fantasy) and the *relation*—the original and transformative component of the patient's psyche that has grown out of trauma-

tic experiences, and that gradually becomes organized into emotions and thoughts (Bezoari and Ferro 1991).

- Projective identifications are the motor that propels the analysis forward—in the sense that, behind the words spoken in sessions, there is a continual flux of small, encapsulated projective identifications (*beta* elements) that flow out of the patient toward the analyst, and that are continually transformed into proto-visual elements of thought (*alpha* functions, or dream thoughts in the waking state).

- The analyst must not limit the tools he or she utilizes to interpretations of the transference or of content only. I believe that, in addition to such traditional methods, it is essential that interpretations be made *from within* the transference. That is, what I term *narrative* interpretations—more open and tentative, "weaker" ones, conforming to what the patient is ready for at the time—are also valuable.

- During certain periods of an analysis (sometimes relatively long ones), sharing the analytic experience in the here and now is more important than elucidating or decoding the content of the patient's verbal expressions. It is the capacity for unison, together with the capacity for reverie on the part of the analyst, that allows for the positive usage of the container/contained, thus advancing the analysis.

- The characters who come to life during sessions, depending on the angle from which we look at them, may reflect real people in the patient's family narrative, or internal object persona in his or her fantasy world; or they may grow out of intrapsychic knots formed by misfortunes in the here and now. Analyst and patient, in trying to communicate with each other, often find themselves operating like "two authors in search of characters" (Ferro 1994).

The Effects of the Analyst's Interpretative Style

I believe that if the analyst works from a model of certainty (that is, a model that permits him or her to exhaustively define the functioning of aspects of the patient's psyche, without allowing further nuances of understanding to develop), or if the analyst's mind is not receptive enough to the possible emergence of something new, the analysis is jeopardized (Faimberg 1996; Guignard 1996). This situation is exemplifed by the analytic patient who tells her male analyst, "It's very different to go shopping with my mother—who is always on my back, who doesn't let me breathe, who wants to decide for me what suits me—than to go with my mother-in-law, who respects my taste and my critical sense, and who leaves me free to choose." The patient is speaking of perceived external facts, and she is just as certainly speaking of two different internal objects; but in my opinion, she is also undeniably describing two different styles of her analyst's interpretations: one that feels definitive and constraining to her (conviction driven), and another that is experienced as more suggestive and respectful—*narrative* interpretations (Ferro 1992, 1996). This latter type of interpretation gives the patient the opportunity of developing the ensuing discussion him- or herself, and is complete only once the patient has responded to it.

This clinical example illustrates an important question of technique: i.e., should this patient's dual perception of her analyst's interpretations be itself interpreted, or can the analyst appreciate and tolerate that his patient is "teaching" him the interpretative style best suited to her at the moment, thus leading him to effect a transformation of his technique, at that particular time and with that particular patient? Such a transformation would constitute as well a transformation of the analytic superego itself, and of the superego of the relational field in which analyst and patient are brought together. Thus, I believe that even those elements which we call *structures* are not really things in themselves, but *functions*—or at least *structures of variable dimen-*

sions—that are highly dependent on the qualities of reverie or in-
verted reverie of the Other with whom one is engaged at the mo-
ment.²

It should be noted that the Other's psychic apparatus is not
always receptive and available; sometimes there may be a sort of
trompe-l'oeil availability, without depth. Since this false availability
can potentially occur in the analyst, he or she should remain open
to the patient's indirectly expressed reactions to interpretation
styles. In my own clinical work, I have sometimes felt my inter-
pretative work to be correct, but my patient has shown me other-
wise. For example, in my treatment of Claudia, who taught small
children, a particular character often appeared and was discussed,
one whom we knew as "Mother Rita." This character drove her
students crazy—criticized them, created despair and anxiety in
them for no reason, and was otherwise tormenting. I gradually
became aware that Mother Rita appeared when my interpretative
activity—though perfectly appropriate in my eyes—became threat-
ening to the patient; it was too much for her capacities to absorb
and metabolize. If I interpreted in my usual way, Claudia's sense
of persecution increased, but if I reduced the pressure and inter-
preted in a more tolerable, less conviction-driven and less ag-
gressive way, Mother Rita left the stage. She was replaced by a
new character who was mature and understanding in her work
with children, even though she was determined to make her stu-
dents work hard.

Thus, the superego can be thought of as a *quality of the men-
tal functioning of the patient,* which varies according to the ana-
lyst's psychic functioning. (The same is true of the ego ideal as

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² Here I am using the concept *reverie* as described by Bion (1962b): "Rev-
erie is that state of mind which is open to the reception of any 'objects' from
the loved object and is therefore capable of reception of the infant's projec-
tive identifications, whether they are felt by the infant to be good or bad"
(p. 36). I believe that this view of *reverie* is easily reconciled with that of
Ogden (1997), who commented that "although the analyst's *reveries* are per-
sonal psychological events, I view them as unconscious intersubjective con-
structions generated by analyst and analysand" (p. 567, italics added).

well.) The superego must be "taken on" by the analyst and transformed in his or her mind through the capacity for interpretative modulation. I believe that it is crucial not to perceive as immutable structures those features of the patient's psyche that are in fact merely artifacts, which appear at a particular time as a result of having been activated by interpretative pressure (even if it may be more comfortable for the analyst to think in terms of the patient's "structures" or "problems").

CLINICAL VIGNETTES

Daniela and the Co-Construction of Shared Meaning

The first clinical vignette I will present illustrates the transformations made at the level of the superego within only one session, as afforded by the interaction of the psychic apparatuses of analyst and patient. These are unstable microtransformations that may indeed be reversible, but they are nonetheless indicative of the possibility of more significant transformations occurring in the future.

Daniela had been in analysis with me (her second analyst) for several years when she arrived at a particular Thursday session and announced straight away, with great anxiety, that she had not brought any money with her. (This was the last session of the month, at which she usually paid me.) Since her home was being remodelled, she and her husband and son had temporarily moved to her parents' house, in a nearby town, and she had been unable to get to her regular bank to obtain money to pay me.

Daniela then recounted three dreams. In the first one, Marcello, an old flame who had rejected her in the past, swept her into his arms with warmth and feeling; she finally felt loved and accepted. In the second dream, there were two children whose hair was badly cared for by unreliable mothers; she tried to take the children away with her, but they wanted to stay with their

mothers, and she felt bad that the mothers were not good to them. In the third dream, she managed, after overcoming many obstacles, to reach the city in which she saw her analyst (in reality at considerable distance from the place where she was temporarily living).

Daniela commented that the first dream was very important because it was a new experience for her to feel loved, good, and accepted in this way. The second dream made her think of children who become attached to people who mistreat them; they remain tied to something from the past, even though others would like to rescue them. The third dream, Daniela felt, reflected the practical difficulties involved in coming to her analysis from farther away than usual, and all that she had to arrange to do so, as well as her satisfaction at having accomplished this.

With respect to the first two dreams, I commented that Daniela might have experienced her ex-boyfriend Marcello in the same way she experienced me—that is, she felt truly welcome and accepted—but at the same time, she sometimes thought of me as a mother who mistreated her. The patient interrupted me to say that this was certainly the case as far as Marcello was concerned, but she thought that the second dream was related more to the experience of her first analysis, as well as to her relationship with her mother—one in which the emphasis was always on what was going wrong, and on how bad and maladjusted Daniela was. She still felt tied to this way of thinking about herself—like the children in the dream who were bound to neglectful mothers—even though she fervently wished to change her way of thinking about herself and to move beyond this perception of her "badness."

Daniela wondered if I saw some of this badness in her, but did not tell her about it, or if perhaps I did not believe that she was bad. At this point, I asked, "What about paying late—what are the bad things one could think about you in that regard? You seemed quite worried when you brought it up."

"Oh, that's easy," Daniela replied. "Paying late is a way of attacking the analysis, of expressing contempt or devaluation of

what you are doing for me, a way of denying gratitude and destroying the bond between us."

"But that would be a simplistic way of viewing yourself," I said. "And one that doesn't take into account the difficulty you had in coming here: of everything you organized to have your child minded, of the distance you traveled, and that you felt fatigue and some sense of ambivalence about all these arrangements. The fact that you found this compromise of coming to analysis, but paying late, does not seem very serious to me. Basically, Marcello must take *all* of you into his arms—both your desire to come to analysis and your desire to stay home, and the fact that you *did* come, on condition that you would make *me* pay a bit, too, with the delay of your payment. In any case, in the end, you have managed to come, and without too much difficulty."

After a moment of silence, Daniela said slowly, "For me, this is a new way of thinking, and I would like it to belong to me more and more, even if some aspects of my personality are still tied up with the idea of fault and of my badness. This new way of thinking allows me to breathe and to feel the air of freedom."

My technique here was influenced by my analytic superego ("one must rejoin splits"). Furthermore, I had become a bit enmeshed in theory as a defense against intimate contact with the patient, which had induced me to counterpose "Marcello" alongside the character of the "mistreating mother" (dual aspects of the analyst). But I was able to hear and internalize the patient's observations, thus returning to a more receptive mode of listening to her emotional need to distinguish between old and new experiences. Like the patient, I, too, was able to let myself be guided by the air of freedom I felt, and found myself welcoming the resultant shift to a less superego-driven approach.

Daria: "A Voyage through the Superego"

The second vignette I will present demonstrates the evolution of the superego over a longer period, in which it was possible to see relatively stabilized transformations.

Daria was a very intelligent woman, herself a psychiatrist, with a narcissistic character structure. She could not tolerate any sort of transferential interpretation. I had learned that my comments must reflect her emotions only in the most global way, and that any explicit reference to the transference was counterproductive. For example, when she commented before a holiday that her son was anxious because of his need to stay home alone, it was acceptable for me to interpret along the lines of "Indeed, it can be hard for children not to have their parents behind them, and perhaps even to experience their solitude as an exclusion or an abandonment." But with Daria, I could not then move on to explicit transferential deductions. It seemed that such transference interpretations were "sequestered" in Daria's psyche and became tormenting accusations; her consequent sense of persecution could build to the point that she missed sessions. In effect, it was as though Daria were saying, "I will not go to Pavia until I have regained my mommy"—i.e., she would not return to the analysis until she had regained her view of the analyst as supportive.

As the analysis progressed, I was struck by the fact that, more and more often, nuns began to enter the picture, such as those who ran the school attended by Daria's children. These were unkind sisters who were extremely demanding and critical. In general, I noted, they appeared after interventions of mine that had "critical" connotations for the patient, even though there was no such intention on my part. If I moved back to interpreting in a less conviction-based and open way, however, the tension was reduced.

I began to wonder about this superego structure appearing in this particular way—it seemed that, just like the nuns, it did not allow "relations" to occur. All this changed, however, in a session preceding the holidays, when Daria recounted that her son had become intrigued by the cloister at his school. He had tried to get into it, and had finally succeeded in getting a look at Sister Gaetana's room.

Immediately after recounting this, Daria spoke of one of her own patients—a delusional woman who felt unloved by her parents and husband, and who had threatened to commit suicide.

Daria added that she recently saw on television a case of some parents having killed their own children. In response to all this, I made a vague and nonthreatening intervention: "It sounds like the story of Medea, who, abandoned by Jason, murdered her children. How desperate and unhappy at being abandoned she must have been." Daria then commented that she had begun to better understand her delusional patient, and was no longer afraid that she would suicide.

I chose not to explicitly interpret the foregoing, which might be metaphorically viewed as a set of Russian nesting dolls gradually being unpacked. I respected the content of what was presented, although I privately believed that "the delusional patient's problem" was in reality Daria's problem. I concluded that through her associations just described, a story had partially emerged— one that a rigid nun had been trying to block. One could imagine a novel or film describing the nun and her decision to become a cloistered sister: it would portray a woman who feels unloved and unwanted, and who experiences such despair, rage, and jealousy that she kills everyone around her, like Medea—or better yet, like "the delusional patient" in Daria's care, whom Daria no longer feared.

In the following sessions, without the patient's being aware of it, her "curious son's" exploration of the nuns' quarters continued, and after each encounter with a new sister, there followed an account of another psychotic patient in Daria's caseload, which I continued to view in my mind as yet another tale of a cloistered sister. It became clear that we were actually exploring Daria's persecutory and delusional superego, one made up of hurtful objects and terrifying, walled-in proto-emotions. Only after unthinkable emotional stories from the past had been opened, via their gradual retelling and elaboration, could there be an unlocking of the cloister—an opening to the possibility of relating in a way not bound by the rigid control of a persecutory superego. The transformation of Daria's superego paralleled my growing capacity to listen to her infantile needs and to discuss them with her more adult self.

Daria presented me with the necessity of putting aside my ideal of an analytic ego, which would have liked to see everything interpreted—immediately, and in the transference. My functioning in a more flexible way—that is, through attempts to find a nonintrusive contact that would allow Daria to develop her own thoughts (not solely ones that grew out of my interpretations)—proved to be an important transformative factor in the analysis. At the same time, however, the interpretations I *did* make (for instance, those drawing on the image of Medea) facilitated new ways of thinking for the patient, permitting her use of me as an object to help promote her psychic growth.

Carlo and the Long Progression toward Recognition of Affects

My third clinical vignette illustrates more lasting changes resulting from longer-term analytic work, with transformations that became stable and irreversible. These began as microtransformations, sporadically glimpsed in sessions, which gradually stabilized over time.

In the long, nearly-twenty-year analysis of Carlo, a doctor who was seriously psychotic, I would like to highlight some particular moments. For a long time, delusions of grandeur had had a self-containing function for Carlo; a difficult and painful moment occurred in the analysis when these delusions collapsed, provoking a "bereavement" of them. The movement toward a shared reality was well portrayed by a dream of Carlo's: "Someone with me wanted to push me over a precipice, or perhaps into an unknown world, and then I saw an ugly painting, a painting of reality. I covered it with a sheet, and it became much more beautiful—less genuine, but more stirring somehow." For a long time, the sheet had consisted of Carlo's vision of himself: first as a "pharaoh" or world political leader, then as the Pope, and finally as a "future Nobel prize winner"—a great and learned scientist who was much envied.

Along with the delusion, Carlo's ego ideal also collapsed; it had been so megalomaniac that it had become almost a source

of persecution. And at around this time, the patient had another dream, this time one in which he found himself living in a small flat. Being there felt terrible to him, for it meant the loss of the palaces that should have been his. His ideas of grandeur, wealth, and fame had shielded him from the impact of reality. In fact, Carlo now declared that his malaise derived from his growing awareness of "reality," combined with the fact that he had not yet emotionally adapted to that reality.

Carlo commented, "It is terrible to lose one's illusions, one's dreams of glory . . . to be simply a doctor, aware of one's age and one's limits, and to work for real. But it is also beautiful to no longer be on high, set apart, and to see that the mind can truly transform itself—and that my analysis will be over one day. In truth, the small flat in my dream attracts me; it is as though a pretty woman were waiting for me there, one whom I really want to go home to."

After my interpretation about his use of a sheet to cover the painting in the dream, and his analogous defenses in real life, Carlo said, "It's true that I use things to cover other things, sometimes even good things—the way I make my past relationships with my parents into terrible stories. I am transported into another world, protected from illness, time, and real needs. Now I am very much afraid that you understand that, and then you will take away from me all the Dostoevsky books, and bring me instead a normal book of everyday life."

I then suggested that the "sheet" Carlo utilized could also function as a sort of Aladdin's lamp—that he need only rub it for exciting and moving stories to grow, but that these stories deprived him of the real world as it was. It was a victory, yes, but a Pyrrhic one. His response to this comment was to ask, "But how will I live without Aladdin's lamp? How can I go out in the street now and see normal people—how sad, how troubling, how painful that is? Or should I tell myself that that is *real life,* but that I choose to exclude myself from it? Which is better: a wonderful dish in a Dali painting, or a simple plate of pasta prepared by your fiancée when you are hungry?" Thus, the de-

finitive letting go of the delusion brought with it a quasi-cata-strophic change in Carlo's psyche that took place gradually over a long period of time.

Many more dreams accompanied this process. In one, a no-ble's castle collapsed, and was then replaced by a house of peas-ants who had to work hard. In associating to the dream, Carlo saw an initial positive sign in the cataclysmic event portrayed: now that he no longer saw himself as the center of everything, he no longer feared that if he heard people laughing, they were laughing at him, as he used to do. He was free of the night-mare of derision. Then a second positive sign appeared: Carlo be-gan to help his cousin, also a doctor, in her career; this was something he had never been able to consider in the past due to his jealousy of her and fear that she would somehow usurp him.

Subsequently, Carlo identified a common denominator in what caused him to suffer: fear. In order to protect himself from a terrible, nameless fear, he had begun to think of himself as a prince who wielded the power of life and death over every-one. He revealed that he had never had vaginal intercourse with the prostitutes whom he had visited for many years, having in-stead engaged exclusively in sodomy and fellatio. This correspon-ded to his way of relating to the world through the delusion of being a prince: everyone was at his service, everyone must sub-mit to him; he had never had a relationship on equal footing with anyone, and certainly not with me in the analysis.

At this point, Carlo's own anger began to frighten him. He was afraid of contracting AIDS, and analogously, of not having enough immunity or other defenses against the violent emotions that were liable to explode in him. He began to realize how diffi-cult it would be to participate in any relationship without the absolute immunity enjoyed by the prince of his earlier delusion. He continued to react to comments from me that did not coin-cide exactly with what he felt by feeling overcome by contempt for me—a contempt that we came to see as a painkiller for the panic he felt when he thought he was neither loved nor under-stood. But the contempt itself functioned like an atomic bomb,

flattening everything and leaving him alone and terrorized. The same was true of his anger, which approached homicidal madness. "I would like to strangle you with my bare hands and then crush you to a pulp!" he would exclaim ragefully.

Carlo's psychic evolution could be likened to the process of making a volcanic and magmatic world inhabitable—both directly, by working on the contents (Carlo's rage, jealousy, and contempt), and perhaps more important, indirectly, by transmitting to him the *method* by which he could work on these mental states himself. Expressed in Bionian terms, this was a situation in which the analyst's interpretation and containment functions came to be progressively projected into the patient as a sort of analytic function of the mind. From a certain point onward, this function belonged to the patient, becoming something of his own; there had been a kind of projection of the mental qualities of the analyst and of the analytic method into the patient.

In the past, faced with new waves of pain that he could not contain, Carlo had begun to "drug" himself with high doses of psychotropic medication that he prescribed for himself. Little by little, however, he was able to accept the idea that he *could* get better by utilizing his own inner resources—though only up to a point. Sadly, his life was to be scarred by his years of delusion.

Dreams were once again key elements in this phase of Carlo's analysis. Themes of violence—for example, in a dream in which he sodomized some Albanian immigrants, as well as his gardener's daughter (and his own tender and weak parts in the process)—alternated with affectionate and tender feelings toward women. The latter were conveyed in a dream in which a young waitress brought him a cappuccino, but "the milk was burnt," and some *cappuccini* monks appeared, "like frightening, hooded figures of the Ku Klux Klan," doubtless out to kill him.[3]

Gradually, Carlo's tender and loving parts began to predominate. But although he commented that he felt "normal" and "cured,"

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[3] This dream utilized a play on words in Italian between *cappuccino,* a drink of hot coffee and steamed milk, and *cappucini,* members of an order of cowled monks.

he also noted that there was "still a phobic zone in my village." He admitted to a fantasy of being the czar of a village, in which he kept lists of prohibitions for the villagers and of various sexual abuses which were reserved for women. A dream conveying similar content included a character named Ulrich, a Nazi who had escaped after the atrocities of the Holocaust, and who had to get away to a place where he would not be recognized. Correspondingly, Carlo found that he felt safe in crowded places: supermarkets and department stores, for example, where he began to spend time and to establish ties with others—which he could never fully develop, however, because of his fear of being recognized.

At this stage, Carlo began to reintegrate his sadistic and violent aspects. He dreamed of his sister's having pimples, and he noted that "certain antisocial traits in me taint my capacity for affection and disfigure me." But the way had been cleared for the integration of these characteristics. He could join mainstream society, or "the streets of the village," in his words—even if he felt able to do so only in a car rather than on foot ("like going on safari," he quipped, smiling).

After the work of integrating Carlo's "criminal" parts, it was possible to address his problematic superego, and little by little, this was explored and transformed, once more against a backdrop of dreams. This man, who in the periods of his greatest delusion had claimed to be a "pharaoh," now had a dream in which he had to take care of two guinea fowls.[4] These guinea fowls had a disease, which Carlo interpreted as a symbol of what remained of his self-idealization. He wondered what his real capacities were, in comparison to his dreams of glory. He felt hatred, anger, and envy toward me for having taken away his illusions, and continued to say that he wanted to kill me.

Now Carlo began to seek information about the neighbors living near him. He realized that he did not know who they were (whether they were people who hated or envied him), and recog-

[4] In Italian, a guinea fowl is called a *pharaoh's hen*.

nized that he knew little about me either. He would like to know me, he said, and to be clear about who I was; thus, he was able to reclaim his earlier projected emotions and characteristics. But a phobic residue remained, in that he could not "walk through the streets of his village" without terrible guilt over his possession and sodomization of the women there—even though he had committed these acts only in fantasy.

Carlo dreamed that he was imprisoned without having had a trial. A lawyer told him to carefully study the concept of imputability. Next to him in prison was a big wrestler. For the first time, Carlo thought in the dream that he was not guilty of a real crime, but was being unjustly prosecuted. He then dreamed of writing a dissertation in which he begged forgiveness from "all the people in the village"—particularly for having abused the women. I told him that the worst abuse was undoubtedly that which his megalomania had inflicted on his loving and tender parts for such a long time, and he was profoundly moved by this comment.

In still another dream, Carlo saw himself sitting down somewhere—or maybe he was standing, but appeared to sit because he had become smaller in stature. I postulated that this delusion provided an antidote for a pathological ego ideal and a tyrannical superego, which included the need to evacuate proto-emotional reactions through continuous "transformations in hallucinosis," which invaded Carlo's world of violent and criminal emotions, making it uninhabitable.

One morning, Carlo, feeling that his phobias had been dissolved, went out "into the streets of his village," meeting and embracing people he had not seen for many years, and was greeted by all with kindness. No longer afraid of others or of the emotions they might engender in him, Carlo could now truly walk through the streets of his inner world. Within a short period of time, he reestablished links with old friends and relations. He entered the *Chiesetta del Boia* ("Little Church of the Executioner"), located near his home, without fear. He even visited the cemetery and his father's tomb. He now possessed a new

mental reality that allowed him not only to engage in these ac-
tivities, but also to plan his future professional activities—and
even to think about the end of the analysis.

Carlo's analysis took place during a period of many theoreti-
cal and clinical transformations in my work as an analyst. Evolu-
tion of my technique included a shift from ideological intransi-
gence to a progressive humanization of my contact with patients,
and from a pronounced asymmetry grounded in the traditional
patient/analyst relationship to a constellation of symmetrical mo-
ments (sharing suffering and its meanings) and asymmetrical ones
(responsibility and elaboration in the countertransference). My
work with Carlo helped promote these aspects of my growth as
an analyst, and in particular, I was able to refine my use of
countertransference as an indicator of daily developments in the
consulting room.

Carlo's paranoid stance at the start of the analysis was paral-
leled by my self-concept as an unemotional surgeon who "opera-
ted" through the use of univocal interpretations. Over time, I
began to observe within myself what would become for Carlo
perceivable emotions: terror, confusion, guilt, anger, and so forth.
It was essential for me to be able to acknowledge, to contain—
and little by little, to give back—these emotions to Carlo. My
technique incorporated the reverie function, which permitted
me to take and experience for myself Carlo's disorganized emo-
tions, which I was eventually able to give back to him in a form
that he could make his own without risk of disorientation.

Perhaps one of the principal defenses that for a long period
I put forward in my work with Carlo was the use of premature
interpretations, which had—I realized later—the function of pro-
tecting me from excessive mental pain. Rarely was I afraid of
Carlo, even though in the early years he had been potential-
ly violent. I had always felt that he had a sort of loyalty at bot-
tom, an honesty, and as a consequence, I had felt protected.
Furthermore, an aspect of the treatment from which I had
long shielded myself was Carlo's deep psychic pain and the de-
pression that accompanied it. My progressively fuller under-

standing of how I had used interpretations defensively put me in a position of maximal acceptance and receptivity, permitting the gradual discussion of his and my defenses, and enabling us to confront the deep need of the emotional closeness and affective sharing that he had never been able to experience in relation to his cold, distant mother. These were significant aspects of our work together.

CONCLUSION

The presence of a conviction-driven ideology in the analyst paralyzes what Bion (1970), quoting Keats, called the "negative capability" (p. 125). That is, the ability to listen to what is being put forth from within a mental state of nonphobic uncertainty creates an openness to the new and unpredictable. If this mental state is not achieved by the analyst, then he or she is apt to fall victim to "transformations in hallucinosis" in perceiving the patient, by seeing in the patient's communications only that which the analyst's preferred theory reveals.

I believe that it is impossible to accomplish meaningful analytic work on the superego or the ego ideal in the absence of the analyst's capacity for reverie. In this view, I support Bion's hypothesis that the quality of emotions that form the reticulum of the container is fundamental. If such emotions allow for development, the patient's growth and ameliorative transformations are facilitated, but if the analyst's psychic apparatus is controlled by negative emotions (envy, anger, hatred), projective identifications—on the part of both analyst and patient—cannot contribute to the progress of the analysis. Without the reception and transformation promoted by projective identifications, the situation of the container/contained can lead to the creation of an archaic and defective superego, and an equally pathological ego ideal forms as an antidote to the self's resultant sense of persecution. Thus, poor functioning of the primary relationship, in which the object is incapable of reverie, has serious negative consequences.

How does one handle this in analysis? A patient with this type of superego pathology needs an analyst who can perceive the effects of the container/contained, take them on as part of him- or herself, and gradually detoxify negative influences from the past. When maternal/paternal reverie is provided, transformations will occur that gradually move the superego out of its archaic state. I believe that a particularly felicitous moment occurs in analysis when the superego finds a narrative in which to reveal itself, functioning as its own judge at its own trial, and effects an internal transformation—without necessarily utilizing the analyst's interpretations.

Certain features of our clinical experiences as analysts can be extrapolated and applied to society. For instance, I think that two types of culture exist in both the analytic encounter and in the social world: one of *reverie* and one of *evacuation* (Ferro 2000). The former leads to transformation, open-minded listening, and democracy, while the latter may promote domination, tyranny, and destruction. An inherent problem of our species, said Bion (1970), is the still-rudimentary level of development of the psychic apparatus. We humans are unique in our relative lack of a range of instinctive behaviors, in comparison to those of other species; instead, we have the capacity to develop a psychic apparatus that is determined in large part during a long period of "upbringing." When that normal developmental process fails in some way, leading to the formation of maladaptive psychic structures, any of a range of symptoms and psychopathologies may result—from hallucinations to psychosomatic illnesses, from characterological difficulties to criminal behavior, and so on—all means of discharging primitive, unelaborated anxieties. Thus, my point of view is not that the psychic apparatus governs man's instincts; rather, that the psychic apparatus, because of its fragility and potential for developmental derailing, may actually lie at the heart of man's intrapsychic problems.

Consider the problem of violence, for example. Violence is not instinctive, but rather stems from the functioning of a suffer-

ing psyche that has upset the harmony of man's interpersonal behavior. Destruction becomes the only avenue toward freedom from intolerable tensions that result from an undeveloped or badly developed psychic apparatus. As a species, we have a permanent excess of proto-emotions, and on a social level, we employ strategies to evacuate, split off, and control these proto-emotions, as well as sensory proto-perceptions, since we are frequently incapable of transforming them into mature emotions, thoughts, and affects. Physical abuse, racism, and war are some of the mechanisms of evacuation and control that may prevail. Even what is known as the *death instinct* could be viewed not as a malediction of the species, but as a *transgenerational and transpersonal heritage* (Faimberg 1988) of proto-emotions and sensory proto-perceptions, which we have not yet found the means of elaborating and transforming. By this I mean that our capacity for mentalization, for developing the ability to think, is still inadequate to handle the challenges with which we are frequently presented, and as long as this gap exists, we may be pushed toward violence and destruction; one might reasonably conclude that these occur, ultimately, as a consequence of inadequate psychic functioning.

Of course, we analysts are not experts in sociology, and I believe it is most useful for us to focus on the presence of these phenomena in the analytic consulting room. I hope I have conveyed the power of the maladaptively developed psychic apparatus to wreak havoc on individuals and on society through the consequent formation of pathological psychic structures. Such maladaptive development may result from an interruption in the normal flow of projected identifications and from the presence of inverted reverie in the Other—whether this has occurred in childhood at the hands of the parents, or in the analytic consulting room with an analyst who fails to be appropriately sensitive and responsive to the vicissitudes of the patient's material.

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WHERE MODELS INTERSECT: A METAPSYCHOLOGICAL APPROACH

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Current scientific interest in how the mind works creates a major challenge for psychoanalysis. The author proposes metapsychology as a bridging concept for an interdisciplinary dialogue. She presents a new framework on a microstructural level, within which different psychic representations are hierarchically organized. This framework permits a detailed comparison with Alexander Luria's (1973) neuropsychological model of the working brain (including recent theories of affect), and makes it possible to delineate the similarities as well as the differences between the psychoanalytic model of the mind and the neuropsychological model of the brain.

Psychoanalysis can consider itself lucky: there is a tremendous interest at present in *how the mind works* throughout academic disciplines and popular culture. Books promising to provide answers about this intriguing topic approach the top of nonfiction bestseller lists. One might think that the time for psychoanalysis has finally arrived! However, the authors of the most discussed of these exciting works are neurologists, neuroscientists, cognitive psychologists, and philosophers; psychoanalysts are rather the exception amongst those who take up telling us what is basic and what is essential in our mental life and activity. This is startling, because the exploration of how the mind works is the very heart of psychoanalysis. Are we missing the chance to share what we can contribute to this joint effort in researching mental processes?

I want to begin by emphasizing that *every* substantial answer to the question of *how the mind works* is a *theory*. More or less sophisticated and elaborate though it may be, it is still a theory in that it is a construction embracing conclusions and speculations, partly derived from or related to a number of observations or experiential "facts." These facts have been interpreted within the framework of a specific vantage point, synthesized on a different and gradually more abstract level of thinking to a body of theses (Rubinstein 1967), which is designed to provide a more or less plausible explanation of its subject: the mind in part or as a whole. Up to this very day, mind and brain are still much too complex to be fully understood at the level of the detailed functioning of every component and in their many functional interactions.

Hence, there is a limited amount of clinical or experimental *data* available, upon which is based an *interpretation* of that data. Data from neuroscientific research or from experiments in the labs of cognitive psychologists seems to be regarded as "harder" or more "truth-worthy"—and therefore "better"—than data from our clinical psychoanalytic work with patients on the couch. But whatever opinion we have about it, the so-called better (experimental) data does not necessarily make for better theories; it does not even generate theories that are more "objective." Green (1999) pointed out that "although scientists spend most of their time listening to facts, which obey the exigencies of scientific methodology, when they come to theory, there is as much disagreement, controversy, and room for divergent interpretations, as between psychoanalysts" (p. 40). So it is not the *data* itself (as proven as that may be), but rather, it is the *interpretation* of the data, i.e., the way we understand it in the context of all we have understood before or anew, that makes up a specific theory—as well as its inherent limitations.[1]

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[1] The fact that these interpretations are *mental products,* like many others (e.g., stories, fantasies, mathematical operations), each valuable for a different purpose, lends a disillusioning quality to them. We tend to think of theories as a kind of truth—although the history of theories should have taught us differently. Freud (1937) was courageous enough to recognize this, noting that "without metapsychological speculation and theorizing—I had almost said 'phantasying'—we shall not get another step forward" (p. 225).

According to this perspective, we can view metapsychology as a comprehensive theory of the mind, outlined in a rough but amazingly differentiated way by Freud, and enriched by many contributions from other psychoanalysts since his time. Furthermore, we can work with this theory creatively, according to laws of reason and logic. Such a scientific approach to metapsychology will not be "biographically" concerned with Freud (e.g., what he himself meant by a certain concept), or historically with the science of the nineteenth century (e.g., the lack of neuroscientific knowledge that has since come to light), but rather with *what this theory in itself affords today*—what it helps to conceptualize and what it does not. Where the theory fails to fit theoretical demands or to prove clinical validity, it can be rethought and modified.

But how can metapsychology be used *today?* This paper is an attempt to speak to this question. I will put forward a different reading and understanding of some of our basic psychoanalytic concepts, which I have extensively elaborated elsewhere (Schmidt-Hellerau 2001). For the purposes of this paper, I will focus mainly on one frame of reference that I have introduced into Freud's "psychic apparatus": the *D-P-M (Drive-Perceptual-Motor) system.* It is important to keep in mind that this is just one of four integrated frameworks, which together—and only together—form what I consider a psychoanalytic model of the mind.

I will then summarize Alexander Luria's (1973) model of the brain, comparing it step by step with the different layers of the D-P-M system. Here again, we need to be aware of the fact that Luria's model of the working brain is a neuroanatomical presentation; other approaches (e.g., neurophysiological or neurochemical) would need to be included in a more comprehensive discussion. Yet to start with a limited sector in both areas allows for a more detailed comparison. It is fascinating to discover the congruity of the two models—and intriguing, once one has made this discovery, to further reflect on the similarities and differences between the psychoanalytic model of the mind and the neuropsychological model of the brain.

A FORMALIZED CONCEPTION
OF METAPSYCHOLOGY

Though simple in its basic functions, Freud's original concept of the *psychic apparatus* was amazingly rich and differentiated, and remains open to further developments even today. In my revision of metapsychology (Schmidt-Hellerau 1995a, 2001), I chose a formalized way of rethinking and reformulating this model of the mind. My interest lay more in the *how* of the theoretical argument's structure than in its detailed *what,* its content. As previously summarized (Schmidt-Hellerau 1997), I started out with Freud's basic assumptions that: (a) there are two antagonistic drives, and (b) there is a regulating principle that works to maintain the dynamic stability of the whole system.

The antagonistic drives (the *sexual* and *self-preservative* drive[2] in Freud's first drive theory, as well as the *life* drive and *death* drive in his later version) can be viewed as vectors, like forces "driving" virtually endlessly, each in just one direction. *Libido* is the energy assigned to the sexual or life drive. *Lethe* is the energy term that I have introduced (Schmidt-Hellerau 2001) to designate the self-preservative or death drive. The libidinal and lethic strivings of the two primal drives therefore lead to libidinal and lethic cathexes of certain structures at wshich the increase of drive energy is subjected to the regulating measures of a structure.

The basic regulating principle is the *pleasure principle,* tending toward immediate homeostatic measures ("discharge") whenever any increase of tension within the system psyche is detected. More complex regulating principles (e.g., the *principle of constancy* [Freud 1950], the *reality principle* [Freud 1911]) develop only gradually via a series of failed and successful interactions with the

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[2] In the revised *Standard Edition* of Freud's work, the original Strachey translation of *Trieb* as *instinct* is being corrected to *drive.* For conceptual reasons, I have previously used the term *drive* (Schmidt-Hellerau 2001), and will do so here also.

environment. In these interactions, all sorts of objects provide support (e.g., the present mother) and hindrance (e.g., the absent mother) to drive satisfaction or the dynamic stability of the whole system. The growing capacity to memorize these interactions is reflected in the building up of self and object representations (via identification and the internalization of these complex interactions), which contain the regulating measures of external auxiliary objects. That is to say, these more adaptive regulating principles are the result of structural development within the psychic apparatus.

Use of the concept of *structure* here includes (on a micro level) partial or whole self and object representations, for example, as well as the whole network of affectively related self and object representations, and even (on a macro level) the organization of these microstructures within the systems of the *Ucs.*, *Pcs.,* and *Cs.,* or the id, superego, and ego. *Structure activity* on a micro and macro level consists of the regulation of psychic processes.[3] It is the libidinal and lethic drive activity that activates the regulating principles within the structures, and it is the regulating measure of the structures that controls and initiates further drive activity (e.g., of the antagonistic type)—all in order to maintain a dynamic equilibrium state of the system psyche, a state that guarantees its best condition of functioning.

Within this perspective, when we say that the sexual drive (vector) is directed *outward* (i.e., toward the external love object), and the self-preservative drive (vector) is directed *inward* (i.e., toward preservation of the self), we understand the notions of *outward* and *inward* as opposites, like *life* and *death, waking* and *sleeping, drive* and

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[3] Gill (1963) introduced the term *macrostructure* for the agencies of the id, ego, and superego. He used the term *microstructure* for ideas and memories, indicating that these represent relatively stable organizations within the macrostructure and are subordinate to it. My use of *macrostructure* is broader, in that it includes the systems *Ucs., Pcs.,* and *Cs.* as macro-organizers of mental activity. I use *microstructure* to refer to elements of psychic activity that form the building blocks of the macrostructures.

repression,[4] *yes* and *no, positive* and *negative,* or, most generally, *plus* and *minus.* To think in these terms means to abstract from the *experienceable meanings* of sexuality or self-preservation—that is, from the phenomenological side of what we theoretically address when we speak of a drive activity in a specific moment. We then focus only on the opposing (+/-) directionality of the drives.[5]

Thus, *drive* and *structure* are the two axiomatic concepts that generate the entire psychoanalytic model of the mind, guaranteeing its dynamics (the drives) as well as its stability (the structures with their regulating principles). *Each psychic unit can be said to involve the basic interaction between drives and structures*—or, in a more concrete way, each psychic activity involves the regulating activity of a network of structures, as well as the more or less balanced force of both drives (or of drives and repression).

THE MICRO LEVEL OF ORGANIZATION

Freud (1915a, 1915b) elaborated his drive conception in order to further specify the relationship between the notions of *drive* and

[4] If we focus exclusively on drive activity as a unidirectional movement within the system, we can easily see that the general concept of *repression*—by definition, a movement in opposition to an actual drive activity—can be formally defined as the *activity of the antagonistic drive, in opposition to whichever drive is actively striving for satisfaction at any given moment.* In this way, the drive-repression theory is reformulated within the basic notion of the dual antagonistic drive theory; for example, the symptom, defined as a compromise between drive and repression, can be understood as a compromise between two opposing drives (Schmidt-Hellerau 1995a, 2001).

[5] Due to my strictly formalized reading of metapsychological concepts, I take this (-) directionality of the death drive not in a qualitative sense—that is, something "bad" that is aggressive or destructive—but as an active, inward orientation of a drive tendency, one that we all know from the experience of sleep (called "the brother of death"). Therefore, I disconnect the death drive from aggression as its expression and/or energy term, which Freud only reluctantly assigned to it; instead, I focus on his description of the *silent* work of the death drive, its *quiescent strivings,* and for these I use the term *lethe.* In the same way that the term *libido* is used for the energetic expression of sexual and life drives, I propose to use *lethe* as the energy term of both the self-preservative and the death drives (Schmidt-Hellerau 1995a, 1997, 2001). The concept of aggression within this model is elaborated in Schmidt-Hellerau (in press).

its different *representations*. Because representations—i.e., the *object* that *represents* a particular *drive's striving*—are here conceptualized as structures, his 1915 papers can be understood as elaborating the interaction between drive and structure. In order to organize these various elements of Freud's more differentiated drive conception in an easily comprehensible way, I have devised a framework that clearly displays the relationships between all of them. A good starting point for this endeavor proved to be Freud's (1900) basic sketch of the psychic apparatus (p. 537), in which he distinguished between a sensory or perceptual (Pcpt.) and a motor (M) end. This sketch is reproduced below as Diagram 1.
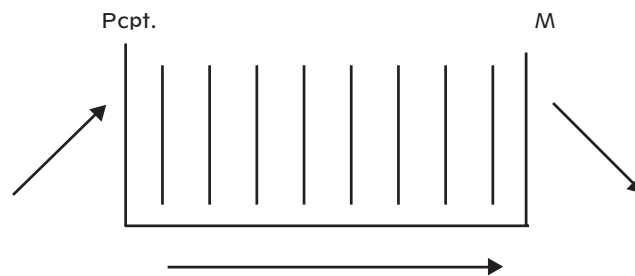
Pcpt.   M

Diagram 1

But the system psyche has to deal not only with sensory stimuli coming from the Pcpt.*,* but also—and most of all—with endogenous drive stimuli. Therefore, I have added to this sketch a drive system, the D-system, in accordance with the theoretical assumptions of Freud's (1950) *A Project for a Scientific Psychology.* If we now focus on the *mnemic representations* of the perceptual and motor systems accumulating as a consequence of the activity of sensory stimuli from outside, as well as of drive stimuli from within (cathexis), we can connect these three part-systems as follows: the drive system (D) functions as an overall, antagonistically organized *energizer* of the whole psychic apparatus; the perceptual system (P) works as the *receptor* side of the psychic apparatus; and the motor system (M) functions as its *effector* side. This D-P-M (Drive-Perceptual-Motor) association thus incorporates the basic model,

which represents each psychic unit or process, as portrayed below
in Diagram 2.

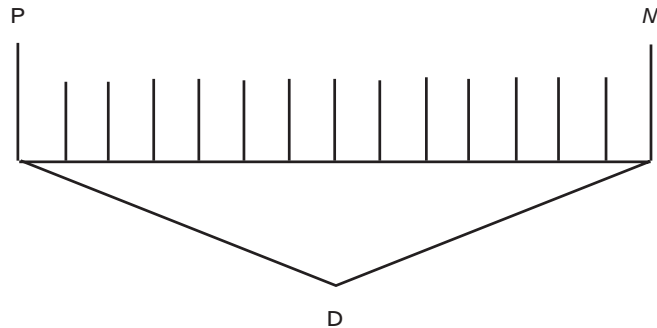P   M

D

Diagram 2

After completing a detailed analysis of Freud's 1915 papers (see
Schmidt-Hellerau 2001, pp. 131-141), I introduced into this basic
diagram the different elements of Freud's more comprehensive
drive conception. The D (drive) system contains the *sexual* and *self-
preservative drives* (also conceptualized as the *life* and *death drives*
in Freud's writings since 1920).[6] Within the P (perceptual) and M
(motor) systems, three developmentally organized steps can be
established. On the perceptual side, at the bottom (P1) lie the *drive
sources*, the *somatic representations* (from which arise the component
drives).[7] At the next level up (P2) are the *self* and *object representa-
tions;* and the highest, most sophisticated level (P3) is the realm of

[6] As previously noted, the concept of aggression within this model is elabo-
rated in Schmidt-Hellerau (in press).

[7] The fact that the issue of the missing drive sources for the second drive
could never be satisfactorily resolved has much to do with Freud's decision to
interpret the death *drive* as the *aggressive* drive. However, it seems important
not to obliterate the concept of the *self-preservative* drive. Therefore, in order to
fill an old gap, I have introduced the concept of the *biogenic zones* (representa-
tions of the inner organs) as drive sources of the *self-preservative* drive—corre-
sponding to the *erotogenic zones* as drive sources of the *sexual* drive (see Schmidt-
Hellerau 2001); the notion of the *somatic representations* comprises both the
biogenic and *erotogenic* zones.

the *thing representations.* On the motor side of the diagram, the bottom tier (M1) holds the *drive aims,* with the *action representations* (of the specific actions); above this level (M2) are the *affect representations[8];* and on the third level (M3) are the *word representations.* This scheme is portrayed on the following page in Diagram 3.

In Diagram 3, each box represents a *structure,* and each dart a *drive.* The drive or D system itself is conceptualized as a structure from which basic drive activity emanates; from its lowest level, the activity of *life* and *death drives* is initiated. They correspond in their antagonistic orientations mentioned above to a movement *outward* or *inward,* to *waking* or *sleeping,* or to a general notion of *yes* or *no, positive* or *negative, plus* or *minus.* On its next level (the clinically most relevant one), the activity of the *sexual* and *self-preservative drives* comes into play, impinging *libidinal* or *lethic* demands on the structures within the P-M tiers—be this in the form of a particular *drive activity* or its *repression.* The boxes within the P and M systems contain the structures of various representations and subrepresentations. Several representations within each box, as well as in boxes on different tiers of the P-M systems, might be activated at the same time or succeedingly, either in the function of a drive (a *plus*-activation) or a defense against such a drive activity (a *minus-*

[8] Solms and Nersessian (1999) described Freud's concept of affect—and related "felt emotions"—as: (1) a form of perception or a perceptual modality; (2) a motor pattern of discharge; (3) a memory aspect; and (4) an inhibitory or executive aspect. To regard affect as a perceptual modality could lead one to place affect on the perceptual side (P) of the D-P-M system. However, as each psychic activity (e.g., motor activity) can and does tend to be subject to conscious perception, the attribute of *consciousness* (here concerning a different framework, the topographic theory) does not seem to be an appropriate criterion for differentiation. In *A Project for a Scientific Psychology* (1950), Freud dealt with the perception of motor discharge by feeding it back to the φ-system and giving it a motor representation in the φ-pallium. Therefore, I choose to focus on the motor or effector side of the D-P-M system, placing *affect* on M2. As Damasio (1999a) stated, "an anatomical affect-related 'organ'. . . is, in effect, an 'action' organ that also 'senses,' inasmuch as sensing is needed to control action" (p. 39). The memory aspect of affect is expressed in its being conceptualized as a *representation,* a re-evocable pattern formation, ingrained in a structure. The inhibitory or executive aspects here are viewed as part of the general function of the structure, not relating exclusively to affects.

activation). The darts also indicate the conception of drive circuits between two or more boxes, representing the microprocesses we imagine when a conflict is negotiated or a dream is elaborated.[9]


```
┌──────────────────┐            ┌──────────────────┐
│    P-SYSTEM      │            │    M-SYSTEM      │
└──────────────────┘            └──────────────────┘

   P3  Thing                       Word
       representations             representations  M3

   P2  Self and object             Affect
       representations             representations  M2

   P1  Drive sources,              Drive aims,
       Somatic                     Action
       representations             representations  M3

              D-SYSTEM
        Sexual / self-preservative drive
             Life / death drive
```
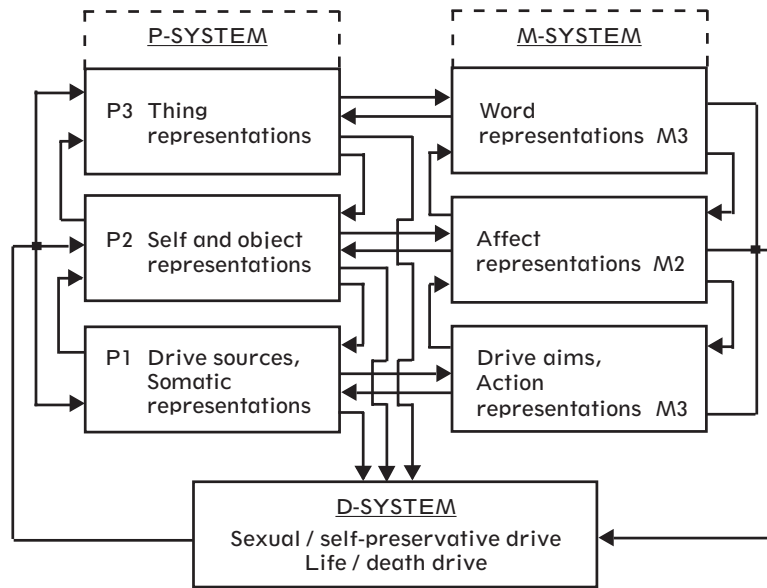
Diagram 3

Viewed as a hierarchical order, this diagram depicts psychic *progression* via developmentally achieved steps, and conversely, *regression* and the various forms it may take. For instance, in the psychic apparatus of a newborn infant, a stimulus from D, the self-preservative drive (e.g., hunger) might arise, activating P1, a bio-

[9] Schore (1997) emphasized the value of the two concepts of *drive* and *representation:* "Recent psychobiological and neurobiological studies thus strongly indicate that *the concept of drive, devalued over the last twenty years, must be reintroduced as a central construct of psychoanalytic theory*" (p. 827, italics in original). Schore also found the psychoanalytic concept of *mental representation* to function as a "biological regulator" (p. 828), and he again acknowledged the fields of psychology and neurobiology as having provided the basis for this conclusion.

genic zone (e.g., the stomach), and seeking discharge/expression with M_1 motor actions (e.g., screaming, wriggling)—thus completing a full D-P-M circuit. Later in the infant's development, the same stimulus, D, affects not only the biogenic zones (P_1), but also P_2, the associated object representation (e.g., the mother), and instead of or concomitant with its motor actions (M_1), an associated affect (M_2) is triggered—which might result in the infant's desire, despite hunger, to be fed only by the affectively meaningful object (P_2-M_2, the beloved mother).

Here the circuit involves the D-P-M system in a more complex way, indicating that the P_2-M_2 association affords an increase in regulating measures, which allows for a temporal delay of drive satisfaction.[10] Still later, there will be many more strategies—including those of P_3 and M_3—for picturing, thinking about, and discussing the very same drive stimulus of hunger, thus permitting the possibility of delaying satisfaction for even a very long time, if necessary. The developmental progression briefly outlined here simultaneously portrays a scheme of the major steps of regression—that is, from talking about an affect (M_3), to acting upon it (M_2), to acting anything in order to avoid the affect (M_1).

I have noted above that each psychic unit involves an interaction between drives and structures. To elaborate, *each complete psychic unit can be conceptualized as a D-P-M unit, involving drive activity and at least one of the tiers of the P and M parts of this system.* For instance, the simple schema of a *wish* ("I want strawberries"/ "I love O") can be understood as an association of memory traces or structures, which is activated by a drive stimulus, D, and includes the cathexis of an object representation, P, and an action or affect representation, M. Psychic representations of objects are not perceived as mere copies of their perceptual realities, but as

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[10] Kernberg (1980) described "units of self and object representations (and the affect dispositions linking them) [as] the building blocks on which further developments of internalized object and self representations, and later on, the overall tripartite structure (ego, superego, and id), rest" (p. 17).

subjectively tinged by the individual's needs, desires, or fears. This applies to virtually all representations, including those that incorporate memories (complex representations), all of which contain subjective elements of fantasy and thought processes.

This diagram also clearly depicts the various ways in which a drive stimulus can *activate*, *connect*, *displace*, *bypass*, *exchange*, or *reverse* any of these different representations—thus manifesting forms of drive vicissitudes or defense mechanisms—both within the boxes of the diagram and between them, in infinite variations. Freud described these processes many times, e.g., when elaborating on the mechanism of paranoia (1911, p. 63-ff). In this passage, Freud noted that an originally homosexual proposition, "I [a man] love him," had been turned into one of the following conscious perceptions: "I do not *love* him—I *hate* him, because *he persecutes me,"* or "I do not love *him*—I love *her,* because *she loves me,"* or "It is not *I* who loves the man—*she* loves him," or "I do not love at all—*I do not love anyone."* In viewing these shifts according to the diagram, we see that the homosexual conflict has led at the level of P2 to a displacement or exchange from the self-representation of *"I"* (love him), to an object representation of *"she"* (loves him), and from the original object representation of *"him,"* to *"her,"* and/or to the complete denial of *"not anyone."* Concurrently, on the level of M2, the original affect representation, *"love,"* is turned into *"hate,"* followed by regression to an action representation on M1——*"he persecutes me,"* or to denial——*"I do not love at all."* These relatively simple examples of drive vicissitudes at the level of self and object representations (P2) and of affect (M2) are representative of a full range of defense mechanisms, which might be different on all tiers of the P-M systems.[11] Freud (1915a) described these processes according to his metapsychological plan:

> Clinical observation . . . shows us that *besides the idea, some other element representing the drive . . . undergoes vicissitudes of*

[11] For examples of exchange, displacement, reversal, and so forth on the level of word and thing representations (M3-P3), see Freud (1901).

> *repression which may be quite different from those undergone by*
> *the idea . . . .* This other element of the psychical representa-
> tive . . . finds expression . . . in processes which are sensed
> as *affects.* [p. 152, italics added]

The D-P-M system, which I introduced to complement Freud's
model of the mind, thus provides a framework for detailed re-
flection on the basic elements of all sorts of psychic activity. Its
different components on the three tiers of the P and M systems
(including self and object representations) can be seen as the *mol-*
ecules or constituents of more complex or global units, called "*the self*" or
"*the object.*" These latter configurations are highly sophisticated;
according to particular, actual circumstances, they are *specifical-*
ly selected pattern formations that integrate or combine a whole
variety of processes within the D-P-M system onto a higher level
within the hierarchy. For those more integrated units, the *self* and
the *object,* I have outlined a different framework, called the *sub-*
ject-object track (Schmidt-Hellerau 2001).

The *subject-object track* organizes self configurations on differ-
ent levels, starting with the very first and primitive ones at the
bottom (e.g., the helpless, infantile self), and reaching up to
mature, more developed ones at the top (e.g., the self as spouse,
as parent, the professional self, the political self). The same ap-
plies to object configurations. While each momentary combina-
tion of a self or an object configuration derives all its constitu-
ents from the D-P-M system, the units of self and object can
interact or relate on different levels of the maturity scale. (For ex-
ample, in the transference, an infantile self may relate to an
adult/parental object, or vice versa.) The possibility of fluid shifts
on the maturity scales of the subject-object track allows for an in-
finite number of specific combinations within self-object relation-
ships. Although clinical psychoanalysis usually deals primarily with
these global and complex units of self and object, periods of de-
tailed analysis may focus on the generation of a specific affect (M2)
or a specific wording (M3), or the roles and handling of certain
thing representations (P3).

Both the D-P-M system and the subject-object track can be introduced into Freud's scheme of the psychic apparatus, thus providing two supplemental frameworks to facilitate more precise reflection about how the mind works, as illustrated in Diagram 4, below.
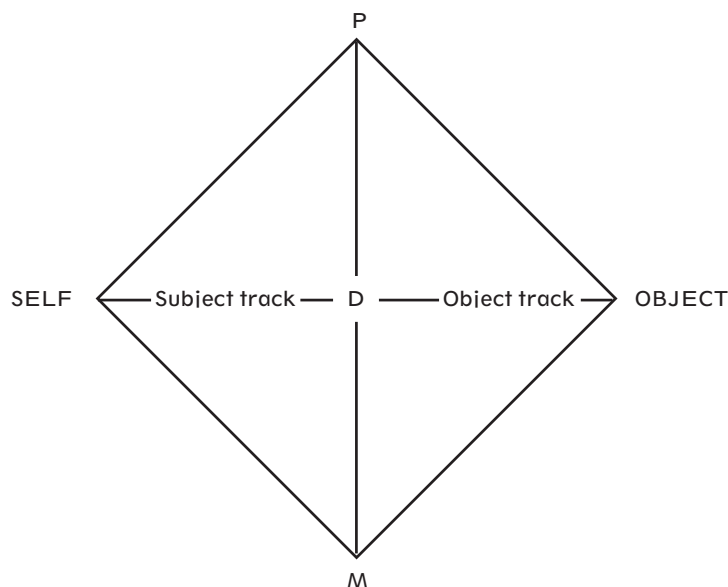
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                        P




SELF  <———  Subject track ——— D ——— Object track  ———>  OBJECT




                        M
```

Diagram 4

The above diagram shows the two frameworks arranged crosswise from above. The subject-object track reaches down to the D system, interacting with all the elements constituting the self and object configurations (from the most primitive to the most mature) from the three tiers of the P and M systems (see also the complete view of the model from the outside, depicted in Diagram 5 on p. 519).

THE MACRO LEVEL OF ORGANIZATION

Starting with his sketch in the seventh chapter of *The Interpretation of Dreams,* Freud (1900) focused on the *states* of psychic processes,

rather than on their different elements, dividing them according to their designation as conscious, preconscious, or unconscious. Thus, he developed his first model of the mind, the *topographic theory,* with its three macrostructural units: the systems Ucs., Pcs., and Cs. If we envision this framework as horizontally organized, we picture each of its systems stretched out in the sense of a *layer:* a huge unconscious stratum at the bottom, a thin conscious one on top, and the preconscious one lying somewhere in between.

Freud's (1923) second model of the psychic apparatus divided the mind differently, but partially overlapped with his earlier topographic model. He now differentiated three structural units —the id, superego, and ego—and focused more on the *functions* and *contributions* of each to the working of the model as a whole. This second theory might be envisioned as a *vertical* framework, since all three macrostructures cut through the three layers of the topographical model. That is to say, the ego, the superego, and the id all participate in, have access to, and display features of the Ucs., Pcs., and Cs. (However, the id's access to consciousness is rather limited—to situations such as psychotic states, for example [Freud 1915b, p. 197].) Although most analysts are more comfortable using Freud's second, more elaborated structural theory, the topographic model has never been abandoned, and some even prefer it to the former. Since the two models focus on different aspects of the mind's functioning, we can keep and use both as complementary organizational frameworks for our thinking about psychic processes.

In focusing on the second structural theory, it becomes clear that the newly created structures of 1923, the id, superego, and ego, not only overlap with parts of the systems Ucs., Pcs., and Cs., but also with each other; thus, they are outlined with rather fluid perimeters. Freud (1933) noted that "the ego is after all only a portion of the id" (p. 76); he also assumed "the existence of a grade in the ego, which may be called the 'ego ideal' or 'super-ego'" (1923b, p. 28). He further stated that: "the ego forms its super-ego out of the id" (1923, p. 38), and pointed out that "the super-ego merges into the id" (1933, p. 79). Given his conceptu-

alization of the ego as part of the id, and the superego as a part
of the ego that merges into the id, Freud viewed the whole psy-
chic apparatus as developing out of the id at its center. This deep
entanglement of the structural units, their reaching out into
each other's domains, is a major component of Freud's (1933) con-
ception of how the mind works:

> We cannot do justice to the characteristics of the mind by
> linear outlines like those in a drawing or in primitive
> painting, but rather by areas of color melting into one an-
> other as they are presented by modern artists. After mak-
> ing the separation, we must allow what we have separated
> to merge together once more. [p. 79]

In this poetic formulation, Freud revealed his keen grasp of
the functioning of the complex systems of mind and brain—
which fits amazingly well with contemporary paradigms in neuro-
science.

It is interesting to note that the areas of overlap of the three
component psychic structures occur as a consequence of the in-
terwoven processes of (primary and secondary) *identifications* and
object cathexes (especially during the developmental time of the
oedipal complex), which have a major impact on the formation of
all three macrostructures. As we are aware, *identification* is a "pro-
cess whereby the subject assimilates an aspect, property, or attri-
bute of the other and is transformed, wholly or partially, after the
model the other provides" (Laplanche and Pontalis 1967, p. 205).
This general definition is compatible with the process of struc-
ture formation, and the generation of a new or the modification
of an already established self or object representation, containing
or carrying out the regulating measure of that very object (see
Schmidt-Hellerau 2001). That is to say, any *object cathexis* and *iden-
tification* has an immediate and often lasting effect, stored in the
structure of a self or object representation (P2). According to
Freud (1923, 1933), all three macrostructures are informed by
these processes, because the self and object representations that
have been built up via object cathexes and/or modified by identi-

fications—presumably with associated affects—become crucial elements of the id, superego, and ego. Thus, the P2-M2 tiers of the D-P-M system are the primary realm of overlap, where the three structures "merge together"—where the colors of an individual's mind melt and blend in a particular way to create the many unique pictures our patients present to us. Diagram 5 depicts a complete, three-dimensional view of the psychoanalytic model of the mind.
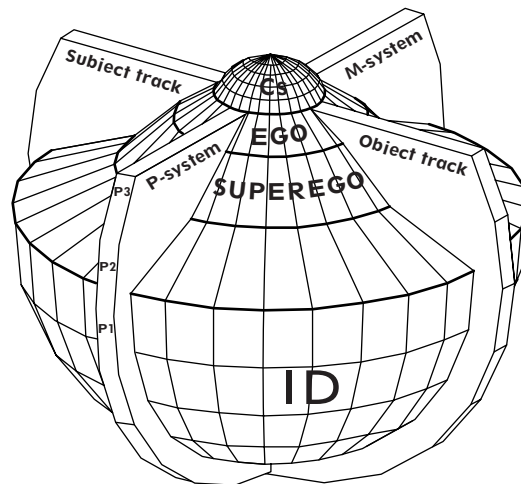
D System

Diagram 5

Now we have four different frameworks within the model of the mind, two concerning the macro level and two the micro level of psychic organization: (1) the topographical (dealing with the different states of the Ucs., Pcs., and Cs.—to be added to the inside of the diagram as these layers described above); (2) the structural (dealing with the different functions of the id, superego, and ego); (3) the subject-object track (dealing with the distinct developmentally organized units of self and object); and (4) the D-P-M system (dealing with the drive representations).

An important point here is that each framework displays just *one specific,* and thus limited, perspective of any psychic process.

With any psychic phenomenon, event, or activity we can: (1) wonder about its state of consciousness; (2) describe it as controlled by or under the guiding functional principle of one of the three structures of id, superego, or ego; (3) focus on it as part of or linked to the unit of self or object; and/or (4) become interested in the specific involvement of its different elements, the drive representations. Thus, if we choose to conduct research on, for example, affect, perception, memory, dreams, or any other aspect of mental life, it may be advantageous for us to be clear about the specific framework on which we are primarily focusing. According to a psychoanalytic perspective, all those aspects of mental life (affect, perception, memory, and dreams) can be understood within all these frameworks, wherein each is viewed according to a different perspective.

To elaborate with an example, the fact that an affect or a specific perception can be conscious as well as unconscious (in a dynamic or descriptive way) does not tell us anything about the processes that generate affects or are involved in perception. In my view, these latter processes must be explored separately from those that are responsible for consciousness and unconsciousness (especially in the dynamic sense of these terms). It seems to me that the D-P-M system is an especially suitable framework for comparison of psychoanalytic concepts with the workings of the brain, because it differentiates psychic phenomena on a micro level according to those functions (perception of different sensory inputs, motor programs, affects, speech, and so on), which are already well explored in neuroscience.

MIND AND BRAIN:
TWO MODELS COMPARED

An argument against the old metapsychological model of the mind that has been made repeatedly is the assumption that Freud's ideas were deeply influenced by the neuroscientific knowledge available at the end of the nineteenth century, which

now, more than hundred years later, is regarded as widely out-
dated. One way of trying to escape this criticism has been to deny
the importance to psychoanalysis of neurobiology and neurosci-
ence, and instead to emphasize its autonomous position as a sci-
ence or discipline of its own. However, as Kandel (1999) stated,
exactly this reservation about (neuro)science has led to a decline
in the scientific development of psychoanalysis, and in its influ-
ence on neighbor disciplines—most of all, psychiatry. "This de-
cline is regrettable, since psychoanalysis still represents the most
coherent and intellectually satisfying view of the mind" (p. 505).

While I completely agree with this point of view, an inter-
esting aspect of this statement in the present context is the ac-
knowledgment that "the most coherent and intellectually satis-
fying view of the mind" was formulated *before* and *without* the
richer knowledge of neuroscience that is available to us at the
beginning of the twenty-first century. This confirms what I em-
phasized earlier: that (neuroscientific) facts do not make the
(metapsychological) theory. I agree with Kandel that it is impor-
tant for psychoanalysis to enter into a genuine dialogue with
neuroscience—and vice versa—but as individuals, we might de-
cide to try different ways of doing so, and ultimately select dif-
ferent courses of action. One way is to hold on to Freud's basic
theoretical assumptions—to reexamine and possibly modify them,
and in so doing, to seek a monistic answer to the question of how
mind and brain are related (Kandel 1998; Opatow 1999; Rubin-
stein 1965). If we choose this approach, then we might be asked
to show, on a theoretical plan, how the psychoanalytic model of
the mind's functioning could correspond to any model of the
brain's functioning.

The work of Alexander Luria (who lived from 1902 to 1977)
provides us with an opportunity for such a comparative investiga-
tion. Luria studied the social sciences, psychology, and later med-
icine, and was in his youth very interested in psychoanalysis. He
wrote papers based on psychoanalytic ideas, planned to work on
an objective approach to psychoanalysis, and even founded a
small psychoanalytic association (which was greatly welcomed by

Freud, according to a letter he wrote to Luria in 1922). As a medical officer during the war, Luria started to specialize in the diagnosis and treatment of brain lesions, which eventually led him to establish the new science of neuropsychology. His work in this regard is still highly appreciated today. I will focus here on his book entitled *The Working Brain: An Introduction to Neuropsychology* (1973), which represents an extraordinarily comprehensive attempt to conceptualize *the brain as a functional whole.*

In Luria's general understanding of the brain's functioning, as well as in the specifics of his model, we can identify an amazing number of parallels to a metapsychological model—out of which I will highlight only a few, comparing them with aspects of the D-P-M system, and also briefly pointing out some connections to Freud's structural model.[12]

As an initial general paradigm, Luria conceptualized all forms of psychic activity as "complex functional systems." Psychic activity cannot be localized in specific areas of the brain, "but must be *organized in systems of concertedly working zones, each of which performs its role in complex functional systems*, and which may be located in completely different and often far distant areas of the brain" (1973, p. 31, italics in original). This general statement corresponds to my proposition that each psychic unit is conceptualized as a D-P-M unit—that is, a process involving a full circuit through the drive system, the perceptual system, and the motor system, including the respective representations of these systems on the three related tiers. Each system performs its specific role, providing a necessary contribution to the dynamic complexity it describes.

As a second, more specific paradigm, Luria (1973) then postulated that there are

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[12] I first published this comparison in Schmidt-Hellerau 1995a. Kaplan-Solms and Solms (2000) later undertook a similar comparison and arrived in part at the same conclusions I had suggested; however, they focused more on a correlation between "the psychic sequence of conscious and unconscious mental events on the one hand, and the material sequence of physical brain events on the other" (p. 251).

> . . . *three principal functional units of the brain* whose participation is necessary for any type of mental activity . . . . [These are] a unit for *regulating tone or waking*, a unit for *obtaining, processing, and storing information* arriving from the outside world, and a unit for *programming, regulating and verifying mental activity*." [p. 43, italics in original]

Essential to these units is their arrangement in a hierarchical order, as well as the fact that they are subdivided into three layers or cortical zones. As we will see below, this statement accords with my conception of the D-P-M system.

The Unit for Regulating Tone or Waking, in Comparison with the D System

The performance of any psychic process is basically dependent on an optimal cortical tone in which excitation and inhibition are more or less balanced. This basic regulation of the cortical tone is organized in the subcortical and brain stem areas, especially by the reticular formation. The reticular formation, which has an *ascending* and a *descending* part, links the brain stem, hypothalamus, the lower structures of the mesencephalon, thalamic nuclei, the caudate body, and the higher nervous structures of the neocortex and archicortex. Via the ascendant track, the lower subcortex and brain stem structures of the reticular formation are able to influence, maintain, and regulate the tone of higher cortical structures, and conversely, via the descendant track, these higher cortical structures exert a regulating influence on the lower subcortex and brain stem structures of the reticular formation.

> With the discovery of the reticular formation, a new principle was thus introduced: the *vertical organization of all structures of the brain*. This put an end to that long period during which the attention of scientists attempting to

discover the nervous mechanisms of mental processes was concentrated entirely on the cortex, the work of whose systems was deemed to be independent of the lower or deeper structures. With the description of the reticular formation, the *first functional unit of the brain* was discovered—an apparatus maintaining cortical tone and the waking state, and regulating these states in accordance with the actual demands confronting the organism. [Luria 1973, p. 46, italics in original]

Stimulation of the reticular formation affects the perceptual and motor systems, as well as the general cortical processes. Its *nonspecific* background effects concern the regulation of sleep and waking. However, the reticular formation also stimulates *specific* effects arising from three sources. The first source is made up of the basic processes responsible for the organism's homeostasis—respiratory and digestive processes, sugar and protein metabolism, internal secretion, and so on. In Luria's (1973) words:

More complex forms of this type of activation are connected with . . . behavioral systems . . . known as systems of instinctive . . . *food-getting* and *sexual* behaviour . . . . Naturally, in order to evoke these complex, instinctive forms of behaviour, a highly selective, specific activation is necessary, and the biologically specific forms of this *food-getting* or *sexual activation* are the responsibility of the higher nuclei of the mesencephalic, diencephalic, and limbic reticular formation. Many recent experiments . . . show conclusively that highly specific nuclei of the reticular formation, stimulation of which can lead either to *activation* or to *blocking* of various complex forms of instinctive behaviour, are located in these structures of the brain stem and archicortex. [p. 53, italics added]

Within this description of the reticular formation as the *vertical organizer of the activities of all structures of the brain,* we can clearly recognize the features of the D system. Within the psychoanalytic model of the mind, in addition to the concept of structure, it is important to realize that the concept of the drives is

axiomatic; the drives are defined as *the* activating force of any psychic activity. The whole psychic apparatus is constructed according to this basic assumption, that nothing works without its being stimulated and infused by the drives. It is interesting to note that Luria's explanation of the working of the reticular formation fits well with this general notion of the drive system as composed of two antagonistic drives.[13]

In its basic *nonspecific* effects, Luria's paradigm confirms the notion of the primal drives, namely, the *life drive* (waking) and the *death drive* (sleeping), whereas the first source of the *specific effects* concerns the *sexual* and the *self-preservative drives*. Also, Luria's statement that stimulation of the reticular formation (D) has an activating effect on the perceptual system (P), on the motor system (M), and in general on the cortical processes, is in perfect accordance with my proposition that every psychic unit involves all three parts of the D-P-M system.

The second source of the reticular formation's activation are the processes of stimuli coming from the outside world—that is, the "inflow of excitation from the sense organs" (Luria 1973, p. 55)—corresponding in my model to the small control loop of the D-P1 connection, within which the drives (D) stimulate the somatic representations (P1) and vice versa.

The third source of activation of the reticular formation (and according to Luria, the most interesting one) concerns higher mental functions, such as intentions, plans, and programs that require language or internal speech. In Luria's words, "the fulfillment of a plan or the achievement of a goal requires a certain amount of energy, and they are possible only if a certain lev-

[13] Freud (1950) had tentatively suggested that

The primary brain fits pretty well with our characterization of the system φ . . . . Now the derivation and original biological significance of the primary brain are not known to anatomists; according to our theory, it would, to put it plainly, be a sympathetic ganglion. Here is a first possibility of testing our theory upon factual material. [p. 303, italics in original]

el of activity can be maintained" (p. 57). Here the descending track of the reticular formation plays a crucial role:

> These descending fibres, running from the prefrontal (orbital and medial frontal) cortex to nuclei of the thalamus and brain stems form a system by means of which *the higher levels of the cortex, participating directly in the formation of intentions and plans, recruit the lower systems of the reticular formation of the thalamus and brain stem*, thereby modulating their work and making possible the most complex forms of conscious activity. [pp. 58-60, italics in original]

Here once more, we see how higher mental functions that are psychoanalytically ascribed to the ego require basic drive energy, and how a constant exchange of information and mutual adjustment takes place between the lower and higher structures of the brain, comparable to that between the id and the ego (see Schmidt-Hellerau 2001). Thus, Luria's first unit of the brain fits well with the metapsychological concept of a drive system (D)—which is, as is well known, thought to be rooted in and to form a major part of the Ucs. or the id, and which plays an essential role in *all* psychic activity. I do not mean to limit the drive system to the reticular formation (other factors, such as hormonal influences, might play important roles); however, within the model outlined by Luria, the first unit of the brain functions in a way that correlates to what I ascribe to the D system.

The Unit for Obtaining, Processing, and Storing Information,
in Comparison with the P System

The second functional unit of the brain works with the "lateral regions of the neocortex . . . including the *visual (occipital), auditory (temporal),* and *general sensory (parietal)* regions" (Luria 1973, p. 67, italics in original). This unit is responsible for the *reception, analysis, synthesis* (associative recombination), and *storage* of all kinds of information from the outside world. As Luria noted:

Human gnostic activity never takes place with respect to one single isolated modality (vision, hearing, touch); the perception—and still more, the representation—of any object is a *complex* procedure, the result of polymodal activity, originally expanded in character, later concentrated and condensed. Naturally, therefore, it must rely on the combined working of a complete system of cortical zones. [p. 72]

In terms of the D-P-M system, this represents a clear focus on the perceptual side (P1, P2, and P3).

The first and most basic zones of this unit, represented in the D-P-M system as P1, comprise "the *primary* or *projection* areas of the cortex" (p. 68). Here all incoming sensory information is *analyzed* according to its very *specific properties*—thus allowing a precise distinction to be drawn between the different *drive sources,* as they would be called by psychoanalysts (i.e., zones), and the specifics of their sensoric stimulation.

The *secondary (or gnostic) cortical zones,* which are superimposed over the first, basic zones, work with "cells, whose degree of modal specificity is much lower, and whose composition includes many more associative neurons with short axons, enabling incoming excitation to be combined into the necessary functional patterns, and they thus subserve a *synthetic* function" (p. 68). In relating these secondary or gnostic cortical zones to what we have described as the specifics of P2, the self and object representations, it is fascinating to find that the experimental stimulation of these secondary zones leads to

> . . . *recognizable visual hallucinations* (images of flowers, animals, *familiar* persons and so on). Sometimes such stimulation caused the appearance of a *complex sequence:* the patient saw *his friend approaching and beckoning him* with his hand and so on. These hallucinations, it must be noted, were not restricted to a certain part of the visual field, and they were *meaningful* rather than topical in character. These hallucinations naturally *reflected the subject's previous visual experience,* and consequently, stimu-

lation of the secondary visual cortical zones activated *traces of those integral visual images* which were stored in this part of the human cortex. [Luria 1973, p. 115, italics added]

The *tertiary zones* of Luria's second functional unit reveal an overlap of "the cortical ends of the various analysers" (p. 73), and comprise a big area between the occipital, temporal, and postcentral cortex, including the inferior parietal region. As Luria elaborated:

This work of the tertiary zones of the posterior cortical regions is thus essential, not only for the successful integration of information reaching man through his visual system, but also for the *transition from direct, visually represented syntheses to the level of symbolic processes*—or operations with word meanings, with complex grammatical and logical structures, with systems of numbers and abstract relationships. It is because of this that the *tertiary zones of the posterior cortical region play an essential role in the conversion of concrete perception into abstract thinking*, which always proceeds in the form of *internal* schemes, and for the *memorizing of organized experience* or, in other words, not only for the reception and coding of information, but also for its storage. [p. 74, italics in original]

Obviously, these tertiary zones provide human beings with the capacity for logic, abstraction, and generalized thinking—a very sophisticated capacity, and one that I assigned to the P3 tier (or more inclusively, to the P3-M3 tier) of the D-P-M system, operating on the level of thing representations and word representations.

The Unit for Programming, Regulating, and Verifying Mental Activity, in Comparison with the M System

In describing the third functional unit of the brain, Luria (1973) ultimately approached the "organization of conscious activ-

ity" (p. 79). The first major group of this unit is the motor system, placed in the anterior regions of the hemispheres, including the primary (projection) motor cortex, the great pyramidal tract, and the extrapyramidal system. This unit corresponds to M1, where I have placed the action representations. Here Luria emphasizes an interesting organizational principle:

> The main difference now is that, whereas in the second, afferent system of the brain, the processes go from the primary to the secondary and tertiary zones, in the third, efferent system, the processes run in a descending direction, starting at the highest levels of the tertiary and secondary zones, where the motor plans and programmes are formed, and then passing through the structures of the primary motor area, which sends the prepared motor impulses to the periphery. [p. 82]

This characterization of the second unit as an *afferent* system and the third as an *efferent* one is in accordance with my characterization of the P system as a *receptor* system and the M system as an *effector* one. The opposite directionality of its neural processes— upward in the afferent system, downward in the efferent—corresponds to the metapsychological concept of psychic processes as forming complete D-P-M circuits (at the micro level), or to the ego and the id's having mutual influence on each other (macro level).[14]

While Luria's first level of the third unit of the brain corresponds to the first tier of the M system, the next level (M2), where I placed the affect representations, is without parallel in Luria's model. Unfortunately, Luria died before he could put

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[14] Freud's (1900) idea of the motor system as effecting "discharge" of drive energy (an "outward" direction) obscured his conception of psychic processes as circuits, although these were indicated in his diagram (p. 541). Here he described a multitude of processes, such as, for example, an energetic back-and-forth movement of cathexis between the Ucs. and Pcs.—a process that may ultimately lead to the weaving of a fantasy, a dream, or any other chain of thought.

into action his plan to research brain systems that generate affect.[15] As this essential piece is missing in his model, I will draw on information from other sources.

Turning first to Iversen, Kupfermann, and Kandel (2000), we find a three-part model describing the neuronal organization of affect, involving lower, medial, and higher structures—each with reciprocal influences on the others, and with the amygdala occupying a central position[16]:

> The amygdala appears to be involved in mediating both the unconscious emotional state and conscious feeling. Consistent with this dual function of emotion, the amygdala has two projections. Many of the autonomic expressions of emotional states are mediated by the amygdala through its connections to the hypothalamus and the autonomic nervous system. The influence of the amygdala on conscious feeling is mediated by its projections to the cingulate gyrus and prefrontal cortex . . . . As one

[15] *Affect* is here used as a general term, embracing an *emotional* state (which may include physical sensations), as well as a *feeling* state (mental sensations). Many studies distinguish between the unconscious part of an affect, an *emotion,* ascribed to subcortical structures like the brain stem, the hypothalamus, and the amygdala, and the conscious perception of a *feeling,* involving higher cortical structures, the cingulate cortex, and the frontal lobes (Iversen, Kupfermann, and Kandel 2000, p. 982). Since I am not specifically concerned here with the distinction between unconscious and conscious psychic events, or with the bodily as opposed to the mental expression of affects (because every representation within the P-M system is conceptualized as subject to unconscious as well as conscious experience, and to being expressed physically as well as psychically), I will here neglect this dimension of the research and treat affects as a whole, coherent entity. But we must keep in mind that the lower brain structures and their interactions with higher ones are crucial in determining the specific shape of a variety of affects and their state of consciousness. In this regard, see especially the rich work of Panksepp (1998, 1999).

[16] Damasio (1999b) distinguished

> . . . three stages of processing along a continuum: a *state of emotion,* which can be triggered and executed nonconsciously; a *state of feeling,* which can be represented nonconsciously; and a *state of feeling made conscious,* i.e., known to the organism having both emotion and feeling. [p. 37, italics in original]

might expect from its dual role, the output of the amygdala influences both the autonomic and cognitive components of emotion. [p. 992]

The central position of the amygdala, with its connections to lower and higher brain structures, has its counterpart in my model in the position of affect representations, on the middle tier (M2) of the effector side of the D-P-M system. Damasio (1999b), LeDoux (1996), and Schacter (1996) agree that the amygdala has been "found to play an important role in emotional *memory"* (Schacter 1996, p. 214, italics added), which corresponds to the metapsychological concept of affect representations in M2, insofar as something that is represented is stored in the form of a memory trace. Damasio (1999b) elaborated on this notion of representation of affect, stating that different emotions display different patterns:

> The substrate for the representation of emotions is a collection of neural dispositions in a number of brain regions, located largely in subcortical nuclei of the brain stem, hypothalamus, basal forebrain, and amygdala. In keeping with their dispositional status, these representations are implicit, dormant, and not available to consciousness. They exist, rather, as potential patterns of activity arising within neuron ensembles. Once these dispositions are activated, a number of consequences ensue. On the one hand, the pattern of activation represents, within the brain, a particular emotion as neural "object." On the other, the pattern of activation generates explicit responses that modify both the state of the body proper and the state of other brain regions. By so doing, the responses create an emotional state. [p. 79]

This concept of representation of emotions, which are at times dormant and need to be activated in order to elicit an emotional state available to consciousness, fits with Freud's general

statements about repression of affect.[17] It also matches the concept of different forms of defense operations, such as the displacing, bypassing, reversing, or exchanging of such patterns or affect representations (assuming the structurally established existence of such patterns as a precondition). Applying my model, this process may occur on each tier of the P-M systems, as well as on M2.

While the interaction of the amygdala with lower brain structures, especially the brain stem, corresponds to my view of a general influence of the D system on all processes within the P-M systems, the amygdala's links to the neocortex, especially the frontal lobes, corresponds to the connections between M2 and the position of word representations in M3. It is by means of these connections to the neocortex (that is, the temporal, frontal, and association cortices) that emotional learning and the cognitive interpretation of emotional states take place (Iversen, Kupfermann, and Kandel 2000). Damasio highlighted this most sophisticated level of affect by arguing that "the feeling state, the experience of emotion, is essentially *a story* that the brain constructs to explain bodily reactions" (Iversen, Kupfermann, and Kandel 2000, p. 985, italics added). To *tell a story* means to proceed to the position of word representation—that is, to connect M2 with M3.[18]

[17] The old discussion about whether, according to Freud, an affect is always conscious, or whether it makes sense to talk of *unconscious* affects, could be linked to the differentiation between the contribution of lower and higher brain structures to (unconscious) emotional and (conscious) feeling states. Freud (1915b) suggested that

> Strictly speaking . . . there are no unconscious affects as there are unconscious ideas. But there may very well be in the system Ucs. *affective structures which, like others, become conscious.* The whole difference arises from the fact that ideas are cathexes—basically of memory-traces—whilst affects and emotions correspond to processes of discharge, the final manifestations of which are perceived as feelings. [p. 178, italics added]

[18] As LeDoux (1996) showed, this higher level of affect elaboration can be (momentarily) excluded—e.g., in a fear reaction requiring quick action—via bypassing the "high road" of the (sensory) cortex and activating the direct subcortical pathway between the sensory thalamus and the amygdala. The advantage of the short road is speed, while its disadvantage is a lack of cognitive precision regarding the stimulus.

The omission of the designated position of affect in Luria's model might have resulted in his dividing this third unit of the brain into only two, rather than three, major groups (in his second unit of the brain, he identified three layers). This second major group, now roughly corresponding to my third tier of the M system, concerns the frontal lobes or prefrontal divisions of the brain:

> It is these portions of the brain, belonging to the tertiary zones of the cortex, which play a decisive role in the formation of intentions and programmes, and in the regulation and verification of the most complex forms of human behaviour. [Luria 1973, p. 84]

To perform these complicated functions, the frontal and prefrontal regions of the brain, which have a reciprocal connection with the reticular formation that guarantees mutual adjustment to the required energy levels, must receive, synthesize, and organize complex afferent impulses from all parts of the brain. These regions are essential for the accomplishment of most higher mental processes—e.g., all activities relating to speech—and in this regard correspond to the position of word representations on M3 in my model. This part of the brain also controls purposeful behavior and movements, represses reactions to irrelevant stimuli, orients with respect to present and future, and is involved in all complex intellectual operations and the "state of increased activation which accompanies all forms of conscious activity" (Luria 1973, p. 95).

This description parallels what Freud (1923) attributed to the macrostructure *ego:*

> We have formed the idea that in each individual, there is a coherent organization of mental processes; and we call this his *ego.* It is to this ego that consciousness is attached; the ego controls the approaches to motility—that is, to the discharge of excitations into the external world; it is the mental agency which supervises all its own constituent processes, and which goes to sleep at night,

though even then it exercises the censorship on dreams. From this ego proceed the repressions, too, by means of which it is sought to exclude certain trends in the mind not merely from consciousness but also from other forms of effectiveness and activity. [p. 17, italics in original][19]

In comparing Luria's description of the functioning of the prefrontal and frontal lobes with Freud's description of the ego's functions, we should keep in mind that neither the ego nor the frontal lobes, nor any other unit of the mind or brain, can work on its own. I have conceptualized each psychic unit as a process involving all three D-P-M systems, with various complex processes occurring on each tier of each of its parts—not only on a micro level, but also on a macro level of psychic organization. Even if we focus on just one structure—e.g., the ego—it makes sense to think of the work of this one macrostructure in terms of its interaction with and interdependence on the two other structures. And in regard to the brain's functioning, Luria emphasized exactly this:

It would be a mistake to imagine that each of these units can carry out a certain form of activity completely independently . . . . It will be clear from what has been said already regarding the *systemic structure of complex psychological processes* that this is not so. Each form of conscious activity is always a *complex functional system* and takes place through the *combined working of all three brain units,* each of which makes its own contribution. The well-established facts of modern psychology provide a solid basis for this view. [1973, p. 99, italics in original]

To summarize and briefly review this comparison of the metapsychological model of the mind with Luria's neuropsychological model of the brain on a visual plan, I have integrated the

[19] The fact that the prefrontal regions of the cortex do not mature before the age of four to seven years fits with the psychoanalytic view of a relatively late ego maturation at about the same time.

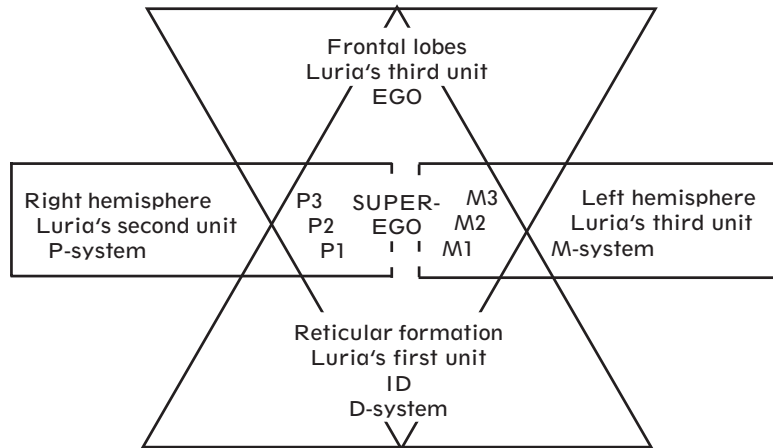different positions (now without specifications) into Diagram 6, below.

Diagram 6

The first line in each section of this diagram specifies the part of the brain most involved in a specific function; the second line accounts for Luria's units of the brain; and the third line applies to the metapsychological units on a macro or micro level of mental organization. Although I have not touched on the superego in my discussion of Luria's model, it seems appropriate to include it here in the area of overlap of the P2-M2 representations. The two superimposed triangles, oriented in opposite directions, indicate the mutual influence of id and ego, with different proportions on each side—both influencing and being influenced by the superego or the shared tiers of the P-M systems respectively.

THE SOMATIC AND THE PSYCHIC REPRESENTATIONS

The comparison of parts of my model of the mind—in particular, the D-P-M system—with Luria's model of the working brain

suggests a concrete bridge from the mental to the physical and vice versa. However, we should remember that, although Luria discussed real brain structures—similar to the way in which we are discussing real psychic elements (affect, object and action representations, and so forth)—his model was as abstract as mine is. His outline focused on the interaction of major brain structures, leaving out hormonal, immunologic, and other systemic influences on the brain's functions (which most likely also impact psychic processes in terms of what I conceptualize as the D-P-M system). It is only by means of the collaboration of all these well-orchestrated systems that the working brain can be comprehensively described. Similarly, the D-P-M system alone provides only one framework, the micro level of psychic units. These latter are conceptualized as the building blocks, in various combinations, of the more complex configurations of the *self* and *object,* and the relations between them, as organized on the *subject-object track.* Furthermore, self and object are drawn into the primary or secondary process modes of the systems Ucs. or Pcs./Cs., and they are organized by or contribute to the specific functions of the macrostructures of the ego, superego, and id. That is to say, on the one hand, the connection between the two models can be taken quite concretely; on the other hand, we need to keep in mind that the models capture only part of the total picture.

In order to focus in greater depth on the differences and relationships between the mental and the physical, I will reach back more than hundred years to a brief essay by Freud entitled "Some Points for a Comparative Study of Organic and Hysterical Motor Paralyses" (1893). I find this essay fascinating because it allows us to follow the evolution of a new way of thinking, for which Freud, only three years later, created the notion of *metapsychology* (see also Schmidt-Hellerau, 1995b). Here we meet Freud as a competent neuroanatomist, a keen observer of psychic phenomena, and a clear thinker and theoretician, presenting a "line of thought that might lead to a *conception*" (p. 169, italics

added) of *psychic* organization, as differentiated from a *somatic* organization.

Freud begins this essay by describing "two kinds of motor paralysis—*periphero-spinal* (or bulbar) paralysis and *cerebral* paralysis" (p. 160, italics in original). In the former, "the periphery is, so to say, projected upon the grey matter of the cord, point by point" (p. 161), which leads Freud to propose the term *"projection paralysis"* to describe it. Cerebral paralysis is seen to arise from lesions in higher parts of the cortex, with the periphery represented by groups of lesions; this is why Freud suggests calling it *"representation paralysis."* Because of this complex representation of the periphery, cerebral paralysis affects larger portions of the body (paralysis en masse), often in specific combinations of various body parts—e.g., an arm together with parts of the face and a leg. Furthermore, there is a specific order observable in such cases, namely, that "the distal segments always suffer more than the proximal ones; for instance, the hand is more paralysed than the shoulder" (Freud 1893, p. 161)—never the other way round.

Acknowledging the capacity of hysteria to simulate a whole variety of nervous disorders, Freud at first states that *hysterical paralysis* always simulates representation paralysis, never projection paralysis.[20] Closer examination reveals that hysterical paralysis

> . . . is not bound by the rule, which applies regularly to the organic cerebral paralyses, that the distal segment is always more affected than the proximal one. In hysteria, the shoulder or the thigh may be more paralyzed than the hand or the foot. Movements may appear in the fingers while the proximal segment is still absolutely inert. [p. 162]

Taking into account observations that clearly differentiate organic from hysterical paralyses, Freud (1893) points out that hyster-

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[20] Freud (1893) limited his discussion of hysterical paralysis in this essay to flaccid hysterical paralyses (p. 162).

ical paralysis *"behaves as though anatomy did not exist or as though it had no knowledge of it"* (p. 169, italics added).

> Hysteria is ignorant of the distribution of the nerves, and that is why it does not simulate periphero-spinal or projection paralyses. It has no knowledge of the optic chiasma, and consequently it does not produce hemianopsia. It takes the organs in the ordinary, popular sense of the names they bear: the leg is the leg as far up as its insertion into the hip, the arm is the upper limb as it is visible under the clothing. There is no reason for adding paralysis of the face to paralysis of the arm. [p. 169]

Exactly at this point, Freud makes an important step, stating that "hysterical paralysis is also a representation paralysis, but with *a special kind of representation*" (p. 163, italics added). The representation he might have had in mind (although he did not refer to it as such) is the *psychic representation* of the body. (This would correspond to the somatic representations in P1, according to the metapsychological D-P-M system.) In contrast to the organic representation of the body in the brain, which depends on neuroanatomical factors (as has been empirically proven), psychic representation of hysterical paralysis reflects, according to Freud (1893), "the everyday, popular conception of the organs and of the body in general . . . our tactile and above all our visual perceptions" (p. 170). The physical lesion that causes cerebral paralysis corresponds to the "alteration of the *conception*, the *idea*, of the arm" in hysterical paralysis (p. 170, italics in original).

> Considered psychologically, the paralysis of the arm consists in the fact that the conception of the arm cannot enter into association with the other ideas constituting the ego of which the subject's body forms an important part. The lesion would therefore be *the abolition of the associative accessibility of the conception of the arm.* The arm behaves as though it did not exist for the play of associations. There is no doubt that if the material conditions corresponding to the conception of the arm are profoundly altered, the conception will also be lost. But I

have to show that it can be inaccessible without being destroyed and without its material substratum (the nervous tissue of the corresponding region of the cortex) being damaged. [p. 170, italics in original]

As we know, Freud here came to the conclusion that *"the paralysed organ or the lost function is involved in a subconscious association"* (p. 171, italics in original), and I will not further delve into Freud's elaboration of *what* in the Ucs. causes this exclusion of the psychic representation of the arm from associative processes, since that is not my point here.[21] Rather, I want to focus on the theoretical implications of Freud's reflections on these different forms of paralyses.

In describing the two organic paralyses, projection and representation paralysis, Freud notes that on a strictly neuroanatomical basis, "there is *a change in arrangement at the connecting point between the two sections* of the motor system" (p. 161, italics added). Then, in analyzing the characteristics of hysterical paralysis, he revealed another "change in arrangement"—this one obviously located *"at the connecting point" between the somatic and the psychic.* The striking factor in hysterical paralysis is, after all, that the organ, e.g., the arm, *is* paralyzed, although no physical lesion can be found within the neural tissue—hence, the arm *should* move. And this can only mean that we have to envision *another level of organization in the brain, the level of psychic representations, which is —at least at times—hierarchically superordinate to the organization of somatic processes.*

It is at this point that we cannot limit ourselves to a conception within the D-P-M system, within which the arm is thought to be represented in P1. Although the psychic representation of the arm in P1 might be excluded, bypassed, repressed, or otherwise discounted, the reasons for this relate to factors described by

[21] Freud (1893) proposed that "the conception of the arm is involved in an association with a large quota of affect" (p. 171), and that when "the subject is unable or unwilling to get rid of this surplus, the memory of the impression attains the importance of a trauma and becomes the cause of permanent hysterical symptoms" (p. 172).

other frameworks of the model of the mind. Thus, we will have to consider another "change in arrangement"—from the D-P-M system to the subject-object track—because the arm is part of the more complex psychic unit of the *self,* and this self is obviously caught up in a conflict with a specific object. Since the decisive factors of this conflict are unconscious, we will also have to include a change in arrangement that takes into account a shift to the specific working modes of the Ucs., and yet another one addressing the specific interactions between the structures of ego, superego, and id. That is to say, hysterical paralysis is based on an unconscious fantasy, including wishes and their related anxieties and defenses, the elaboration of which is the result of complex dynamic negotiations in different areas of the four frameworks, as well as among all of them.

The "changes in arrangement" occurring at the connecting points between the different levels of somatic organization and the levels of psychic representations are infinitely variable. They may be considerable, as in the infantile cloacal conception of impregnation, pregnancy, and birth; at other times, they might involve merely the slight but crucial difference between the anatomical and the psychological conceptions expressed as *arm* and *sleeve.* Such differences express individually shaped changes in the arrangement of our psychic conception of the body, as compared to our physical conception. The idea of a dynamic interaction among all four frameworks on the psychological plan, combined with an at least equally complex dynamic interaction between different levels of physiological organization, contributes to the difficulty of figuring out how mind and brain work together. Nevertheless, this task is ultimately not an impossible one.

CONCLUDING REMARKS

We have seen that there are substantial links between the meta-psychological model of the mind and Luria's (1973) model of the working brain. This comparison provides one paradigm for how

we may relate psychoanalytic concepts to the neuroscientific understanding of different structures and functional units of the brain. Various authors have opened similar discussions (Reiser 1994; Shevrin et al. 1996; Solms 1997), and further exploration certainly lies ahead.

A problem we must confront in building bridges between psychoanalysis and neuroscience is that we talk on both sides of *highly complex processes*. The D-P-M system provides a framework on the psychological side that allows us to break down this level of complexity, because it differentiates between various mental representations, all of which function as building blocks of each psychic microelement. With its depiction of this relatively detailed, "microscopic" view of the psychic elements, the D-P-M system can serve as an avenue connecting us to data collected in neurobiology, brain research, and neuropsychology.

Appreciating similarities between the metapsychological model of the mind and Luria's neuropsychological model of the brain should not lead us to ignore the differences between them. As Freud's comparative study between organic and hysterical paralyses demonstrated, unconscious conceptions (psychic representations) can have an enormous impact on the body, one that overrules even the unimpaired functions of the brain.[22] The subtle challenge posed by Freud's early essay (1893)—one with which we still grapple today—is that (at least at times) it placed the level of psychic organization *above* the physical one, that is, in a hierarchically superordinate position.

Psychoanalysis has repeatedly been asked to adapt its concepts, and even to prove them, according to the findings of neuroscience and cognitive psychology, and we should certainly be open to learning from these disciplines and others. But psychoanalysis can also call on neuroscience in a reciprocal way, asking that it consider specific research strategies that take into

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[22] It is worthwhile to note here that Kaplan-Solms and Solms (2000) took their research in the opposite direction, exploring the influence of the impaired brain on psychic functioning.

account the psychoanalytic understanding of mental processes, developed and collected now for more than a century. Meta-psychology, when described on an abstract, formalized level (Schmidt-Hellerau 1995a, 1995b, 2001), provides suitable bridging concepts that can facilitate our communication and mutual understanding in this endeavor. For the neuroscientist, it may be hard to accept the idea that a simple, everyday conception of the arm—as a piece of the body defined by the sleeve—occupies a hierarchically superordinate, and therefore more powerful, position in the brain than its sophisticated and complex, neuronally organized counterpart. But for scientific research to accept this idea as a working hypothesis poses an exciting challenge for the future.

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EDITOR'S NOTE

In this issue of the *Psychoanalytic Quarterly*, Boesky (2002) examines our failure to teach—or even at times to consider—the methodology of clinical evidence, and he proposes a format for doing so. In his seminar at the Michigan Psychoanalytic Institute, candidates are asked to formulate a hypothesis, derived from one of their own psychoanalytic cases, and to report whatever clinical evidence supports that hypothesis. While this deceptively simple exercise would appear to be a fruitful one for any psychoanalyst, at any level of experience and from any theoretical perspective, it underscores our belief that it is only in the careful observation and self-examination of the analyst's mind at work that we will make further progress in refining our methods.

Toward that end, all the major psychoanalytic journals seem to be converging on protocols that might further this goal. To name a few, the *Journal of the American Psychoanalytic Association* is embarking on a book series in which analysts will present and comment on each other's clinical material; and the *International Journal of Psychoanalysis* has recently instituted a new format, "The Analyst at Work," based on a proposal I submitted several years ago, in which analysts are invited to present clinical material, filling in as much of their own internal processes as possible.

While none of these efforts is directly related to Boesky's proposal, they all suggest a more concerted interest in addressing in our journals both clinical methodology and the methodology of clinical discourse. As the *Quarterly* now joins these ventures, it is my hope that we may begin to develop a more precise dialogue among analysts of differing schools of thought. Thus armed with a degree of detail not usually found in our journals, we might discover not only the expected wide variations in the way indi-

vidual analysts work, but also surprising patterns within those variations. With more detailed data on how the analyst thinks, feels, and behaves during an hour, for example, the traditional divisions between us might begin to break down. If the differences *within* schools prove to be as marked (or more so) as those *between* them, while at the same time similarities across stereotypical lines begin to emerge, new affiliations might result, along with new ways of thinking about what can be integrated and what must remain distinct.

The inclusion of everything the analyst thinks, feels, does, and observes is, of course, impossible. First, there is simply too much data, and even if we were able to report it all, the result would be chaos. Second, any such report must be regarded as a creative reconstruction, hence an invention, even if it is transcribed during the course of the hour itself. And third, each of these efforts, no matter how spontaneous or deliberate the methodology, will not only alter the course of the clinical hour, but will also produce in its written form a unique narrative structure that must be judged on its own terms, one that is shaped, as always, by the conscious and unconscious intents of the analyst, including his or her wishes, defenses, and self-punitive trends.

With these cautions in mind, we are designating a section of the *Quarterly* for the presentation of clinical material of varying lengths and formats, with the explicit purpose of learning more about the way individual psychoanalysts work. We hope that some authors will take up Dr. Boesky's request for the careful examination of a single assertion, along with the evidence in support of it, so that we might explore systematically, within the *Quarterly's* pages, how different analysts from a variety of perspectives develop hypotheses, and how they evaluate them. Other authors might choose to present the process of a single hour, a segment of an hour, or an entire case report. In consultation with authors, we will invite commentaries on their material whenever doing so seems productive. Our only stipulation is that the clinical material, which will undergo the usual peer-review process, contain enough raw data, including the analyst's own think-

ing, feeling, and behavior in the clinical sequence itself, that the reader can begin to develop an independent judgment of what has transpired. To allow the freest possible exploration of the analyst's mind at work, material may be published anonymously at the author's discretion.

To inaugurate this new section of the *Quarterly*, following a brief introduction to the topic of psychic bisexuality, we include in this issue a case report of the analysis of a young girl that began when she was four years old and ended when she was seven (Herzog 2002). While it was not deliberately designed to fulfill the criteria outlined above, we felt it to be of sufficient merit to warrant publication in its own right. In content, it not only provides data to further our understanding of the controversial issue of psychic bisexuality, but it also serves to illustrate a particular clinical methodology and a particular skill at presenting that methodology. Because of the way the author describes his observations and his inferences, we can begin to examine his hypotheses as he develops them, along with some of the data on which they are based, and the assumptions that lie behind them. Such precision allows us more readily either to agree with the author or to disagree, for we can begin to judge the evidence for ourselves.

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HENRY F. SMITH, M.D.

ON PSYCHIC BISEXUALITY

BY HENRY F. SMITH, M.D.

There are few moments in the history of psychoanalysis when the author's voice is so clear and so timeless that it hardly needs modification more than eighty years later. One of them is the appearance of Freud's (1920) paper on "The Psychogenesis of a Case of Homosexuality in a Woman."

"A beautiful and clever girl of eighteen," as Freud introduces her, had become infatuated with an older woman of dubious reputation. The older woman was a coquette, living with another married woman, with whom, as Freud puts it, she had "intimate relations," while at the same time she carried on "promiscuous affairs with a number of men" (p. 147). And as it happened, she scorned her young admirer.

Freud notes in passing that his young patient's upbringing was quite normal. At the age of thirteen or fourteen, she showed tender affection for a boy not quite three years old and developed a lasting friendship with his parents, showing her own tender, maternal side, but soon after, she began to take an interest in women. It turns out that at about this time, she had become conscious of the wish to have a child, especially a male one, and in fact, desired to have her father's child. But, at this very moment, her mother, who viewed her developing daughter as "an inconvenient competitor" (p. 157), herself delivered a son. In a deep sense of betrayal, the young adolescent repudiated her own wish for a child, her love of men, and the feminine role in general. She was finally brought to Freud's attention when, after being rejected by the woman with whom she was infatuated, she flung

herself down the side of a railroad cutting in an unsuccessful attempt at suicide.

Freud as Postmodern Theorist

Whether or not we agree with all his conclusions, what is remarkable about this piece is the clarity with which Freud outlines both his observations and his inferences. In this regard, he does not view his patient as neurotic, nor suffering from any hysterical symptoms, nor in fact is she "in any way ill" (p. 150). Think about it. Eighty years ago, Freud makes it clear that, for him, sexual object choice and neurosis are two entirely separate issues, neither one related etiologically to the other.

Freud is also clear in his description of a certain kind of psychic bisexuality. Thus, the older woman whom his young patient loves is a substitute not only for her mother, but also for her older brother—her sexual object choice corresponding, as Freud puts it, "not only to her feminine but also to her masculine ideal"; that is, "it combined satisfaction of the homosexual tendency with that of the heterosexual one," a finding that "should warn us not to form too simple a conception . . . and to keep in mind the universal bisexuality of human beings" (pp. 156-157).

Finally, in a brilliant conclusion, Freud elaborates on this very complexity.

> The literature of homosexuality usually fails to distinguish clearly enough between the questions of the choice of object on the one hand, and of the sexual characteristics and sexual attitude of the subject on the other, as though the answer to the former necessarily involved the answers to the latter. Experience, however, proves the contrary . . . . The mystery of homosexuality is therefore by no means so simple as it is commonly depicted in popular exposition—"a feminine mind . . . attached to a masculine body; a masculine mind . . . imprisoned in a feminine body." It is instead a question of three sets of characteristics . . . which, up to a certain point, vary inde-

pendently of one another, and are met with in different individuals in manifold permutations. [p. 170]

These characteristics are: (1) physical, sexual ones (whether the person appears to be male or female), (2) mental, sexual ones (or, as we might think of it, gender identity), and (3) sexual object choice.

Notice here that if, as Freud proposes, each of these characteristics truly varies independently of the others, we lay the seeds for a complexity that is celebrated today but rarely attributed to Freud—a postmodernism, if you like, rooted in the very facts of his clinical observations. For if either a man or a woman can *appear* either masculine or feminine and *feel* subjectively either male or female and *choose* as sexual objects either men or women or both, and all of these variables are independent of the others, a vast universe of permutations and combinations opens up before us, none of them, as Freud tells us, in itself pathological. Descriptively, we are speaking about a highly complex psychic bisexuality.

A Brief History of Freud's Interest in the Concept

Bisexuality is one of those core ideas, like conflict or projection, that preoccupied Freud at the beginning of his career, and that he adapted to each of his shifting theoretical interests along the way. His first recorded mention of the term would seem to be his pivotal December 6, 1896 letter to Fliess, in which he was trying to fathom the specific cause of various forms of nervous illness in terms of his theory of premature sexual experience. To oversimplify, he had decided that neurosis was the girl's response to childhood seduction, and perversion the boy's. But he noticed that perversion and neurosis did not split along strictly gender lines, and so by way of explanation, he wrote, "I avail myself of the bisexuality of all human beings" (Freud 1896, p. 212).

A few years later, after abandoning the seduction hypothesis, Freud thought bisexuality might be the specific cause of re-

pression, due to the need to remain unaware of one's homosexuality. As his appreciation of the mind and its manifold conflicts became more complex, however, bisexuality shifted from its function as a biological phenomenon, rooted in embryological and phylogenetic development, to an intrapsychic one at the heart of individual development. In the end, it served as an explanation for Freud's final pessimism about analytic treatment, which inevitably, he concluded, had to concede the bedrock of penis envy in women and fear of passive surrender in men.

Contemporary Definitions

Today the term *bisexuality* covers a vast number of clinical observations, some the same as Freud's and some not. Thus, it suggests variously: (1) the observation of bisexual identifications in all of us, whether we define those identifications as male and female, masculine and feminine, or maternal and paternal; like Freud's young patient we are all mixtures of all of the above, and hence, in that sense, bisexual; (2) the related observation that every sexual object choice is bisexual; that is, again like Freud's patient, we seek objects that unconsciously remind us of both male and female figures from our past.

Note that these two definitions denote inferences about unconscious life. But bisexuality is a concept that bridges conscious and unconscious, fantasy and reality, as befits its origins in Freud's thinking. And the third usage introduced by Freud provides that bridge, namely (3) the observation of mixed masculine and feminine traits in all individuals. This is data about a person that may be apparent on the outside; and it is an area of much confusion—even, or perhaps especially, in Freud's final formula that takes masculinity and femininity as synonymous with activity and passivity, respectively. Not only have such binary categories proven a cultural and political bludgeon to define what is normatively male and female; but also, even in some of the more enlightened efforts to rescue the psychology of women from

the psychology of men and to describe what is unique to each gender, I believe we still tend to polarize the data, too insistently assigning certain characteristics to women and others to men, as if we do not yet fully appreciate the truly bisexual nature of character development.

Finally, there is (4) the matter of actual bisexual practice, which some would see as the postmodern ideal, a world in which gender is maximally fluid, shaped only by its context or by the words we use to describe ourselves. Historically, the bisexual individual has been much maligned, marginalized by both the homosexual and the heterosexual communities, and seen variously as someone who, unwilling to make a choice, wants it all, or as an entity that does not exist in its own right, only a way station toward homosexuality, perhaps a heterosexual "wanting a taste of the forbidden" (Layton 2000, p. 42), a person *without* an identity, or an example of "identity diffusion" (Erikson 1959, p. 91).

In a respectful look at this population, Roughton (Panel 2001) defines the bisexual individual as someone "who is sexually attracted to, has erotic fantasies about, and who has a capacity for sexual pleasure with those of both sexes—without either option serving primarily a defensive purpose to avoid, or compensate for, some conflict about the other" (p. 1365). While I believe Roughton is voicing an important corrective regarding the analyst's stance toward the actively bisexual population, I have some clinical and theoretical concerns about his definition, as I shall outline below.

Given the fluidity of the various meanings of the term *bisexuality*, small wonder that there are calls to abolish the concept. In a Brenner-like argument for spareness, Tyson (1994) suggests that we can do the work of analysis more effectively if we retire the notion of psychic bisexuality altogether, limiting our scope to the more precise constituents of the concept of gender, namely (a) *gender identity*, indicating a subjective "sense of femininity or masculinity," (b) *gender role identity*, referring to "the gender-based patterning of conscious and unconscious interactions with other

people," and (c) *sexual partner orientation*, or one's sexual preference in a partner (p. 451).

Despite Tyson's careful reasoning, the concept of psychic bisexuality still commands a place in our thinking, perhaps most cogently in the recent work of Kernberg (1995), who points out that in the experience of intimate loving, including that of orgasm, not only is there a psychic experience of boundary loss and merger, but each lover to varying degrees brings to the encounter a fantasy life replete with same- and opposite-sex partners, resulting at its best in a flourishing of bisexual fantasy and a realization of polymorphous enjoyment, which Kernberg regards as the means by which each partner overcomes his or her envy of the other gender. He further points out that the analyst will need to experience and explore his or her own bisexual and polymorphously perverse inclinations in the countertransference.

A Clinical Vignette

My own experience suggests that erotic longings for both sexes inevitably emerge in every patient, sometimes more intensely, sometimes less so, sometimes acted upon, sometimes not, sometimes amidst conscious pain and suffering, but not always. In every instance that I have observed (and here my position contrasts with Roughton's), the longing for individuals of each sex has a defensive component. Such, I would argue, is the nature of all mental events. In fact, it appears to me that homosexual and heterosexual longings, whether acted upon or not, inevitably defend against each other, even if they are simultaneously pulling in divergent directions.

I am thinking of a patient, intensely competitive with his father and confirmedly heterosexual in his orientation, who, after considerable effort spent looking at his wishes and his defenses against them, has been starting to allow himself to acknowledge a much-despised passive, erotic longing for me. As he does so, tears of relief come to his eyes, and we begin to see its relationship

to his fear of his aggression toward his father, a longing to be loved by him, and a lifelong sense of deprivation from his somewhat brittle and depressive mother. Nonetheless, the longings inevitably make him feel weak, feminine, childish, and defective. In other words, he suffers from what Freud considered bedrock in men, the fear of passive surrender to other men. In truth, as we so often find in this state, my patient also suffers from what Freud considered bedrock in women, namely, penis envy. In his heart of hearts, my patient imagines that other men and some women have a penis, but he does not.

Over time, as my patient has become more tolerant of his passive longings, no longer so convinced that they will morph him shamefully into a woman or a disgraced child, or render his own penis limp and useless, or that he must himself become a woman to experience any intimacy with men, his wife tells him with some relief that she finds him less constricted and more accessible. But he is nonetheless sometimes frightened of her and her sexual demands, as he perceives them—afraid, despite all indications to the contrary, that he will fail to satisfy her, and that he will arrive home one day to find she has left him for a more potent man.

In recent months, my patient has been working earnestly on his wish to be more intimate with me and with his father, and one day he is lying on my couch in the midst of all this, and close to tears, he says, "If my wife were here with me on the couch, I would feel okay." I picture them huddled together, and I think he is speaking of how having his wife with him would make his longing for me more tolerable—in other words, he is invoking his heterosexual object choice as a defense against his emerging homosexual longings, and I say, "If she were here with you on the couch, you wouldn't be so frightened of your wish to be close to me."

But he says, "No. I meant if she were here now, I wouldn't be afraid of her the way I am when I'm alone with her," pointing instead to his "homosexual" attachment to me as a defense against the anxiety generated in his heterosexual object choice. In either

case, the core conflict is the same, but where I had judged him to be retreating defensively into a heterosexual position for the moment, he was in fact giving us more understanding of his retreat from his heterosexual anxiety into a homosexual position. And so we look at the one as a defense against the other and the other as a defense against the one, along with the wishes and painful affects on both sides and the prohibitions they inspire.

If the simultaneous presence of both of these sets of longings might be described as reflective of a universal unconscious psychic bisexuality, this man––in contrast to Roughton's patients ––is decidedly not actively bisexual in his object choice. In fact, his so-called bisexuality was entirely unknown to him before he ran into me. So when we shift from unconscious to conscious experience, or from inhibited longings to actual behavior, are we talking about different entities or a universal spectrum? To put it bluntly, is it simply that all of us are bisexual, but some are more bisexual than others? These questions await further study.

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It may be no coincidence that Freud chose a young adolescent to observe "the universal bisexuality of human beings." Bisexual inclinations, along with other divergent conflicts (Kris 1985), flourish at this age. But to add yet one more twist: what if we consider a much younger child? If we were to look for evidence of a universal predisposition to bisexuality—I am speaking here of an intrapsychic, not a biological, predisposition—what might we find in this population?

I believe that the following case report (Herzog 2002) illustrates what Freud meant by psychic bisexuality in a developmental sense. It tells of a young girl without a major gender identity disorder, as we would think of it, who teaches her male analyst about her mixed masculine and feminine identifications, reflected in her fantasies, wishes, fears, and defenses, as together they discover the meanings of her bisexual inclinations. As in every

analysis, the bisexual responsiveness of both patient and analyst are here awakened, and so we find Dr. Herzog engaged not only with his young patient's conflicts but also with his own, including his elicited bisexual fantasy life and his defenses against it, "tutored," as he tells us, "by the gendered self" of the patient.

In the narrative he provides, we can follow the analyst's use of both action and interpretation within the displacement of the play, something Ekstein and Wallerstein (1956) refer to as "interpretation within the metaphor" (p. 120), with its clear implications for the analysis of adults. We can also observe Dr. Herzog's use of a developmental perspective, as together he and his patient explore the role of aggression and of the patient's aggressive fantasies as key components of her bisexual confusion. It is in the struggle with both her loving inclinations and her more destructive impulses that this young patient comes to consolidate both her gender identity and her gender role identity, and to teach us something of the nature of psychic bisexuality in a six-year-old girl.

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LOU SHOE'S LAMENT

BY JAMES M. HERZOG, M.D.

Introducing Jane and "Lou"

> Jane plays out a scene in which she kills her mother so
> that her father's energy will be fully restored, permitting
> the two of them to have more fun. She is sure that he is
> ineffectual and withdrawn because of something her
> mother is doing to him. After Jane has dispatched her
> mother, however, she feels worried: first, father is no
> different, and second, she knows that what she did was
> wrong. "I'm going to do it a little differently this time,"
> she announces. "I shall only tie up Mother and put her
> in a cage. I won't kill her after all." Many variations on
> this theme then preoccupy us.

Jane was six years old and had been in analysis for two years
when the above scene took place. Whenever Jane "killed," she
took the name "Lou" for herself, as a shortened form of "Luigi,"
although at other times, she used "Lou" to mean "Louisa." In our
work together, we came to know a lot about these names. During
this play, I was the teacher who kept an eye on Lou, but Louisa
knew how to "wrap him [me] around her finger."

As I described in an earlier paper on bisexuality involving
the analysis of an adult male (Herzog 1998), the transference and
countertransference in Jane's analysis were tutored directly by
the gendered self, which was expressed in the analytic play. In
such cases, the gendered self is also influential insofar as it
manifests in the analyst's flexibility or intransigence when he or

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she is confronted with variability in this function—and concomitantly within him- or herself. The above-described matricidal material, in the context of average expectable oedipal dynamics, is not unusual in child psychoanalytic work. The fact that the killing was performed by a bisexual self, with different psychic functions assigned to masculine and feminine components, is immediately arresting, and obviously of enormous interest in discussions of childhood bisexuality, presently the topic at hand (or, as will emerge in what follows, the material at *foot*—hence the title of "Lou Shoe's Lament").

Early History and Family Dynamics

At the beginning of our work together, Jane could not separate from her mother, who routinely accompanied her into my office. Mother was clearly distressed by Jane's demand that she be ever present. Attempts at nursery school enrollment had not succeeded, and there was real worry about Jane's readiness for kindergarten. In the first month of the analysis, I attempted to explore the topic of separating the little girl from her mother by asking Jane what would happen if she and I together were to ask her mother to spend two minutes in the waiting room. What followed was most noteworthy. Jane screamed and started to attack her mother. She shouted, "I told you that you can't leave me, you have to do what I say!" She refused to look at me or speak to me. When I spoke to her, she interrupted her diatribe against her mother to cover her ears and stick out her tongue at me. My impression was not that of a child in a panic who could not manage without her mother's presence; rather, it seemed I was witnessing a full-blown tantrum by a very angry little girl who was asserting her dominance.

I noted in myself a variety of responses. I tried to locate Jane. I felt protective toward her mother, who seemed cowed by this display, and I felt a paternal push toward structuring the situation in such a way as to limit Jane and protect her mother. I also felt that Jane was signaling loudly that her aggression was out of

control, and that this must be a frightening experience on many levels.

Intrapsychic Bisexuality

I had yet another response to Jane's outburst. It appeared to me that the little girl who was usually quite feminine suddenly became noticeably androgenized as her rage mounted. She seemed not only to arrange her face into a furious countenance, but also to look as though she were becoming a boy. Being well aware that perception is an active process, I knew that I was the likely author of this gender shift, but the impression was very strong, and I decided to heed its emergence and ponder what it might mean.

In fact, this sense of mine that Jane was transforming herself did indeed correspond to a fantasy of hers that was to emerge as we played together. Jane was a boy-girl, with her boyness connoting anger and her need to control her mother and keep her close. It also had something to do with her father and the ways in which she felt his lack of presence and function. Conversely, Jane's being a girl was a real and vital part of her sense of self as well. Girlness had to do with warm and "gooey" feelings for her father, and later on, with her desire to take care of her pet cockatiel, Matilda Virginia, who really needed a mother, especially because she had many allergies and could easily become ill if fed the wrong kind of food.

Jane's analysis involved our learning why her fantasy life included both Louisa and Luigi. Her sense of herself as a boy-girl was a complex and multifaceted creation. Louisa-Luigi was in a very real sense a manifestation of intrapsychic bisexuality. Yet this represented a different bisexuality from that which Freud hypothesized as an inherent or constitutional given. It was created by the self, rather than occurring as an epigenetic unfolding of what was already there—or was it?

Jane entered treatment because of her separation difficulties, and because her professional parents found it impossible to help

her achieve and consolidate normal developmental milestones. When I met her as a then-four-year-old, she demanded that her mother never leave her side; she refused to use the toilet, insisting upon both urinating and defecating into a diaper; and she regularly terrorized her two-year-old sister. Her father was burdened by a history of trauma and loss related to political upheaval in his family of origin, and her mother appeared to be an anxious woman—also burdened, but highly motivated to introduce change into the situation. Each parent had previously been in another marriage, and both parents were in individual analytic treatments at the time that Jane's analysis began. Father shared with me his insight that he was afraid to even think about setting limits with his daughter, lest she harm herself in resultant fury or despair. Mother hinted that there was a more global disorder of aggression in father's behavior, and that her own problems also possessed a transgenerational aliquot.

Jane appeared to be ultrafeminine. She wore lovely dresses and matching tights. Her blonde hair was always beautifully arranged. In response to my asking "How are you?", she would always reply, "Pretty good." There was a quality to the way she said *pretty* that seemed to stand out; and she was, indeed, very pretty. Why, I wondered, did she always describe her state by using these words? Appearances were further emphasized as Jane began to comment on what I wore. In particular, she remarked on my shoes not being shined, and noted that my socks and tie did not match. When I wondered aloud about her interest in these items, she would respond in a singsong, lilting fashion, "You can do better."

I resolved to learn more about what this might mean (and to manage the slight twinge of annoyance I felt). Jane herself was always perfectly coordinated and coifed. Did I need to compete, or even keep up? I thought about shining my shoes, and felt relieved when this seemed excessive to me. I noted that neither of her parents was so immaculately attired. Later, I was to learn from Jane that boys are often sloppy, and that this characteristic also applies to men, but that girls must always be neat, clean, and —significantly—pretty as well. It was very important to Jane that

I be clearly *male,* not *"pretty good";* I needed to be able to do *better,* an aspect of masculinity about which we eventually came to know more. We were also to learn that doing better was a part of Jane's self state that required constant monitoring and ongoing, active work.

Matilda

A major part of our work together involved the story of Matilda, an imaginary cockatoo. In about the seventh month of the analysis, and long before an actual bird arrived to make her home with Jane, we began a type of play in which the bird figured. Matilda was not a good bird, which was why she needed a new home. Her mother was really angry with her because she was noisy and sang all night long. In fact, she sang the Lionel Richie song entitled "All Night Long," with obvious references to exuberant lovemaking. This became Matilda's theme song, and I was asked to sing and dance each time we began this play, as a way of setting the stage for what was about to happen. Jane said that I was an excellent choice to announce Matilda's arrival in this way because I was a guy, and therefore must know a lot about dancing and singing all night long. Ignoring the fact of our both being Caucasian, she added in reference to me, "Black men have rhythm"—at which point I noticed that I felt even more inadequate to the task by virtue of my white skin.

Jane always recommended that I remove my shoes for this song-and-dance production. She gave two reasons for this: First, my shoes and socks did not match anyway (nor for that matter did my socks and tie), and second, "it seems more real if your feet are bare." Her first reason did not constitute a technical quandry for me, but her second reason did; I was not so sure that I *wanted* to be bare. I tried to find out more about this from Jane, but she remained adamant. "Just do it the way I told you," she would say with increasing irritation, as I seemed recalcitrant. I was indeed dragging my still-covered feet, and Jane informed me, "I could make you take off your shoes if I were a boy. You

just keep them on because I'm weak, because I'm a girl. Lionel Richie does it bare. Come on, this is just play—do it, please!"

After about three weeks of remaining shod and feeling increasingly stuck in my own intransigence, I decided to sing and dance in my stocking feet. This seemed quite bare enough for Jane's purposes, and Matilda finally made an appearance. Now that the imaginary bird was present, I no longer had to provide my musical warm-up, nor did I need to remove my shoes. This was quite a puzzle. I had resisted taking off my shoes for a long time, thinking that action would impede understanding, but in fact, it now seemed to me as though I had impeded the play process primarily by my own associations and feelings about the music and about my participation.

Matilda was a great deal of trouble from the moment she appeared. First, she made pointed references to my not wanting her. While recognizing the transferential possibilities in this declaration, I simultaneously came to learn that Matilda could never enter a room in which someone wearing shoes was present, and thus, my dress code had delayed her arrival for over three weeks. It was only when Matilda unexpectedly informed me of this problematic aspect of my behavior that I realized that Jane always removed *her* shoes before entering my office; in fact, this waiting-room ritual had eluded my notice for a long period of time.

I asked Jane about this shoe thing. She said that shoes got dirty, and therefore it was a good idea to remove them when you entered a room. She told me that dogs went to the bathroom outside and that one could step into dog dirt. We had what I hoped was a profitable discussion about wearing diapers, which she was still doing, and I was told that Matilda, of course, wore diapers, too. I hoped that we might learn more about Matilda's bathrooming and that this might impact positively on our understanding of Jane's. I was aware of my belief that it was time that Jane started to use the toilet; in fact, I thought this was overdue. I wondered about my lack of neutrality in this matter. Perhaps it had something to do with the fact that Jane, this very pretty little blonde girl, often smelled as though she had feces in her diaper. Dimly, I wondered

if it had something to do with her insistence that I, a man, was black, had rhythm, and knew how to do it bare. I continued to think that doing it all night long had a sexual referent, but I wondered if it might also denote sphincter competence and the capacity to use the toilet in an age-appropriate fashion.

I then became aware that Matilda required that Jane be without shoes, but that I was no longer under this constraint. Matilda joined us for every analytic hour, and she was very, very annoying to Jane, who shouted at her and pinched her feathers. Matilda would squawk and continue to misbehave. Jane would tell me how bad Matilda's behavior was, and would sometimes say to the bird, "Just wait until he [the analyst] gets mad. Then you will get a real spanking." I thought that I was being asked to stand for a disciplining paternal presence, and felt pleased by this appellation. There was only one problem: I actually *liked* the imaginary bird who joined us each day, despite the fact that Jane was annoyed by her, and I could not really discern how the bird was being naughty, was misbehaving, or why she required my paternal discipline. I also suddenly realized that I did not know Matilda's gender, although I assumed her to be feminine. Jane had never referred to her in a gendered way. Leaping in, I confessed my ignorance in both departments: What *was* Matilda, male or female, and what had she done to merit a spanking?

Jane fixed me with a withering gaze. Hadn't I noticed that Matilda wore shoes? Well, no, I had not. "You are really impossible!" Jane said, exasperated. "Matilda wears big shoes, just like you do. That means he is a *boy*. He is a *cockatoo.*" I noted the phallic referent to myself, but merely commented mildly, "Matilda is an odd name for a boy."

"Well, that's true," Jane replied, "but then, Matilda is a very odd boy. He isn't *just* a boy—he's a boy-girl. That's why he's called Matilda, although you could also call the bird either 'Matt' or 'Tilda.'"

I have to say that I was totally fascinated by this information, and that actually, it would have been well to leave the second part of my question for another day, but what the heck, I thought, and

I persisted. "Why, then, does Matilda need a spanking?" I asked. Jane seemed genuinely astonished that I pressed the second part of my question. "Because I say so!" she fairly shouted. "I am her mother, you are the father, and I tell you what to do!" "Oh," I said. "Is that how things work around here?"

I could see that Jane was herself quite taken aback by her outburst. It was as if she had revealed more than she had intended, or that more had emerged than she realized. She began to backtrack. "I mean that daddies spank. That's how families work," she sputtered. "Every bird needs a daddy. I try to be Matilda's daddy so that she will behave better." Jane seemed confused and upset.

I said, "Daddies can help to make it safe for birds and for children in a family, and one way they can do so is by spanking when it is necessary." At which point, Jane wailed, "Matilda needs a spanking, Matilda needs a spanking!" Clearly, we were into a very important area.

Over the next few weeks, this play continued. I noted that Jane kept pinching Matilda, and that this disciplinary intervention was different from what the highly valued spanking might impart. I kept pressing to learn more about Matilda's naughtiness, and also wondered about her boy-girl status. These two features appeared to become increasingly intertwined. For example, Matilda would not sit on the toilet. She insisted upon going to the bathroom standing up, the way a boy did, and this meant that she had to wear a diaper, which was very naughty. She smelled of poop, and her bottom was often dirty—so dirty that Jane was reluctant to spank her bottom. Were she to do it, her hands would become covered with poop, and this was why she pulled Matilda's feathers instead.

I wondered if we could help Matilda to sort out this bathroom business. I commented that it seemed connected to being a boy-girl. I wondered if Matilda knew that both boys and girls sit down to poop. Matilda said she did not know this, and Jane screamed that it was not true. I stuck to my guns, going so far as to say that even Lionel Richie sat on the toilet when he pooped. "You're just making that up!" Jane countered. "I won't believe you unless Lio-

nel himself tells me so." She put her hands on her hips, stuck out her tongue at me, and said defiantly, "So there!"

"That's a tough one," I responded. "You know, I said what I did because I think it's true, but I don't think that we can get Lionel to come here and talk to us. And anyway, it's not the kind of thing one usually asks a stranger." Curiously, my acknowledging that Jane had one-upped me seemed to help. "You're right," she agreed. "Bathroom talk is rude, like not taking your shoes off. That's how Matilda is naughty."

The imaginary bird play continued, with Jane and me teaching Matilda how to sit down on the toilet. Here, too, complex themes were joined. We agreed that to sit on the toilet was not the same thing as to stop being a boy-girl—far from it. Toileting was quite separate from a sense of self.

Matilda's sitting was complicated by the presence of tail feathers, which stuck out and were very important to her. Jane and I admired her tail feathers and together developed a preening procedure that made them even more beautiful. We also parted them ever so carefully so that Matilda could sit on the toilet. Jane told me with a big grin that now that Matilda was clean back there, I should be willing to spank her; after all, I would no longer get my spanking hand covered with poop. Matilda chimed in that she had refused to go to bed last night when told to do so, and Jane observed that this was clearly the kind of misbehavior that warranted a whack.

I wondered if Matilda had been told that this would be the consequence of her disobedience. "Ask her," Jane instructed me. I did, and Matilda said that she had been told that if she did not go to bed, her dad would give her a whack. "It's pretty clean-cut," said Jane. (I noted the use of the words *clean* and *pretty clean.)* "Spank her," Jane directed, and Matilda said, "I deserve it." "Okay," I said, and gave the imaginary bird an imaginary whack. "She's crying," noted Jane, with satisfaction. "But she feels better—she's not so confused."

Following this play sequence, Jane herself started to use the toilet at home and at school. She never mentioned this accom-

plishment to me, but two things happened. She stopped saying "pretty good" and she stopped the ritual removal of her shoes. This latter accomplishment laid the ground work for our next piece of work.

Matilda, the now-spanked bird, was still our companion. She announced that she could go to school without Jane. She also remarked that she still felt like a boy-girl, but that since her name was Matilda, she thought she was basically a girl bird. "After all," she said to the analyst, "I won't grow up to be a daddy like you— you know, who insists that I go to bed on time. Daddies spank, while Jane helps me to keep my tail feathers clean and beautiful." I said that I hoped that Matilda was comfortable with her feelings, and that daddies do many things, as do mommies. "You know that they are not the same," said Jane, adding, "I *know* that you know that." "You're right," I replied, "they're not the same." "And you don't have to call Lionel for *that,*" Jane went on, to which I agreed, "No, I don't."

Matilda started to act up again soon after this conversation. She liked her daddy, she said, but something was not okay: she really did not have a mommy. This was a delicate matter. Matilda had Jane, but was Jane really a mommy? This play made Jane quite uneasy, too. She said that she wanted to be a daddy who could spank, as well as a Mommy who could groom. "I am both," she asserted, now quite emphatically. "You said that mommies and daddies can do everything." "Did I?" I asked. "Yes!" Jane screamed in reply.

Now Matilda joined the fray with "I won't go to bed, I won't!" Jane shouted to me, "Tell her what will happen if she doesn't!" "What *will* happen?" I asked. "*You* know—you will spank her! Daddies are supposed to spank, even though mine can't," Jane said, visibly upset.

"What do you mean, yours can't?" I asked. "He can't, he just can't!" Jane cried. Then, with determination and precision, Jane lifted her foot high in the air and slammed it down hard on the floor.

"What happened?" I asked—although I knew that Jane had just stomped on Matilda. "I killed her," Jane admitted. "She wouldn't go to bed. That's that; now its over"—and Jane began to cry.

I thought that Jane had diagnosed something profound about her father's incapacity to spank. She knew something about his intrapsychic conflicts around trauma and their relationship to his limit-setting difficulties. She was telling me that her own boy-girlness was intimately tied to this paternal difficulty with spanking. She intuitively grasped that her father's inability to spank and his unwillingness to set limits were related to psychodynamic issues about trauma, and specifically to trouble in sorting out the differences between spanking and inflicting trauma. Furthermore, these troubles had entered into the boy-or-girl question, the dilemma about who did what, who *could* do what, and who *wanted* to do what and when.

Lou Shoe

The killing of the imaginary bird was a major event. In associating to it, Jane at first focused on the problem of wearing shoes: if I had taken mine off, this never would have happened. If she had not put hers back on, the same would have been true. We became preoccupied with the issue of shoes in the analysis. A new character appeared, called "Lou Shoe." She was a shoe, and liked to kick and stamp. I recognized that this was a female with an interest in aggression, and welcomed Lou Shoe cordially. Lou Shoe was lonely, and wanted to have a pet bird. She thought that she would like a cockatoo, and that she would name her Matilda. Lou Shoe seemed to have no memory of recent history. Gingerly, I inquired about the late Matilda, but no memory stirred. This was really interesting. Was I witnessing repression in our play, or was this forgetting more facultative?

I pressed on, as did Lou Shoe. She was going shopping for a bird. I was looking for newspaper articles about a famous case of ornicide. Lou Shoe assisted me in my research, but advanced the notion that I was a crazy academic, and that this was one of

those odd interests without relevance to actual life. She said that I was an ivory-tower professor, a term I assumed she had picked up at home.

Together we learned that there had been a trial in which the murderer of a very famous bird had been acquitted by reason of insanity. The murderer had become crazy from having eaten Gummi Bears while in her analyst's office, and was therefore not responsible for the crime, which had also occurred in the office. I ventured that murders in an analytic office are different from those that occur elsewhere, and I agreed that the killer should not be held accountable, though I doubted that she was truly insane. Jane wondered if she should not have at least received a spanking. I said I thought that this was a very interesting idea. The problem, Jane noted, was that only dads could spank. I put forth my opinion that moms could spank, too. Jane said it was important that I understand that *she* thought dads should do the spanking. I said that I got her point, and that I hoped to learn more about why she felt that way. "In my family, my mother would do the spanking, if anyone did," Jane continued. "I wish my father could spank. I wish that they even had a way of deciding on these things together." "Now I understand," I said.

As this play continued, we discussed the fact that a cockatoo seemed to have both a penis and something else. Jane was shy in her description of "something else," eventually telling me that it was a Virginia—an open state, a place where something can go in. "You see," explained Jane, "he is a boy-girl. But we know from the name 'Matilda' that she is a girl, or at least a *girl-boy*. Remember?—both Matt and Tilda."

Now it began to emerge that the murder of the cockatoo had something to do with the impossibility of this solution. A bird, like a person, is either a boy or a girl, not a boy-girl. The violence of the act of stomping seemed to relate to the intensity of the pressure to retain *both/and,* rather than settling for *either/or.* I struggled with the issue of how to say to Jane that she could have both masculine and feminine qualities, organized under the superordinate structure of her femininity, just as each gender

might have aggressive issues, which could manifest as conflicts around spanking or other forms of limit setting. Jane would always remind me when I attempted to discuss this that it was better if differentiation were emphasized. I was aware of how hard she was struggling to contain her wishes and to accept anatomical reality.

As we pursued the search for a new bird, Jane often became moody and unhappy in the office. Increasingly, she spoke about her wish for more from me and from her father in real life. She began to hint that I should ask more about Lou Shoe. I was only too happy to oblige, and grateful for her having pointed out that, once again, we had left a topic prematurely. Jane asserted that "Lou Shoe" was an odd name. How so? I wondered.

"Well," replied Jane, "is Lou a boy or a girl?" "Hmm," I responded. "Come to think of it, it could be either." "Yes," agreed Jane, "and now you are thinking that it is both. Lou is Louisa and Luigi."

"Amazing!" I responded, adding, "This reminds me of poor Matilda." But Jane shouted, "There *is* no Matilda! We're still looking for a bird."

"Oh," I said. "Nevertheless, it reminds me of Matilda."

Jane looked very angry. "I *said,* there *is* no Matilda!" she insisted, and began to stamp her foot furiously.

"That action reminds me of Matilda, too," I said.

"No, no!" shouted Jane.

"It's all right," I said. "You know that whatever happens here is okay. We established that in that famous case of bird murder."

"Luigi stomped her—*he* killed her, Luigi did it!" Jane screamed. "He didn't know how to give a spanking. He isn't really a boy. Boys are taught how to do it right, if they have a father. Louisa was horrified—she knew that Matilda didn't need to be killed. It was terrible, just terrible!"

I observed, "What's done is done. Matilda's parents were confused. Or maybe it was that her grandparents were confused. Something interfered with their being straight about how to do things individually and together, and that is very hard for a

girl to deal with. Anyway, I think you're right; Matilda didn't have to be killed."

"I *am* glad that it happened in this room. It's play," said Jane, with a smile of relief. "Now let's look for Matilda."

Thus, we had come to understand something very important about the component parts of Lou Shoe, and also of what her lament was constructed.

The Return of Luigi and Louisa

After this sequence, Luigi and Louisa again became a regular part of our play. Jane said that they were both a part of Lou Shoe, and that that was "just how it was for Lou." She ventured the notion that every Lou is *both,* and that this is how it is. I said that she was probably right, but that I thought we had learned together that this particular Lou had had a lot to manage, and furthermore, that this Lou felt that her own parents were confused about important things—both within themselves and between themselves, which made it still harder. Yes, Jane agreed, Lionel Richie obviously did not have the same kind of problems that Lou Shoe did. "How is that?" I wondered. "Well," said Jane, "he knows how to do it all night long. He has rhythm, and things just fit together for him in a way that works."

Now I knew what Jane had been saying to us. Her girlness and boyness did not fit together all that well; there was a problem with the rhythm and meter and melody. Whatever her inherent bisexual endowment and proclivities may have been, these had had grafted onto them her parents' conflicts over aggression, and perhaps a gender rearrangement in the way in which the family conducted its business. Jane and I were to learn much more together about the ways in which she felt Lionel had been raised, about the importance of knowing black from white in order to be able to sort out the various shades of gray, and about the ways in which two parents together can contain and moderate what are otherwise splittable—and thus unintegratable—tendencies and conflicts. Jane had been left with the feeling that the other shoe

was always about to drop, as well as the need to preserve both aspects of herself: the hypertrophied masculine side and the caricatured feminine one. Thus, she was "pretty good," but always knew that she could "do better."

Matilda Virginia

Lou Shoe stayed with us for the rest of our work together. Increasingly, she was "doing better." Jane told me that she liked coming to see me, but that something she had told me was not true, and she wanted to come clean. Jane admitted that she knew I was not black. Even at the beginning of our play together, she had known that. In fact, I was so pale that I might be the whitest man she had ever met. Even my hair was white; indeed, I was white all over. Jane giggled, adding, "And I mean *all over*." I asked what she meant, and she replied, "Even if you took off your shoes and socks, you would be white."

"Oh," I replied, grateful for the defense of displacement. "You were thinking about wanting to see my feet back then." "Well, you know," said Jane, "a man's feet are a lot bigger than a woman's." "Yes," I agreed, "that's often the case." "No," said Jane, "it *is* the case." "I see," I said, "and we don't even have to check that out with Lionel Richie."

Jane giggled, "You've got it, but you know, he is black, and I suppose *his* is black too." "I'm sure you're right," I said. "I *am* right," Jane continued. "You are a man; I am a girl. I'm beginning to think that I'm luckier than either Lou or Matilda. By the way, my parents have agreed to get me a cockatiel! Is it all right with you if I call her Matilda Virginia?"

"I think it's a wonderful name," I said, "and perfect for a cockatiel." "Provided that she's a *girl* cockatiel," chimed in Jane. "Goes without saying," I agreed.

"Yeah, sure," said Jane. "Let's go back to playing. I suppose you're wondering why a *cockatiel,* rather than a *cockatoo*—?" "I *was* wondering," I admitted. "Well," said Jane, "a cockatiel is smaller than a cockatoo, but really it's because she doesn't have to have

a you-know-what as well. It's enough for her to have a Virginia. That's why I shall call her Matilda Virginia."

Jane and I concluded our play when she was seven years old. Matilda Virginia, the real bird, led a good life in her home. Jane was a devoted mother who could even discipline her pet when necessary. She pointed out to me that a bird really did not require spanking, but did have to learn right from wrong. She also told me that when the cage was open and the bird was on the floor, everybody removed their shoes so that no unfortunate accidents would occur. I concurred with Jane that this was a very wise policy.

Jane's parents were pleased with the outcome of our work, although both felt that I was perhaps too sexually stereotyped in my thinking, and that some of my work on the role of the father went a bit too far. Of course, I acknowledged to them that this point of view had merit, and added that I felt Jane was in a position to arrive at her own point of view on the fascinating topics of masculinity, femininity, fathering, mothering, and even the care and nurturance of a bird in the family. I took the opportunity to emphasize again, as I had often done in the past, that their input was, of course, invaluable in this regard, and that Jane was keenly interested in how they did things together as a couple, as well as how each of them uniquely contributed to their relationship.

"Yes," agreed Jane's mother, "Matilda Virginia was sick last week, and Jane stayed up with her all night long. It was amazing. She has the capacity to be so maternal with her bird, and yet can also be as strong as necessary. She is really quite a remarkable person in that her personality includes a combination of so many good features."

Father then chimed in to say that he also had been amazed by Jane's staying power. I asked what he meant, and he responded that it was wonderful to see his little girl up all night long, caring for her bird. "She knows that with such care, Matilda Virginia will come through without any trouble," he continued, "and will always know that she is loved and cherished. I especially

liked how Jane sang to the bird. It was a rock-and-roll song, but it seemed to do the trick." (Lionel, I hope that you are as pleased by these developments and the power of your song as I was and am.)

Jane struggled to find a way to sort out the issue of categorizing her own conflicts and drives in accordance with the models available to her in her family, and with the conflicts that she sensed to be a part of her parents' struggles. As we made the acquaintance of Matilda the cockatoo and together presided over her life and death, the dual identities of Louisa and Luigi emerged in the lament of Lou Shoe. In the transference and in the content of the play, the various permutations and combinations of masculinity and femininity appeared and were subject to melding and to stringent differentiation. Jane insisted on difference, even as she longed for interchangeability. *Either/or* struggled with *both/and*—and ultimately, after a murder in play of the first bird, and a later rendition of perhaps dispatching the mother in an oedipal recasting, Jane accepted the wonders of what she was and the disappointments of what had to be relinquished.

Throughout the material, there were hints of penis envy, and a strong and persistent curiosity about the ways in which the sexes fit together. In this regard, Jane's interest in spanking seems to have been not only about modulation of aggression and its attendant conflicts in her father, but also a primal scene representation involving the penis, as represented by the hand or the stomping foot and the receptive vagina—always referred to by this lovely little girl as the "Virginia."

Conclusion

Jane's inherent bisexuality served as the scaffolding upon which and within which developmental conflicts particular to her family and her endowment were elaborated and then entered our Spielraum. Together she and I were able to let both shoes drop, thus helping Lou to resolve her lament, as well as to sing or be still

all night long, and during the day as well. Matilda Virginia retained Jane's original bisexual solution in that both Matt and Tilda were preserved (standing for both Louisa and Luigi, I think), but the predominance of Virginia was appended, and Jane always pronounced the bird's name with an emphasis on the Virginia part. Her history was to be remembered and retained, but her anatomical and gendered self-representation was to be perfectly clear and unquestionably present—all day and even all night long.

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BOOK REVIEWS

IS THERE LIFE WITHOUT MOTHER? By Leonard Shengold,
   M.D. Hillsdale, NJ/London: Analytic Press, 2000. 218 pp.

> Although my mother has been intermittently tiresome for
> the last thirty years, cramped and warped my genius, hin-
> dered my career, blocked and buggered up my house, and
> boycotted my beloved, I have to admit that she has pro-
> vided the sort of rich subsoil where I have been able to
> rest and grow.

Thus wrote E. M. Forster, the twentieth-century British novelist, as
quoted in *Is There Life without Mother?* (p. 196). Forster was a mod-
ernist, able to express openly feelings shared, although not so
clearly acknowledged, by Anthony Trollope, one of the great Eng-
lish novelists of the nineteenth century. It is Trollope (1815-
1882) who figures as Leonard Shengold's primary subject in *Is
There Life without Mother?* Shengold chooses the Victorian mas-
ter as an apt target for a psychoanalytic investigation of his au-
thorial personality and the link between personality and crea-
tive work.

   Shengold does justice to this fascinating subject, and he
brings Trollope fully to life. As a preliminary dollop to Trollope,
he first offers us a preamble on Jules Renard, a less well-known,
French author of an autobiographical novel, *Poil de Carotte* (1894),
portraying a man tormented by a cruel mother who makes his
life miserable. In Renard, we have an excellent example of what
Shengold has so eloquently referred to in previous writings as
"soul murder" (p. 39). This was a man whose mother succeeded
in killing the joy in his life, a writer who needed the freedom
of his literary imagination to master the trauma of early experi-
ence.

When we come to Trollope, we have a similar situation, but one not characterized by as much sadism. Trollope was traumatized more by neglect and lack of interest by his mother. He had a more difficult time with his father, "a razor-wielding" patriarch, a hot-tempered paranoid who was vicious to his young son when he did not master his Latin. Fanny, Trollope's mother, a fine writer on her own, favored Tom, her older son, over Anthony, and was indifferent to the work of her novelist son. Anthony's personality developed into that of a compulsive character. He was a methodical writer who wrote his number of allocated words at a specific time of the day, a man for whom the notion of inspiration and spontaneity appears to have been inimical.

The overtness of Forster's description of his mother's influence is not to be found as overt content in Trollope's autobiographical work. We gain insight into the unconscious components of Trollope's true feelings through Shengold's skillful writing; his analysis enables us to understand something of Trollope's tie to his neglectful mother. Latent and unconscious murderous rage, festering beneath the surface, determined the nature of some of his fictional characters, and is barely hinted at in his posthumous autobiography.

Trollope was twelve years old when his mother left for a period of three and a half years in America. He dealt with this abandonment by developing an unconscious identification with his mother, fostering an interest in writing and ordering his life in such a way that untamed and uncontrollable impulses would be held in check. On her departure, he began a diary full of a "heart-sick, friendless little chap's exaggeration of his woes" (p. 81). Trollope could express more anger overtly toward his father than he could toward his mother, concealing his deep-seated rage and resultant guilt toward her. It is of interest to note here that, so often, even if the mother's soul-murdering tendencies are not as overt as the father's, the mother becomes the primary carrier of early insult.

Having offered us a moving appreciation of the novelist's personality, Shengold leads us to a deeper understanding of the

novels themselves. Trollope, like Charles Dickens, fell in love with his characters, and developed a world characterized by imaginative creations that stood him in lieu of real people when the latter were unsatisfying. As he aged, he felt the waning of his creative capacity as a great loss, since the world he had populated had become bereft, and the realities with which he was left were insufficiently gratifying. Indeed, many a Trollope addict feels immersed in the author's imaginative creations, and gains a sense of a knowable population who evoke feelings of total familiarity. Indeed, Henry James once suggested that it is the lifelike quality of Trollope's characters that is his main value as a novelist. Shengold wonders: Did Trollope love his fictional characters more than the real people in his life?

Following up on his theme of the influence of parental figures on writers and the weight given to the maternal figure, Shengold points out the importance of the mother for Samuel Butler and E. M. Forster, and in passing, brings in clinical material suggestive of this emphasis in a patient, the author of the book's title.

"Is There Life without Mother?" Obviously, this title does not refer to the biological progenitor, but to a fundamental mental representation. Traumatic deficiency, cruelty, neglect, and abuse leave marks that cannot be easily eradicated. One form in which the mother who is anything but good enough expresses her influence is through the identificatory process, through memory or incorporation. Thus, a primary maternal surrogate can continue to function throughout a lifetime as an object who molds and forms the life experience of the subject. As Shengold so well demonstrates in Trollope's case, the author's mother served as a critical identificatory figure for her son; indirectly, she gave life to a wide readership who are the descendants of her maternity.

In *Is There Life without Mother?*, Shengold offers us a well-reasoned study combining psychoanalysis, biography, and the link with creativity. The biographical material provides an understanding of the impetus that led to creative imagination, but is not the source of creative power. The authors' life experiences are convincingly related to plot lines and narrative development in their

novels, and mental representations of self and object are carefully related to characters who populate these fictional worlds. For some, like Anthony Trollope, it is the impact of the interaction with the mother, and the subsequent representation of the interaction, that serve as rich subsoil.

HARRY TROSMAN (CHICAGO, IL)

LOOKING FOR GROUND: COUNTERTRANSFERENCE AND
    THE PROBLEM OF VALUE IN PSYCHOANALYSIS. By Peter
    G. M. Carnochan. Hillsdale, NJ/London: Analytic Press, 2001.
    416 pp.

While ostensibly about countertransference in psychoanalysis,
this book is much more than its title and subtitle suggest. It is a
valuable, extensive, and comprehensive exposition of the history,
development, theories, and practice of psychoanalysis. Its scope
and depth are illuminated by an examination of the philosophi-
cal thought overtly expressed or implied in the evolution of psy-
choanalysis as a theory and as a practical application. Thus, it re-
flects not only the author's analytic education and experience, but
also his emergence into analysis from a basic root and engagement
in academic philosophy.

    The book is well written and clearly mirrors the author's ex-
pert psychoanalytic, as well as his philosophical, groundedness.
For the reader who may be less philosophically sophisticated
than Carnochan, he provides, most of the time, sufficient side
glances at philosophical principles to clarify the underlying issues.
The full title immediately reveals that the author does not restrict
himself to psychoanalytic theories and considerations, but elabo-
rates on the frame of values that give the analytic enterprise a
moral dimension. There is some justification in saying that this
book is not primarily about countertransference per se, but the
concept of countertransference is used to guide and illustrate
the evolutionary development of psychoanalysis as a field of hu-
man concern and human knowledge in its widest sense. It is,

therefore, in my estimate, a book eminently worth making the effort of study by analysts and other students of analysis.

This is a hefty book of ten densely written chapters. The first chapter could stand by itself as an extensive outline of the main themes that are then minutely developed in ensuing chapters. Of the latter, three are devoted to Freud, who is fully recognized as the originator and initiator of this great new field of human endeavor. The remaining six chapters focus in detail on the post-Freudian evolution of each of the basic analytic parameters that are initially discussed in the first chapter.

Carnochan understands countertransference as the whole range of the analyst's feelings toward the patient. It is, therefore, an inevitable phenomenon. By tracing the history of analysis as the evolution of ideas concerning countertransference, he opens up a reunderstanding of the significance of analytic activity. Freud's initial proscription of countertransference rested on his understanding of epistemology and morality, since Freud feared that the intrusion of feeling would act to subvert the analyst's objectivity. Such a traditional notion is grounded in positivism. Recent accounts of the inevitability of perspectivism has undercut scientific positivism. Modern constructivist thinking holds that knowing is fundamentally based on the perceiver's relationship to the perceived. The analyst must construct a truth that is necessarily grounded in subjectivity, without doing away with the concept of objectivity. Carnochan suggests that this can be achieved by moving away from mechanistic accounts of drive and toward relational accounts of development.

To the extent that it is therapeutic, analysis must work toward goals—which implies, for Carnochan, that it must operate inside the realms of value and morality. He asks: How should analysts make use of their emotional responses to their patients? Traditionally, a posture of neutrality, equated with abstinence, has been the foundation of analytic work. The patient, however, may experience this as abandonment or criticism, or may transform the meaning of neutrality in various ways that are destructive to the therapeutic process. Over the course of an analysis, the analyst is

bound to have feelings toward the analysand. Using these feelings only as a source of information about the patient is inadequate because it unnecessarily restricts the reciprocal experience of the two participants, and is liable to distort this experience with a counteranalytic and countertherapeutic consequence. The problem is: How can we act from the countertransference without acting out?

Carnochan suggests the importance of the analyst as a participant observer. The accent is on *participant,* and how to bring the analyst's self into the treatment process. Through devotion of increasing attention to the affects evoked, a sense of knowing is created for both participants. Experiencing creates stronger convictions than mere words. Countertransference as experienced by the analysand becomes a source of knowing, reciprocally, for both. There is less certainty, and the importance of absolute truth is realistically diminished, while the usefulness of what is known grows perceptibly.

Carnochan's discussion reflects issues about the nature of truth that concern much of modern philosophy. Analogous to the various psychoanalytic schools and their controversies, schools of philosophical thought can be recognized that are no less controversial. There are questions about objective truth versus subjective truth, and about whether philosophical discussions are about real problems or nothing more than linguistic puzzles. As philosophical argument has moved away from the certainty of absolute truths to an increasing emphasis on truth being what works (my interpretation of the modern history of philosophy), so has psychoanalysis gone in a similar direction, toward what Carnochan calls modern constructivist thinking. He approaches the history and development of analysis in a highly sophisticated and often densely reasoned manner.

The three chapters on Freud discuss the advent of psychoanalysis, gratification, virtue, therapeutic process, reality testing, and the pleasure principle. Further chapters address the evolution of technique, the movement to modernity, affect and knowing, verification and disclosure. Finally, two chapters follow on virtue

in psychoanalysis and the architecture of analytic morality. In summary, a thorough discussion of the relation between metapsychology and philosophical considerations gives this book special value. From the point of view of calling attention to difficult and perhaps unresolvable problems in analysis, this is an important book. However, many analysts will find it not easily digestible.

Carnochan has made a contribution that is modern and controversial. While he surely is not the last word on countertransference, his book should stimulate valuable discussion of a much neglected topic.

ERNEST S. WOLF (WINNETKA, IL)

BEHIND THE MASK: DESTRUCTION AND CREATIVITY IN
    WOMEN'S AGGRESSION. By Dana Crowley Jack. Cambridge,
    MA: Harvard Univ. Press, 1999. 320 pp.

Using a historical, sociocultural perspective, Dana Crowley Jack
explores women's experience with their aggression. Although a
definition is not offered, the focus is on self-assertion, as well as
on anger against self and other. Sixty women from differing
socioeconomic backgrounds were interviewed in a manner de-
scribed as one of listening to women's voices. It is on this manner
of listening and the understanding that evolved from it that I
would first like to focus.

    The description is of listening in what was simultaneously
both a focused and unfocused manner. It was the unfocused lis-
tening that led to the experiencing of each woman's pain, which
was at times difficult for the interviewer to endure. The empathy,
the pain, the identification, the need to distance, the countertrans-
ference, are all familiar. A large body of knowledge has evolved
out of these phenomena, but the author has not availed herself
of it. The technique, although familiar and potentially quite pro-
ductive, is of limited value in this study, as the interviewer does
not access psychoanalytic understanding.

The absence of a psychoanalytic perspective is both a strength and a weakness of this endeavor. It allows for an unencumbered focus on environmental forces, a focus that at times opens up new vistas and raises new questions. We are forced to consider the weight of the external world. However, the absence of any consideration of an intrapsychic contribution makes it difficult for the psychoanalytic reader to take this book seriously. It certainly does bring home the impact of one's frame of reference on the listening experience—no doubt a valuable contribution in its own right.

Jack identifies her goal as the exploration of the psychology of aggression in women, certainly an important and much-needed endeavor. There are many myths and long-standing "truths" that need to be tested. We have begun to look at female development and to understand some of its unique features, and aggression remains an aspect of female development that needs to be understood within the context in which it evolves. Jack is helpful here as she explores each woman's social and interpersonal experience.

The author's psychological orientation is a relational one, which she contrasts with the classical Freudian perspective, in which there is an inner force, the aggressive drive, pushing with intent to do harm. Women turn this into masochism and passivity. Her relational perspective, taken from Bowlby, is one in which attachment is the basic motivator. Fearing retribution, separation, and isolation as consequences of aggressive expression, women learn ways to maintain the connection. These are often counterproductive to self-esteem, self-assertion, and good connection. These patterns of relating are first experienced within the family of origin, and are subsequently imitated and internalized. Many of these ideas are quite consistent with present-day Freudian analytic theory, but the focus in *Behind the Mask* is on social forces.

Jack delves into women's expressions of desire, will, and anger in relationships with other adults, noting what these expressions reveal about power, gender, and society. There is a definite feminist flavor in Jack's observation that, under male domination, the feminine has been repressed and devalued; women's lives have been witness to the destructive effects of aggression, and an exclu-

sively male perspective has shaped our understanding of aggression.

This project was undertaken in an effort to attain a woman's perspective on aggression and to ascertain the social realities that shape the schemas developed by women to deal with relational conflicts. It is important to keep these social realities in mind in considering women's struggles with aggression. However, the social realities themselves need to be considered as well. Is every woman repressed and devalued, living under a cloud of male domination, one down in an unequal relationship, tyrannized and fearing violence? Clearly, no study, or any reaction to a study, is without its preconceived ideas and prejudices. Possibly mine are in believing in the possibility that not all women are subject to this array of oppressive influences, even though they may be hampered in the creative expression of their aggression.

Jack presents us with a hypothesis to which we need to give serious consideration: that women's aggression has developed within a different social reality than that experienced by men. Women develop strategies of aggressive behavior in relation to male dominance and male violence. Cultural myths and social forces sustain the idea that women are not aggressive. This leads to a contract of submission, caregiving, and nurturance of the male in exchange for his forbearance and protection. The view of the empathic woman and the need to live up to this ideal fosters a struggle between the idealized nurturer and the need to stand up for oneself. It is of some interest that this dichotomy coincides with the early Freudian theory of conflict between the self-preservative ego and the preservation of the species.

The book leaves us, on the one hand, with the conundrum of a relationship between two women. Dominance and submission are not limited to gender-different relationships, nor does the presence of this dynamic explain everything that goes on in an unequal relationship. On the other hand, we must give credence to the social and interpersonal realities addressed here. Many and perhaps most women experience these sociocultural, interpersonal, and intrapsychic forces; these forces need to be recognized and

taken into consideration when exploring the role they play in ag-
gressive expression in women.

At the same time, however, the author recognizes the cultural
fear of the woman's destructive potential and the need to deny and
control her intent to do harm. Jack relates this fear to the moth-
er's power over her child. The contradiction here between the
"social reality" of male dominance and the fear of the mother's
power seems to go unnoticed in *Behind the Mask*. The full depth of
these phenomena does not seem to be adequately appreciated,
and therefore not extended into a consideration of intrapsychic
conflicts and underlying interpersonal or societal issues.

Jack is concerned about ways in which things can be turned
around. How can women more comfortably and creatively utilize
their aggression in a manner that is not destructive to self or oth-
ers? She believes that healthy aggression is mandatory for the
development of the self and for a positive connection to others.
In order for this to be achieved, three problematic areas need to
be addressed. The first is cultural prohibition—unequal relation-
ships that make it difficult for women to express their aggression
in a creative manner. The second is the woman's interdependent
self and its tendency to feel threatened by aggression, as the
woman fears isolation, separation, and retaliation; I believe that
this is an arena in which psychoanalytic understanding has much
to offer. Third is the need for more models of creative aggressive
expression. Jack presents us with the social, the intrapsychic, and
the interpersonal determinants, clearly important concerns that
need to be addressed, and we are indebted to the author for hav-
ing brought them to our attention.

At the end of the book, Jack presents her proposed resolution
to this female dilemma of aggressive expression within the context
of our social environment: The woman must transform her hurt
and rage into positive connection by becoming part of something
larger, through creativity and spirituality. This endnote brings the
book more into the self-help category than into one of serious
intellectual investigation of psychosocial phenomena, and I found
this conclusion disappointing.

RUTH S. FISCHER (BRYN MAWR, PA)

REVERIE AND INTERPRETATION. By Thomas H. Ogden, M.D.
Northvale, NJ/London: Aronson, 1997. 296 pp.

Reverie and Interpretation comprises eight essays addressing the way
in which language can be employed to "convey/capture" the inter-
play of the "aliveness and deadness" of human experience in the
psychoanalytic process. Seven of these essays are based on previ-
ously published articles, and the book also draws on four earlier
books by Ogden.[1, 2, 3, 4]

Ogden's psychoanalytic work elaborates and transforms key
elements in the thought of Freud, Klein, and writers in contem-
porary object relations. His personal psychoanalytic purview, dis-
cerning eye, and poetic sensibility, however, claim definitive roots
in the self-reflective experience of the subject. For Ogden, the
subjective experience of knowing and not knowing involves not
only the experience of self and other; it also involves the experi-
ence of the *analytic third,* a concept introduced in his earlier
works. By means of the analytic third, Ogden intends to reach con-
ceptually and experientially beyond Cartesian dualities, Kleinian
"oversimplifications," and "high abstractions" of ego psychology.
He delves into and lingers with subjective and intersubjective
experience—as it wells up and is sought out in the interstices
of awareness, takes shape and substance in the mind, includes the
compelling presence of self and others, and devolves meaning as
it comes to be apprehended, known, and shared.

Ogden emphasizes the role of language in this formative proc-
ess of subjectivity. He states that the attempt to use language to
capture and convey the delicate interplay of "aliveness and dead-
ness" in human experience "represents a major challenge to con-
temporary psychoanalysis" (p. 4). For Ogden, meaningful consider-

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[1] Ogden, T. H. (1989). *The Primitive Edge of Experience.* Northvale, NJ: Aron-
son.
[2] Ogden, T. H. (1991). *Projective Identification and Psychotherapeutic Tech-
nique.* Northvale, NJ: Aronson.
[3] Ogden, T. H. (1995). *The Matrix of the Mind.* Northvale, NJ: Aronson.
[4] Ogden, T. H. (1995). *Subjects of Analysis.* Northvale, NJ: Aronson.

ation of language draws upon a variety of traditional intellectual perspectives in analysis, as well as upon elements of contemporary existentialism and phenomenology. More specifically, he gives special attention to the voices of Freud, Klein, Winnicott, William and Henry James, Frost, and Goethe, among others. In the end, however, Ogden speaks in (and from within) his own terms.

In the second chapter of *Reverie and Interpretation,* "Analyzing Forms of Aliveness and Deadness," Ogden offers a context for the essays that follow. Here he addresses the specific expressive and defensive roles patients take within their internal object world and in their object relations, as he pays attention to the sense of "aliveness and deadness" in the transference-countertransference landscape. In this realm, Ogden defines the goal of analysis as that of opening the experience of aliveness in the process of recognizing, symbolizing, understanding, and interpreting the leading transference-countertransference anxiety. In "The Perverse Subject of Analysis," Ogden discusses ways in which an illusory subject for analysis may be created by the patient and the analyst during treatment. This "perverse subject" can be employed, he indicates, by way of subverting (substituting for) the recognition of the sense of deadness in the experience of patient and analyst, the unencumbered experience of the intersubjective analytic third, and the relationship of conscious awareness to fantasied parental intercourse.

"Privacy, Reverie, and Analytic Technique" is the title of the fourth chapter of the book. Here Ogden discusses the meaning of the analytic third, the role of the couch, and the necessity for and use of reverie and privacy by patient and analyst in the analytic process. He reconceptualizes and recasts the "fundamental rule" in a way that he feels allows for greater richness in working with the subjective multiplicity of the "I's" of patient and analyst in the analytic situation.

In "Dream Associations," Ogden shows how the personal reveries of both patient and analyst serve as part of the intersubjective context in which primary process can be "carried" in analytic

work with dreams. His approach is distinct from a more familiar and traditional one, in which dreams, "from a distance," are thoughtfully deconstructed, translated, and interpreted.

"Reverie and Interpretation" serves as the keynote chapter in this volume. Here Ogden discusses the meaning, significance, and use of reverie in the interplay of the unconscious life of patient and analyst and in the unconscious constructions generated by the two. In "On the Use of Language in Psychoanalysis," the author focuses on the "life of words" and the "life in words." He speaks of "what it feels like" as words are employed by patient and analyst in an attempt to construct sentences and express/ create thoughts and feelings in writing, in reading, and in listening during the process of their "being together." In this chapter, Ogden pays particular attention to lifelessness in language. He encourages a use of words in which the confines of content-centered language can be broken.

Ogden tells us that he wrote the final chapter of *Reverie and Interpretation* "for the sheer pleasure of reading and writing about poetry" (p. 235). In his discussion of Frost's "The Silken Tent," "Home Burial," and "I Could Give All to Time," Ogden brings to bear many of his earlier thoughts from this volume. As he considers the three poems, he highlights the reader's experience as being the living human event that each poem addresses. In this sense, the poems do not represent objects of experience; they *are* the experience of feeling and being alive.

It is in the spirit of writing for life that Ogden concludes this book. While I have not been exhaustive in summarizing *Reverie and Interpretation* here, I have tried to note some important points that are in keeping with Ogden's contribution to the analytic literature. In my estimation, Ogden's work is indeed original. I do not mean this in the sense that the work represents a *de novo* creation of Ogden's solitary but original mind, but rather that the work itself conveys living speech—speech that is a step apart from that of any other speaker. It is speech that calls on each of us to respond in our own voice and time, supported by the energy of our own living contradictions and inspired by our own epiphanies. In

doing so, we may draw upon our subjective experiences as we attempt to conceptualize them, perhaps in terms of conflict in structural theory, the unconscious and conscious aspects of self and object relations, the self psychology of Kohut, the desire of Lacan, the intentionality of Husserl, or in many others.

In the context of this plurality of conceptual approaches, Ogden's personal subjective work cannot be precisely replicated, but his "subjective" work as analytic interlocutor and proponent can be engaged. His work can challenge and disclose. It can inspire and mystify. It can touch experiences that seem wholly part of us and touch experiences that may be part of a subjective whole not yet brought into being. Finally, it can speak to us in ways that have exquisite personal meaning and significance far beyond any experience that Ogden himself (as stranger to each of our private worlds) could imagine. As Ogden presents it, the living human dialogue of subjects and subjectivity, as well as the language that informs and is created by it, offer a promising vision of a psychoanalytic context rife for exploration and kindled with a new sense of exciting abundance.

GREGORY D. GRAHAM (HOUSTON, TX)

NEGOTIATING THE THERAPEUTIC ALLIANCE: A RELA-
    TIONAL TREATMENT GUIDE. By Jeremy D. Safran, Ph.D.,
    and J. Christopher Muran, Ph.D. New York: Guilford, 2000. 260
    pp.

Citing research findings that the quality of the alliance is the
most robust predictor of success in psychotherapy, and that the
therapist's skill is more important to outcome than the therapeu-
tic modality, the authors of *Negotiating the Therapeutic Alliance* pre-
sent a guide to coping with therapeutic impasses, ruptures, and
strains in contemporary psychotherapy (psychoanalytic, gestalt,
client centered, and cognitive). The explanatory framework for
their effort is psychoanalytic relational theory in a two-person
psychology focused on the here and now. They emphasize that

while the form of the book is that of a manual, it is intended as a spur to reflection, rather than a call for slavish adherence to the details of their schemata.

The historical development of the concept of therapeutic alliance is set forth, together with the views of some of its critics. While interpersonalists see no need to formulate an alliance, Safran and Muran emphasize its utility and function across theories in a relational frame. They regard ruptures as the royal road to understanding core organizing principles in the patient's psychology. The therapeutic process involves an ongoing negotiation of problems in relating that significantly constitutes change. The authors outline two kinds of relevant problems: disagreements about tasks and goals, and difficulties with the relational bond, as well as the management of these problems via direct and indirect therapeutic engagements. The direct approach is to identify the difficulty and explore core relational themes in the here and now. The indirect approach involves accepting the patient's resistance as adaptive, being respectful of tension-regulating behavior, and acting differently from the patient's expectations, thereby reframing tasks and relying on the perception of the new experience with the therapist as therapeutic.

In Safran and Muran's view, truth is both discovered and constructed by the therapist and patient as co-participants. Countertransference is ubiquitous and functions as a means of entry into the patient's experience, if the interaction receives appropriate attention from the therapist. There is an emphasis on containment of painful affects in both therapist and patient. The authors stress the concept of intersubjectivity in the sense of enactments in which both parties are subjects. Angry and manipulative responses to neediness are contrasted with an understanding of underlying real needs. Safran and Muran regard the heart of the therapeutic process as affective communication at conscious and unconscious levels, with the maturational process emerging in the struggle between agency and relatedness.

In understanding ruptures and impasses in the alliance, the authors point to the following factors: the necessity of attention

to the patient's hope and despair, characterological resistance requiring respect for the patient's views, an understanding of core relational principles, a corrective emotional experience in disconfirming unconscious beliefs (á la Weiss and Sampson), and affective coordination and repair. Efforts in these directions may involve the recovery of a split-off part of the self, the use of transitional experiences as in play and illusion, and optimal disillusionment. In a detailed list of principles, Safran and Muran advise implementing such specific measures as the limiting of expectations, being prepared for repetition, identifying interpersonal markers in the impasse as a focus of attention, providing careful feedback about their own experience as tied to countertransference reactions, and tracking the patient's responses to interventions.

The authors present stage process models of the resolution of alliance ruptures, defining *avoidance ruptures* and *confrontation ruptures.* In *avoidance ruptures,* the pathway extends from identifying a marker in the interaction to "disembedding" from the enactment, to facilitating qualified assertions, and on to exploring inhibition and attainment of the goal of self-assertion. The management of *confrontation ruptures* includes identifying a marker in the enactment, "disembedding," disclosing feelings of the therapist, exploring nuances in how the patient has experienced the interaction, and engaging aggression with the eventual recognition of underlying vulnerabilities. Meaningful clinical illustrations of these stages are elaborated.

A chapter on brief therapy elucidates the same principles of relational theory as the basis for understanding and action in the therapeutic process. In fact, whether the treatment is time limited or not, management of the relational frame is paramount. Similarly, in a chapter on a relational approach to training and supervision, the authors emphasize experiential learning, "mindfulness training," self-exploration, and self-disclosure in participant observation. The relational context of supervision stresses the importance of establishing and maintaining a supervisory alliance, with

the supervisor thereby serving as a model in action for the student therapist.

In an afterword, the authors state that negotiating the alliance is a necessary, ongoing part of any therapy, whether there are gross ruptures or not, and the relational model establishes a particular stance for the therapist. Other tasks in the therapeutic process depend on the specific orientation of the therapist. Safran and Muran acknowledge that "therapeutic metacommunication" must be exercised with some discretion for some patients, and cite Greenberg's criticism of contemporary relational thinking as excessively emphasizing intersubjective confrontation, therapist self-disclosure, and spontaneity. Greenberg has described the importance of a disciplined, self-restrained stance that provides the patient with an opportunity to engage in self-exploration. In reaction to Greenberg's description (quoting Hoffman) of relational therapists' "throwing away the book," Safran and Muran point out that such a characterization is itself extreme, and that it is unfair "to accuse them [relational therapists] of emphasizing personal responsiveness and spontaneity at the expense of theoretically guided restraint, or of emphasizing interpersonal encounters at the expense of a careful, private reflective process" (p. 230).

In the course of the book, the authors employ new terms for old concepts, apparently out of a perceived need to differentiate their relational approach from their perception of how resistance, character defense, and interpretation fare in the classical paradigm. They offer "therapeutic metacommunication," mentioned above, which they define as mindfulness in action (talking and thinking about enactments with the full use and disclosure of countertransference experiences), utilized as a substitute for the interpretive process. Interpretation, in their view, may too readily be perceived as blaming or criticizing, and as expressive of authoritative, objective conclusions about unconscious motives and feelings, rather than as collaborative observation. They remain focused on the here and now, and counsel against pattern recognition, either extra-analytically or historically, seeing this as blaming

the patient. The genetic point of view is essentially jettisoned in such an approach to the resolution of core relational patterns. The contributions of object relations theory—that is, as modifications of classical technique within a developmental point of view—are essentially ignored, setting up a straw man as the opponent in any conflict about technique in addressing problems in the alliance.

The significance of the therapeutic alliance and its technical management is clearly worthy of attention. Much of what Safran and Muran address may be conceptualized as patterns of character defense originating in early dyadic childhood experiences. The authors obviously have no obligation to pursue an integrative approach in espousing their preferred technique. What they have set forth is an interesting guide, strengthened by the liberal use of clinical examples to clarify their understanding and intent. The book thus describes the useful application of one stream of contemporary analysis to therapeutic alliance issues.

NATHAN SCHLESSINGER (CHICAGO, IL)

ORDINARY PEOPLE AND EXTRA-ORDINARY PROTECTIONS:
   A POST-KLEINIAN APPROACH TO THE TREATMENT OF
   PRIMITIVE MENTAL STATES. By Judith L. Mitrani. Phila-
   delphia, PA: Brunner-Routledge, 2001. 194 pp.

In this book, Judith Mitrani investigates the development in in-
fancy of some "extra-ordinary protections" formed to prevent the
awareness of traumatic experiences. She lucidly integrates clinical
observations with psychoanalytic concepts, such as "unmentalized
experience" and its expression in enactments, and "adhesive pseu-
do-object relations." She correctly believes that these concepts are
helpful for understanding infantile transference-countertrans-
ference and enhancing analytic technique with a more informed
awareness of primitive mental states.
      Adhesive pseudo-object relations are conceptualized as primi-
tive modes of defense that developmentally precede those defen-

ses outlined in Klein's theories of projective identification and the paranoid-schizoid position. This defense involves the need for a contiguous object—a light, voice, smell, or other sensual object—that can be experienced as holding the parts of the subject's personality together.

In this volume and in some of her previous writings, the author outlines the development of an enduring mode of adhesive pseudo-object relations as an asymbolic aberration of normal development, one rooted in traumatic experiences occurring in utero and in infancy. In an adhesive state of pseudo-relating, "objects are *not* experienced as humanly animate, lively entities, existing in a space of their own, but rather as inanimate 'things' which are to be absorbed, exploited, manipulated, or avoided by the subject in a desperate attempt to gain a sensation of existence, safety, and impermeability" (p. 38, italics in original). In such disturbing states, patients utilize autosensuous actions to block out the life-threatening awareness of terrifying sensations of falling, spilling, dissolving, or diffusing.

Mitrani describes a variety of autistic shapes and objects used defensively by patients who have adhesive pseudo-object relations. In her fascinating case studies, she demonstrates the clinical detection of autistic objects and autistic shapes, and she provides some helpful guidelines for their handling in the psychoanalytic situation. She wisely emphasizes the survival functions of these and other sensation-dominated delusions.

The author also summarizes and expands on Tustin's contributions to the notions of autistic objects and shapes. Autistic objects are not related to as objects in the ordinary sense; rather, they are *"used for the tactile sensations which they engender* upon the surface of the skin of the subject" (p. 33, italics in original). The key word here is *sensations*. Such sensations as are provided by the autistic use of objects may be not only tactile in nature, but also visual, auditory, olfactory, or gustatory. These delusory sensations are used for defensive purposes, and have their origin (along with other manifestations of psychogenic autism), according to Mitrani, in the "troubled nature of the earliest relationship between mother and nursling" (p. 33).

Mitrani writes that "we need to be especially mindful of our own attitudes and emotions and of the effect these may be having on the patient, so that we might be able to address—with maximal understanding—what he is going through" (p. 159). In the past, this guideline has been too often forgotten or neglected by psychoanalysts trained in the classical school. Today, similar notions on the critical importance of the effects of the analyst's actions on the analysand are being advanced by clinicians who espouse a relational perspective.

Mitrani persuasively argues that the analyst should utilize the patient's "vertex," from which the analyst might derive interpretative interventions. In this way, the clinician "may be able to compose what one might call an *introjective interpretation*, that is, one based upon an art of *introjective identification* on the part of the analyst, and which may culminate in an experience of being understood" (p. 162, italics in original). Self psychologists would agree with the above statement, though they might state it differently; for them, empathic understanding often has top priority in the analyst's interventions.

My personal reactions to this book were mixed. I found the clinical narratives and discussions readable and rewarding. Clinicians can learn much from Mitrani's clinical vignettes and her accompanying commentaries. The theoretical discussions are questionable, however, because they contain a number of omissions, mistakes, and obscurities that I shall discuss below.

Both the back cover and the inside flyleaf of this book describe certain notions discussed by the author (such as "unmentalized experience") as "original." This is most definitely not accurate. During the past nearly forty years, many North American analysts have been writing about the same phenomena, though using different terms; they have described patients who had not symbolized certain past—usually traumatic—experiences. With the help of the analyst, some patients can for the first time construct meanings and memories of past painful experiences that they could previously neither remember nor forget. Frank, an American analyst, long ago described these traumatic and unmentalized experien-

ces as "unrememberable" and "unforgettable."[1] Kinston and Cohen agreed with Frank's explanation, noting that primal repression brings about a kind of wound or hole in the patient's psyche.[2] They concluded that "hole repair is what psychoanalytic therapy is about" (p. 337).

Mitrani does not explicitly claim that her ideas about "unmentalized experiences" are "original notions"; it could be that her publisher is responsible for the error in the two places mentioned above. However, my reading of both the present book and her previous one[3] suggests that she is unaware of the many articles on this subject by North American analysts. For example, as I have noted, "what has been denied has never been transformed from its primary-process elements through the symbolization process into verbal representations. When the denial is resolved, a new consciousness of what was denied is created."[4] Denial implies the suspension of self-reflection capacities; my definition of those capacities is almost identical to what Mitrani writes about mentalizing experience. My book argues that denial is identical to what Freud and others have described as *primal repression*. Denial prevents the formation of verbal representations. The content of what is defended against is unrememberable, and when later repeated, it occurs in the form of enactive memory.

Kinston and Cohen presented an overview of the primal repression concept, and provided some practical guidelines for assisting clinicians in treating patients whose traumatic experiences have not been mentalized. What is most remarkable is the amazing similarity between their treatment recommendations and those of Mitrani. These clinicians, who utilize widely divergent psychoanalytic theoretical approaches, find a common ground in the spe-

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[1] Frank, A. (1969). The unrememberable and the unforgettable: passive primal repression. *Psychoanal. Study Child,* 24:48-77.

[2] Kinston, W. & Cohen, J. (1986). Primal repression: clinical and theoretical aspects. *Int. J. Psychoanal.,* 67:337-354.

[3] Mitrani, J. L. (1996). *A Framework for the Imaginary.* Northvale, NJ: Aronson.

[4] Dorpat, T. L. (1985). *Denial and Defense in the Therapeutic Situation.* Northvale, NJ: Aronson, p. 236.

cific ways they deal with revivals of what Mitrani terms "unmentalized experience" in the analytic situation.

Mitrani states that she wants her message to help the clinician to

> . . . maintain contact with those elements of the patient's
> that are most in need of help, [with] those vulnerable,
> very early embryonic, fetal, and infantile aspects that have
> yet to have the experience of being "conceived" in the
> mind of another and which are not yet fully formed. [p.
> 160]

This statement raises the question of what evidence there may be that "early embryonic, fetal, and infantile aspects" are the ones most in need of help. After all, the failure of the individual to mentalize experience can occur during post-infantile development, as well as during infancy.

Chapter 8 of *Ordinary People and Extra-Ordinary Protections* discusses the author's views on the value of using countertransference for understanding what is going on in the minds of both patient and analyst. Though I know of no one today who would disagree with her on this point, I would add another important reason for analyzing the countertransference: to gain a better understanding of what is going on *between* the patient and analyst (and here I am referring to the intersubjective perspective).

Mitrani's privileging of the infantile phase, and her minimization or omission of later stages of development, is most glaringly apparent in her discussion of the *defensive organization* (p. 136), which she defines as "the organization of those very early infantile, omnipotent, unconscious, defensive fantasies" (p. 136). Unfortunately, she restricts her discussion of this important topic to the development of defenses in infancy, failing to write anything about later childhood developmental contributions to the defensive organization.

There is some consensus among child psychoanalysts in favor of Anna Freud's outline of a developmental line of defense.[5] I be-

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[5] Freud, A. (1936). *The Ego and the Mechanism of Defence.* New York: Int. Univ. Press.

lieve, however, that Anna Freud's description of early defenses should be revised to include the important contributions on this subject by Mitrani and other Kleinians. At the intermediate level following infancy, the defenses of undoing, isolation, and reaction formation may develop. According to Gedo and Goldberg, among others, the highest-level defense, that of *repression,* belongs to the developmental phase that occurs immediately after resolution of the oedipal complex begins.[6]

In describing her work as an analyst, Mitrani writes that "I usually limit myself rigorously, at least for quite some time, to addressing the immediacy of the infantile transference in the moment, as the process unfolds between myself and the patient" (p. 132). She takes this approach deliberately, rather than addressing historical/genetic levels, or levels of internal object dynamics, in the clinical material; this is because of her desire to establish an emotional connection with the patient. Alternative approaches, she believes, may be emotionally distancing for some patients.

However, I wonder if the author's "rigorous" pursuit of the "infantile transference" promotes an unconsciously self-fulfilling prophecy. Early on in an analysis, I suspect that Mitrani communicates—mainly unconsciously—just what she expects and what she wants (i.e., "infantile transference"). The patient is then likely to unconsciously perceive this expectation of an infantile transference, in part because the analyst is so vigilantly looking for it; and the patient may meet this expectation by coming forth with what the analyst wants.

What Mitrani believes to be the advantage of her approach is, I believe, valid. That is to say, patients respond to her technique by establishing an emotional connection with her. However, I suspect that one disadvantage of her approach is the risk of leading the patient to a place where he or she is not ready to go. I am not sure whether the advantages and therapeutic gains of Mitrani's method outweigh its disadvantages and risks.

[6] Gedo, J. & Goldberg, A. (1973). *Models of the Mind.* Chicago, IL: Univ. of Chicago Press.

The author avowedly privileges infantile transferences, defenses, and traumas, as well as other infantile issues. She argues for the therapeutic value of "detecting and further fostering the emergence of the earliest infantile aspects of the patient, from the beginning of the treatment, through direct and rigorous interpretation of the transference" (p. 3). Whether or not it is either desirable or necessary to focus attention so exclusively on infantile issues is debatable.

Reading *Ordinary People and Extra-Ordinary Protections* brought back memories of my psychoanalytic training in the 1950s and '60s, when there was a nearly exclusive emphasis in the literature and in seminars on the Oedipus complex. The study of psychopathology at that time tended to be limited to the erroneous generalization that all psychological illness could be reduced to oedipal conflicts or unconscious regressions from those conflicts. Analogously, the reader of Mitrani's writings is repeatedly given the impression that the author believes all significant occurrences in the analytic situation to be explicable via the patient's infantile conflicts, defenses, and traumas.

With the exceptions noted above, I found this book to be a good read overall, especially for its clinical vignettes and discussions.

THEODORE L. DORPAT (SEATTLE, WA)

THE MIND'S AFFECTIVE LIFE: A PSYCHOANALYTIC AND
    PHILOSOPHICAL INQUIRY. By Gemma Corradi Fiumara.
    East Sussex, England: Brunner-Routledge/Philadelphia, PA:
    Taylor & Francis, 2001. 174 pp.

The Mind's Affective Life continues the author's presentation of
philosophical and psychoanalytic efforts to elucidate the intercon-
nections among language (and listening), thinking, cognition, and
affect in the living organization of the human mind. Fiumara has
dealt with this topic in three preceding books.[1, 2, 3] This volume

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[1] Fiumara, G. C. (1990). *The Other Side of Language: A Philosophy of Listening.*

focuses on the persistent and inevitable orchestration of think-
ing and feeling in both everyday life and in the most abstract
conceptions of fields that are supposedly free from human emo-
tions, such as philosophical thinking and theory building in sci-
entific disciplines.

Contemporary epistemology excludes affect as an outsider to
its enterprise. Fiumara argues that "affects inhabit and fuel the
illusive empty interiority of our epistemologies" (p. 1). Her book
points to the need to develop our emotional intelligence and to
recognize to what extent "emotions serve to construct both in-
terpersonal relations and reality" (p. 1), even scientific and philo-
sophical reality. Psychoanalysis must examine the connection be-
tween affect and the theories it utilizes to sustain its praxis. Even
though psychoanalysis "considers affectivity a central working
process inseparably linked to cognition," it presents mental
events as "two-sided—one side looks in the direction of proposi-
tional, logical processes, while the other points to affectual uncon-
scious dynamics" (p. 2). In the author's appraisal, "a fuller sig-
nificance actually derives from their continued interaction" (p.
2). This proposal is not merely a new version of the known primary
/secondary process continuum, but an encompassing examination
of the ever-present participation of affective life in all human
thinking.

Fiumara systematically challenges the superior attitude of an
epistemology whose ideal is the cognitive autonomy of the self.
This conception is a self-sustaining myth for thinkers claiming
epistemological authority based on a transparent consciousness.
Such authors are not aware of what psychoanalysis has found: that
we theorize as total beings who need forms of knowing beyond
a pristine epistemology—one set in the view of excluding feelings

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London/New York: Routledge.
   ² Fiumara, G. C. (1992). *The Symbolic Function: Psychoanalysis and the Phil-
osophy of Language.* Oxford, England/Cambridge, MA: Blackwell.
   ³ Fiumara, G. C. (1995). *The Metaphoric Process: Connections between Lan-
guage and Life.* London/New York: Routledge.

as indispensable instruments of knowing. Psychoanalysis gives witness to the fact that deep cognitive and emotional insight is found in the field of transference-countertransference. In the philosophical field, an epistemology that disregards the conditional nature of all thinking, while imposing epistemic rules of exclusion for experience and feeling, becomes a tyrant that is unwilling to listen. What is needed is a new philosophy of listening, one that encompasses in its scope not only thought, but also the full richness of human development, experience, and relatedness.

The author proposes that we cultivate our natural epistemophilic desire—the desire to know—which can only achieve its goal by a commitment to "passionate listening" (p. 23). This mode of listening does not aim at imposing unquestionable authority, as present-day epistemologies may, but rather at exploring, recognizing, appreciating, and utilizing the heterogeneous diversity of knowing in order to become aware of the "boundless web of interdependencies" (p. 27). Those interdependencies take seriously the "intersubjective connections that are the source of our thinking," instead of favoring the purity of reason. "What is desirable is a *style* of reciprocal inquiry, rather than a single, i.e., monological epistemology" (p. 27, italics in original). Rorty's irony, which implies a radical and continuing doubt about a "final vocabulary," offers a model of inquiry capable of engendering in many vocabularies relational, affective, inclusive meanings that are more suited to our epistemophilic needs.[4] Fiumara demonstrates the liveliness of a discourse that escapes monological constraints, as she utilizes a challenging, subtle, affectively caring, and ironic style of questioning present-day epistemologies.

The author's final goal is an epistemic revolution. We must acknowledge our corporeal, affective, developmental, evolutionary sources of knowledge to reclaim ourselves as knowing subjects in order to accomplish "a transformation of our ways of inquiring" (p.

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[4] Rorty, R. (1991). *Contingency, Irony, and Solidarity.* Cambridge, England: Cambridge Univ. Press.

35). This enterprise is not free of risks, because although human passions and affects have creative and binding effects, they also bring about destructive aims and unmentionable horrors. This is, however, the risk we must face to satisfy the epistemophilic needs of our complex nature.

Desire is at the foundation of all knowledge and contact with the world, and it is connected with the pleasure in knowing and being efficacious. It is possible to hypothesize the existence of an "affective logic" (p. 45), which in tandem with logical operations may bring about the intense pleasure of knowing that one knows. The creative processes that are sustained by the metaphoric capacity bring about unexpected kinship in all fields of knowledge, from mathematics to psychoanalysis. Kinship relationships link affective experiences with logical, analogical processes, which—once articulated into a moment of breakthrough—become pleasurably exhilarating. This pleasure in knowing sustains our epistemophilic desires. It also sustains our bodies' demands for satisfaction. Such satisfaction can only be achieved at the psychic level, where instinct finds representation, which in turn fuels the instinctual need from the inside of the organism. The dichotomy of body and mind does not do justice to the fact that "the mind exists *in* and *for* the organism" (p. 53, italics in original). Thus, the epistemophilic need and desire is the "expression of a drive to live and subdue" (p. 57), a need to know and a mode of knowing as requested by bodily impulses that must find internal satisfaction from within, while being dependent on others to obtain it for them. Fiumara concludes that in the course of evolution, "when the minded brains appeared, they began by minding the body" (p. 58).

This brings us to relational knowing. As child psychology researchers have shown, early relational knowledge and affective mutuality are not only the foundation of psychic life, but also "the basis for the development of *any* form of knowledge" (p. 72, italics in original). Psychoanalysis gives witness to the great significance of the analyst's being there, standing by "to attract the patient's inner incompatibilities to a more dynamic re-approachable knowl-

edge of reciprocities" (p. 77). While suffering isolates and obscures knowledge, "it is empathic listening that allows a subject to transform despairing and exasperated expressions into viable forms of communication" (p. 92). Such listening facilitates acceptance of the legitimacy of personal feelings, under the guidance of psychic encounters that sustain the affective and epistemic ownership of our own being—and, in the end, our emotional maturity.

The author mounts a masterful appeal to make "affective literacy" an urgent goal for contemporary life, in which indifference appears as a persistent defense against deep human experience. The contemporary world is full of "prosthetic sources of excitement" (p. 139), which distract us from the urgent task of listening to ourselves and others. Fiumara asserts that that which is not actively listened to forces upon us a form of submission to unexamined collective and private messages. The risk of surrendering to benumbing cultural offerings is always present. We may grow indifferent and inarticulate about psychic suffering by becoming unaware of its presence, and by disinvesting mental representations capable of awakening actual suffering.

What value may an analyst find in reading this book? First, there is the pleasure of reading a delightfully ironic book that is very clearly questioning of our beloved reverence for "objective knowledge." Fiumara has the gift of looking at apparently odd, yet essential, components of human ways of knowing, and follows up her observations with an impeccable logic to convince us of the vital importance of affective knowledge. As analysts, we must learn how much further we have to go to fully implement and incorporate into our modes of knowing and theorizing the discoveries Freud made about the inseparable complementarity between affect and thinking. In the end, we have the task of minding our bodies, our relationships, and our worlds with the affective knowing that makes them and us meaningful. I recommend *The Mind's Affective Life* very highly, and I promise the prospective reader an enjoyable engagement with the author.

                                    ANA-MARÍA RIZZUTO (BROOKLINE, MA)

FOUNDATIONS FOR CONCEPTUAL RESEARCH IN PSYCHO-
ANALYSIS. By Anna Ursula Dreher. Madison, CT: Int. Univ.
Press, 2000. 208 pp.

This is a timely and useful book, particularly as it comes at a mo-
ment when psychoanalysis is increasingly attempting to enhance
its body of knowledge through formal research. The book's basic
argument is that if one is to do meaningful psychoanalytic research,
one must be clear about the analytic nature of the concepts being
studied, and that the investigative methods capture their analytic
meaning. This seems self-evident and beyond question. Unfortu-
nately, it is honored more in the exception than the rule.

Foundations for Conceptual Research in Psychoanalysis is divided in-
to an introduction and six chapters. The introduction and first
chapter take up the nature of psychoanalytic research; theoretical
change and scientific progress; and the meanings of "conceptual"
and "empirical" orientations, as well as their foundations in the
history and philosophy of science. Readers not already well versed
in philosophical foundations might find the presentation here
a bit complex, while more informed readers may consider it a bit
limited, but nevertheless, this beginning serves as a strong foun-
dation for what follows.

The second chapter explores Freud's view of the conjunc-
tion between treatment and research, and in so doing, makes
critical inquiry into the nature and consequences of research
strategies, methodologies, and data. The third chapter illustrates
the significance of conceptual research in relation to the para-
digm of quantitative psychotherapy research as a general ex-
ample, and in relation to research about transference and coun-
tertransference in particular. Here Dreher shows that some
questions cannot be answered by empirical methods alone be-
cause they are based on conceptual differences. She carefully
examines the conceptual foundation and structure of Luborsky's
CCRT, a quantitative research method widely represented as a
measure of transference, and demonstrates that, in actuality, what
CCRT measures hardly corresponds to the psychoanalytic mean-

ing of transference. Chapters four and five provide additional per-
spectives on conceptual research by application to the Hampstead
Index and the Frankfurt Institute Trauma projects. The final chap-
ter takes up the nature of concepts and reemphasizes the inter-
dependence between conceptual and empirical research. All this
is presented in a scholarly manner, with both a sophisticated per-
spective on science and a view of psychoanalysis as a science.

Throughout the book, Dreher champions the importance
of conceptual research. By this, she means critical investigation
of the historical context of a concept's origin, evolution, and con-
temporary meanings in theory and practice. Conceptual and em-
pirical research are interrelated; one is no more intrinsically im-
portant than the other, even if some would regard conceptual
research as only a precursor to empirical research. Psychoanalytic
research without concepts is blind, and concepts without empirical
data are empty.

Foundations for Conceptual Research in Psychoanalysis is recom-
mended to all who would meaningfully participate in psychoana-
lytic inquiry and research.

HENRY M. BACHRACH (NEW YORK)

THE RIGHTS OF CHILDREN IN SEPARATION AND DIVORCE:
    THE ESSENTIAL HANDBOOK FOR PARENTS. By Robert C.
    Prall, M.D. Kansas City, MO: Landmark Editions, 2000. 60 pp.

Clinicians who have worked with a couple going through a di-
vorce or with a child whose parents are going through a divorce
or custody battle know how devastating the process can be for
everyone involved, especially the children. A family court judge
once said to me: "There are three kinds of divorce. About fifteen
percent of the time, people decide that they've made a mistake
and should part company. They shake hands, wish each other
well, and go on with their lives. That's okay. In the majority of di-
vorces there is a lot of anger and hostility, but I can get the cou-
ple to control themselves for the most part when they need to

do so for their children. With the others it is *war*, before, during, and after the divorce—and the children are the civilian casualties. They make up about thirty percent of the divorces, but they take up ninety percent of my time—*and I hate it!*"

Prall, in fifty years as a child and adult psychiatrist and psychoanalyst, has accumulated a wealth of experience working with families going through separation and divorce. He has put together a little handbook for parents that is utterly sensible, skillfully constructed, and remarkably clear, concise, and to the point. It is lean and lithe, free of the excess verbiage and irrelevance that inflate most how-to books in the mental health field to a bloated form that impairs their potential usefulness.

The pithy, straightforward, down-to-earth style Prall employs makes the book read like an example of simple common sense. At least, this is so for those of us who are painfully aware of what children need but do not always get. But common sense, as Albert Einstein once observed, is not very common. There is a need, therefore, for something that will provide parents going through a divorce with clearheaded, useful advice that can help them minimize the damage likely to befall their children. This little handbook admirably fills that need.

Prall emphasizes that children need to love and be loved by both parents, despite what their parents might be feeling toward one another. He urges divorcing parents not to lose sight of their children's needs while they are swept up in hostile feelings toward the spouse from whom they are separated. He is all too aware of the tendency of an angry parent to want the children to be angry as well. He stresses the need for children to have a loving involvement *with both parents* if they are to develop healthy attitudes toward themselves and the ability to form healthy relationships with other people. Prall addresses the various "rights" of children whose parents are going through separation and divorce, in order to get across the message that children need to be protected from harm rather than enlisted as pawns in a battle. He cautions parents against bad-mouthing each other to their children, arguing in front of them, employing them as spies, in-

vading the privacy of parent–child communication, curtailing a child's time with the other parent, and so on.

Divorcing parents are urged to appreciate their children's right to feel *sad* and to feel *angry* toward them for what they are doing. Advice is offered to minimize the tendency children have to blame themselves for their parents' problems and for their parents' divorce.

Practical recommendations are provided with regard to maintaining predictable schedules, handling changes in plans, and coordinating rules of behavior in two different households. A wise perspective is offered in connection with children's need for loving contact with their grandparents and other relatives whenever that is possible. Children's need to be allowed to develop positive relationships with new partners in their parents' lives receives emphasis. This is all done from the point of view of "children's rights."

Prall is very aware of the kinds of things that can take place when a marriage breaks up and one or the other of the parents is going through emotional stress or has personal problems that may have contributed to the divorce in the first place. He emphasizes children's need for respect for bodily privacy; and he firmly warns parents about the sexually overstimulating effect of sleeping or bathing with a child. Emphasis is placed upon children's need to be protected against exposure to adult sexuality and nudity, either directly or through the entertainment media. He cautions against the dangers of excess alcohol and drug use, and expresses concern about children's need for protection against physical, sexual, and emotional abuse (including false accusations leveled by one parent against the other).

I have recommended this book to parents who are going through divorce and custody battles that have been taking a toll upon their children. They have found it very useful. I commend it to all mental health professionals, as well as to pediatricians and members of the legal profession who work in the area of divorce and custody. It is a most welcome addition to the literature on children's emotional needs.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

WHY DID FREUD REJECT GOD? A PSYCHODYNAMIC INTER-
    PRETATION. By Ana-María Rizzuto, M.D. New Haven, CT:
    Yale Univ., Press, 1998. 272 pp.

In this brilliant book, Ana-María Rizzuto makes an extremely
important contribution toward understanding Freud's lifelong
preoccupation with religion. She has previously distinguished
herself by her research and writing from the perspective of ob-
ject relations psychoanalysis, such as in one of her best-known
works, a study of how children image their parents and God.[1]

    In the present work, Rizzuto considers the "missionary athe-
ism" (p. xix) of Freud in light of his problematic relationship with
his father. Jakob Freud seems to have been greatly troubled by
his son's atheism, and before his death pleaded with him to "re-
turn to the Lord" (p. xx), presenting him with the family Phil-
ippson's Bible. Immediately after his father's death, which he
called "the most poignant loss of a man's life" (p. 2), Freud started
a collection of objects of religious art, which he always kept close
to him until his death, many of them representing figures illus-
trated in the family Bible.

    Freud analyzed the paternal relationship as foundational to
religion, leaving the maternal relationship strangely eclipsed in
a way that seems to reflect his own relationship with his parents:
he linked the father with God and the mother with death. De-
spite Freud's claim to a "natural atheism," by which he meant
that he had no religious sense or intuition, Rizzuto notes that
before the age of three, Freud had already developed some rep-
resentation of God "connected to his nurse, the Catholic Church,
and the Czech language . . .'der liebe gott' . . . he 'preached' to his
parents 'all about God' " (p. 136; see also pp. 196-200).

    Later on, in the midst of his medical studies, Freud became
entranced with lectures on the existence of God by Professor
Franz Brentano, and conducted a fascinating, in-depth correspond-

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[1] Rizzuto, A.-M. (1981). *The Birth of the Living God: A Psychoanalytic
Study.* Chicago, IL: Univ. of Chicago Press.

ence with Silberstein, to whom he confided that, while he could not refute the arguments of Brentano, "Unfortunately, when we allow the God concept, we start down a slippery path" (p. 15). Freud would go on to eventually replace metaphysics with his own creation, metapsychology, in order to maintain his footing. According to Rizzuto, this same "slippery path" that he rejected seems to have also been the "oceanic feeling" he eschewed—at the price of a deficit of a religious sense. She adds that Freud's

> . . . silence about his early years (the Nanny, etc.), his dislike of music, his inexperience with "oceanic feelings," his lack of a sense of orientation (Jones 1955, p. 393), all point in the direction of unresolved pregenital issues that interfered with regression to primary states of closeness to his mother. [p. 203]

Rizzuto suggests that Freud needed to repress and exempt himself from any fear of maternal hostility, instead projecting it onto the father. Nature became the innocent domain of the mother, while all the hostility was transferred onto the father and onto religion.

Although Freud settled into an avowed atheism, he continued to be preoccupied with religion throughout his life, devoting several articles and even several books to the topic. After his father's death, he found himself obsessed with thoughts of the afterlife, heaven and hell, and God. This malaise ended when he began to adorn his room with plaster casts of Florentine statues: "I gave myself a present . . . a source of extraordinary invigoration and comfort to me," objects which became for him "as compelling a need as smoking" (p. 6). Rizzuto considers these to have been true transitional objects, which took on abiding significance beginning with the disappearance of his father, engendering "emotions which could only be assuaged by the presence of the objects and their reassuring psychic meaning . . . an emotional reward given by a playing, loving, and approving superego" (p. 7).

If we speculate that a father perceived during his lifetime as weak and unheroic might have needed to be appeased after

his death, we can also observe that Freud's ambivalence toward his father was heightened by his loss. Freud profoundly missed him, while at the same time remembering that his father had said his son would "come to nothing," and Freud realized "how different things would have been if I had been born the son not of my father but of my brother" (p. 55).

Besides illustrations of biblical personages such as Joseph and Moses, Freud's art collection grew to include Egyptian, Greek, Roman, Asian, and Near Eastern, as well as Jewish, art. Yet, interestingly, no primitive or psychotic art was included, nor any art of children. Even more significantly, there were no objects illustrating "bisexuality, hermaphrodites, phallic cults, explicit eroticism, or any aspects of the ubiquitous sexuality of humankind, even though sexuality was of central interest to Freud's investigations" (p. 17). Rizzuto analyzes the works in his collection in great detail, including "The Dying Slave" of Michelangelo, which portrays the kinship in death between father and sons, as well as a seventeenth-century painting by Christoph Haitzmann depicting a pact with the devil, one made as a "path which led from his father, by way of the devil as father-substitute, to the pious Fathers of the Church" (p. 8).

What about Freud's mother in this context? She was described by Freud's son Martin as "difficult to live with . . . a belligerent woman—anxious, inconsiderate, easily angered, and vain, a woman fixated on her son and craving his presence" (p. 189). When Freud wrote of the inevitable ambivalence in all relationships of any duration and depth, he noted that this did not apply to the pregenital relationship:

> The solitary exception . . . [is] the relation of a mother to her son, which is based on narcissism . . . not disturbed by subsequent rivalry, and . . . reinforced by a rudimentary attempt at sexual object choice . . . . A mother is only brought unlimited satisfaction by her relation to a son; this is altogether the most *perfect,* the most free from ambivalence of all human relationships. [p. 196, italics added]

Another of Freud's art objects—indeed, his favorite one—was a statuette of Athena that he described as *"perfect,* only she has lost her spear" (p. 19, italics added). This was the statue that he asked Marie Bonaparte to smuggle out of Austria to London before the others were shipped, and before he himself "arrived proud and rich under the protection of Athena" (p. 20). Referring to Freud's assertion that our God must no longer be the father to whom we cling in religion, but must be the God *logos* ("reason" —see p. 169), and no longer the "airy" God of Brentano, but *anagke* ("necessity"—p. 206), Rizzuto asks the penetrating question: "Is there such a thing as mature clinging? Freud's avowed solution for himself was a stark and stoic realism, with no consolation but the pride of being able to accept suffering and terror without clinging to anyone" (p. 170)—a new Moses, like the Moses of Michelangelo, who "would remain sitting like this in his wrath forever" (p. 175). But the fact that Freud did not die in the Holocaust but in his own bed in London, "under the protection of Athena" and surrounded by his art objects, is evidence that he, too, failed to stop clinging.

THOMAS ACKLIN (LATROBE, PA)

INTERPRETING PROJECTIVE DRAWINGS: A SELF PSYCHO-
   LOGICAL APPROACH. By Marvin Leibowitz. Philadelphia,
   PA: Brunner/Mazel, 1999. 196 pp.

> But projection is not especially created for
> the purpose of defense, it also comes into be-
> ing where there are no conflicts.
>
> —Freud, *Totem and Taboo,* p. 107

The various methods of personality assessment that have become
known as *projective* tests developed slowly over an extended period
of time.[1] In fact, in his *Treatise on Painting*, Leonardo da Vinci ex-

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[1] Rabin, A. I. (1968). Projective methods: an historical introduction. In
Projective Techniques in Personality Assessment. New York: Springer, pp. 3-17.

plained the interpretive value of paint blots as he analyzed his students' descriptions of what they thought the designs looked like. Through the process of projection—the basis of all projective techniques—subjects reveal their private worlds and personality processes by reacting to the various types of stimuli presented.[2] Thus, projective testing is simply a standardized procedure, one that Menninger called an x-ray of the personality.[3]

The analysis of a patient's drawings—which began initially as a tool to measure intelligence[4]—quickly became a popular projective technique, because the test is easy to administer and has a rich clinical yield. The subject is simply asked to draw a person; a house, tree, and person; a family; an animal; the worst thing imaginable; or other relevant topics. The sketches provide a medium for interpreting symbols and observing mechanisms of displacement and substitution from a perspective other than dream analysis, symptom expression, or patient associations. Projective drawings, in addition to other projective tests, such as the Rorschach and Thematic Apperception Test, have long been part of the traditional psychological assessment battery.

Projective drawings are perhaps the least standardized of the many projective tests because there are no established norms, and interpretation is often highly subjective. In fact, the analysis of figure drawings has been criticized—and sometimes even eschewed—primarily for two reasons. First, some psychologists have engaged in "wild" methods of interpretation, in that they formed conclusions based on clinical lore rather than on established findings with empirical validation. Second, no consistent underlying theoretical framework provides direction for various formulations. Given such concerns, Marvin Leibowitz, author of *Interpreting Projective Drawings: A Self Psychological Approach,* deserves praise; his book addresses these issues and advances the use of this sometimes criticized, but ultimately time-honored, technique.

2 Frank, L. K. (1948). *Projective Methods.* Springfield, IL: Thomas.

3 Menninger, K. (1947). The new role of psychological testing in psychiatry. *Amer. J. Psychiat.,* 103:473-478.

4 Goodenough, F. L. (1926). *Measurement of Intelligence by Drawings.* New York: Harcourt, Brace & World.

Following an informative overview, Leibowitz devotes several chapters to what he calls *impressionistic analysis* (a reaction to the drawings as a whole); while *structural analysis* (examination of the drawings in detail) is covered in the remaining chapters. The author explains and illustrates both types of analysis with ample detail. He goes over the meaning of the different types of line quality and of shading, size, placement, and color. He supplies separate chapters on the interpretation of a house, a tree, males and females, and animals. The text abounds with examples and suggestions.

Leibowitz uses Kohut's psychoanalytic self psychology as a theoretical framework for his interpretations.[5, 6] Accordingly, in chapter 8, the "vertical split" (a concept first elaborated by Kohut; see footnote 5) is illuminated by an analysis of patients' drawings. Chapter 9 includes a detailed case study demonstrating the changes in sketches obtained at various phases in an individual's therapy. Not only does this chapter illustrate the value of projective drawings as a means of gaining a glimpse into an individual's intrapsychic life, but it also demonstrates how the test can be used as a method of documenting change during treatment from a perspective other than the patient's—or the therapist's—view of improvement.

This book is relatively brief, easy to read, not obsessively detailed, and filled with many examples of patients' work, presented pictorially in both black and white and in color. Although the book is aimed primarily at practicing psychologists, psychoanalysts who refer patients for testing—or who occasionally examine their patients' drawings during the course of treatment—will also find this volume informative and useful.

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[5] Kohut, H. (1971). *The Analysis of the Self.* New York: Int. Univ. Press.
[6] Kohut, H. (1977). *The Restoration of the Self.* New York: Int. Univ. Press.

ABSTRACTS

THE NEUROIMMUNE NETWORK AND ITS RELEVANCE TO PSYCHOANALYSIS

ABSTRACTED BY FRED M. LEVIN, M.D.

This neuroscience report is divided into two parts. The first part introduces basic, critical information about the neuroimmune network (also called the neuroimmune system), while the second part discusses the relation of the neuroimmune network to memory and cognition, and further addresses its significance for psychoanalysis.

PART 1: THE NEUROIMMUNE NETWORK: AN INTRODUCTION TO THE BASICS

To state my conclusion in advance, what makes the neuroimmune network important for our field is that *it describes the basic machinery from which learning readiness is created.* Any clinical psychoanalysis depends upon free association and spontaneous behavior within a setting of safety. This clinical combination of safety and spontaneity is what creates learning readiness. But how? The short answer is that *learning readiness occurs by means of gene activation via the action of cytokines, chemicals that make up the neuroimmune network.* Although evolution created the neuroimmune network as a defense against invasion by infectious agents and toxic chemicals, over time, it began to fulfill other functions, including the activation of genes for brain plasticity.

Much of the supporting data in this report is abstracted from Horst Ibelgauft's Web page, which is part of a Web encyclopedia containing tens of thousands of scientific references.[1] Rather than

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[1] http://www.copewithcytokines.de/ (Ibelgauft, H. [1999]. *Cytokines Online Pathfinder Encyclopedia*).

referring to this proliferation of citations individually (clearly an impractical approach), I am instead attempting to capture the essence of Ibelgauft's monumental work.

I would like to begin with what is currently known or conjectured about how the two major body systems, the central nervous system and the immune system (including the neuroendocrine system), together form the neuroimmune network. In other words, these two great systems can be viewed as forming one supersystem. To help us conceptualize this, we might first note some of the reasoning behind the neuroimmune network concept. To quote from Ibelgauft's Web page: "A substantial body of information now indicates that the nervous and immune systems are [indeed] integrated and form an interdependent neuroimmune network" (section on neuroimmune network, p. 1). That the two systems are essentially one follows from these two examples:

(1) "Neural targets that control thermogenesis, behavior, sleep, and mood can be affected by what are called the proinflammatory cytokines [namely, interleukin 1 (IL-1), interleukin 6 (IL-6), and tumor necrosis factor alfa (TNF alpha)], which are released by macrophages and monocytes during infection." [p. 2][2]

(2) Within the central nervous system, "production of cytokines has been detected as a result of brain injury, during viral and bacterial infections, and in neurodegenerative processes" (p. 2). In other words, cytokines are produced inside and outside the brain, and these connect the central nervous system to the immune system.

Cytokines is the generic name for "a diverse group of soluble proteins and peptides which act as humoral regulators at nano- to picomolar concentrations, and which, either under normal or pathological conditions, modulate the functional activities of individual cells and tissues" (section on cytokines, p. 2). "Cytokines act

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[2] Quotations not otherwise annotated are from Ibelgauft's Web page (see footnote 1).

on a wider spectrum of target cells than do hormones, and do not emanate from the cells of specialized glands, but rather from cells of the immune system" (p. 2; e.g., monokines—initially thought to come only from monocytes; and interleukins—initially thought to be the exclusive product of leukocytes, i.e., white blood cells). Or they may emanate from brain cells themselves, in particular from glial (supporting) cells, from neurons as well as skin cells (and here we may wish to remind ourselves that brain and skin develop embryologically from the same matrix).

Immune System and Central Nervous System Relations

We need to combine endocrinological, immunological, neuropsychological, and psychoanalytic perspectives to gain an integrated viewpoint. Such a perspective leads to a deep respect for the intertwined nature of the immune system and the central nervous system, with its complex feedforward and feedback loops, thereby deepening our appreciation of mental functioning. According to a publication of a few years ago,[3] the central nervous system has two major brain outflow pathways inputting the immune system (A and B), and *there is one major bidirectional communication pathway (C) between the brain and the periphery.* I will briefly describe pathways A and B, though more critical to the information presented in this report is pathway C.

Pathway A is the autonomic nervous system, the sympathetic part of which innervates immune organs. In this system, catecholamines (largely epinephrine and norepinephrine) are released from sympathetic nerves controlling various organs (the spleen, thymus, and so on). Pathway B represents the hypothalamic-pituitary-immune axis. Various releasing factors (e.g., the corticotropin-releasing factor), whose source is the hypothalamus, enter into the bloodstream and head from the hypothalamus to the pituitary,

[3] Maier, S. F. & Watkins, L. R. (1998). Cytokines for psychologists: implications of bidirectional immune-to-brain communication for understanding behavior, mood, and cognition. *Psychol. Review,* 105(1):83-107.

which in response releases various hormones on demand (e.g., adreno-corticotropin releasing hormone). These pituitary hormones travel via the bloodstream and affect both the peripheral endocrine organs (e.g., the adrenal cortex, which then releases cortisol) and the immune system.

Pathway C (or at least one arm of it) is composed of immune cells (macrophages and other cells, discussed in the following section) that release IL-1, which can stimulate the sensory paraganglia of the vagus nerve, which in turn carries impulses to the nucleus tractus solitarius and the area postrema in the brainstem. A neural cascade then occurs, which could result (at least theoretically) in the release into the blood of cytokines such as IL-1. There is a real question, however, as to whether any of this blood-borne IL-1 actually reaches the brain itself, and/or crosses the relatively impervious blood/brain barrier. Probably most important for central nervous system cytokine production, therefore, is that this arm of pathway C starts in the vagus nerve, as does the first, but *when the brainstem nucleus tractus solitarius is reached, it stimulates two different areas, the hippocampus and the hypothalamus, where IL-1 is generated.*

Once so generated within the central nervous system, IL-1 and other cytokines are capable of interacting with neurons that carry the appropriate cytokine receptor, and two alternative results are then possible. One is the familiar neurotransmitter reaction, i.e., the generation of a postsynaptic depolarization. (In the case of interleukins, a simple cytokine reaction would then be produced; specific examples are sickness reactions, such as fever, fatigue, anorexia, and so forth, that are affected by proinflammatory cytokine receptor binding.)

But most critical for our discussion, *a second and surprising reaction can occur at this point: the activation or inactivation of specific genes by the cytokine* (when bound to a neuron receptor). I will discuss this critical step in more depth below, because it is what gives an awesome power to cytokine cell-to-cell communication. Furthermore, the genes activated or inactivated at this step are sometimes those affecting memory and learning.

Immunity: A Primer [4]

My comments on immunity are based on the primer by Maier and Watkins (see footnote 3, p. 619). Immunity can be either *specific* ("humoral" and slow) or *nonspecific* ("cellular" and relatively rapid). Both responses are secondary to the detection of foreign invaders, either viral, bacterial, or toxic-chemical, but they follow distinctly different pathways.

Nonspecific immunity occurs within one to two hours of invasion, and depends upon the involvement of phagocytes, such as macrophages or neutrophils. (I will note the role of macrophages in that process in my discussion of specific immunity.) In a rapid, nonspecific immune response, the goal is threefold: (1) the nonspecific recognition of foreign material (antigen, non-self, "stressor," or "toxin"), (2) the transfer of this material into phagocytes ("eating cells"), and (3) its destruction by various intracellular means, including exposure to enzymes, nitric oxide, and/or various cytokines (IL-1, IL-6, and TNF alpha, among others). These defensive proteins and other transmitters create the so-called inflammatory reaction, which further attracts other immune cells.

Specific immunity is more complex. It generates antibodies, and lasts from three to five days. This period of time is necessary because a number of cell reproductive cycles are required in order to create enough of those cells that make the specific antibody aimed at particular antigenic stimuli. First, the foreign substance (antigen) is engulfed within the antigen-producing cell. Parts of the invader are then moved to the surface of the antigen-producing cell. This display of parts is recognized by T cells, which carry appropriate surface receptor sites. Recognition involves a binding between the T cell receptor site and the displayed antigenic part, a process that stimulates the T cell to differentiate and proliferate, increasing the number of T cells that can then target the specific antigen (invader).

[4] The reader may wish to skip this section and the following one, which are provided for those who desire a brief summary of current views of immunity.

Some T cells are cytotoxic, killing specific antigens. Others are T helper-cells, which aid a separate class of B cells in expanding their numbers, and also begin to detect antigen, differentiating and proliferating just as the original T cells did, thus joining the battle against the antigen. For purposes of this discussion, what is important is that the substances secreted by the APC, the T helper-cell, and the B cell—all of which assist in performing complex antigen site matching and intercellular communication—are basically cytokines (e.g., interleukins).

The Complex Effects of Cytokines and Other Molecules

"Cytokines are involved in the amplification, coordination, and regulation of communication pathways within the NIN [neuroimmune network]" (section on the neuroimmune system, p. 2). Circulating peripheral immune cells therefore constitute a mobile source of these cytokine molecules, which are capable of reaching all types of cells within us. As noted above, cytokines are also produced by glial cells, neurons, and skin cells.

A further brief comment about gene activation/inactivation and gene expression is in order here. Gene activation/inactivation refers to processes of gene transcription and translation. Cellular DNA determines phenotypes by actualizing genotypic plans for various proteins, which themselves provide various functions for a cell or organism. In order for them to do so, Messenger RNA (mRNA) is first formed from DNA, in a process mediated by specific RNA polymerases active at the ribosomes (section on gene expression, p. 1).

The major factors that affect gene expression are the following:

(*1*) *At the level of DNA,* gene expression is influenced by the organization of chromatin differences in DNA methylation. It is such methylation that can silence some genes; in other words, methylation controls the process whereby specific traits of one or the other parent are passed on, but not necessarily as genetic blueprints that would result in some form of hybrid. Gene expres-

sion is also influenced by DNA recombination proces-
ses, and by the number of gene copies.

(2) *At the level of RNA,* "processes such as initiation, elonga-
tion, and termination of transcription all interfere with
gene expression levels" (section on the neuroimmune
system, p. 2). Additional influential factors include
mRNA stability, interaction with various protein fac-
tors, the nature of base codons, and splicing phenome-
na, among others.

Furthermore, all genes have promotor regions that contain
special DNA, which regulates transcription and processing of the
genetic codes. These particular transcription factors are referred
to as *response elements.* Some of these factors are required for the
transcription of all genes, but others are important primarily or
exclusively for specific classes of genes. One such group of so-
called nuclear receptors are called early response genes, and an
example of this class will be discussed in Part 2 of this report.

To summarize, Ibelgauft's main point is that *what we previously
considered separate systems (i.e., the endocrine, immune, and central nerv-
ous systems) need to be reconsidered as parts of a supersystem: the neuro-
immune network.* Within this overarching system, many molecules
participate in cell-to-cell communication, and thus form parts of
the regulatory apparatus of the neuroimmune network. Cytokines,
produced by immune cells, skin cells, neurons, and glial (support-
ing) cells, are critical proteinaceous molecules with some surpris-
ing functions, including especially the ability to activate and in-
activate genes; cytokines do not merely combine with receptor cites
and stimulate normal neural activation. *This ability to activate/in-
activate genes makes cytokines critical elements for memory and learning.*
I have also discussed the two main types of immunity, specific and
nonspecific, to give an idea of the basic bidirectional communica-
tion between the immune system and the central nervous system.

In what follows, I will relate the neuroimmune network to two
subjects important to clinical psychoanalysis: memory and cogni-
tion. This will become a point of departure for some speculations
about the possible roles of cytokines in mental life.

PART 2: THE NEUROIMMUNE NETWORK,
MEMORY, AND COGNITION

In Part 1, I provided background on the neuroimmune network, introducing the subject of cytokines (chemicals from skin, immune, and brain cells), immunity, and such arcane yet important topics as early response genes, mentioned under the rubric of gene expression.[5] The latter were also discussed in the context of cytokine attachment to (and activation/inactivation of) brain receptor sites. In some instances, the result of cytokine binding is merely neuronal excitation. In other cases, however, the result is the activation/inactivation of particular genes, an important, novel, and potentially far-reaching effect.

In turning now to the role of the neuroimmune network in memory, I would like to quote Abel et al., who wrote about the importance of the fact that genes are activatable by neuronal activity itself, as I noted above in the case of particular cytokines attaching to postsynaptic neuronal receptor sites.[6] As Abel et al. saw it, "the neuronal activation of genes means simply that the molecular basis of memory may hinge on the balance between chemical factors that establish versus those which inhibit synaptic plasticity" (p. 338). Recapitulating, there is reason to believe that *cytokines, an intrinsic part of the neuroimmune network, are thus capable, via their attachment to neuronal receptors and their potential to activate/inactivate genes, of playing a significant role in mental life through such functions as creating or controlling synaptic plasticity, a decisive determinant of memory itself.*

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[5] One subcategory of early response genes, immediate early response genes, can activate c-fos, NGFI-AmRNA, and protein J. For a more detailed discussion of this phenomenon, see the following: Levin, F. M. (2000). Psychoanalysis, neurobiology, and therapeutic change. *Samiksa, the Journal of the Indian Psychoanalytical Society,* 54:81-87.

[6] Abel, T., Martin, K. C., Bartsch, D. & Kandel, E. R. (1998). Memory suppressor genes: inhibitory constraints on the storage of long-term memory. *Science,* 279:333-341.

The Activation of Working Memory by Psychoanalysis

One of the reasons that psychoanalysis is so effective as a treatment modality is that it invites and capitalizes on the creation of learning readiness, which has been a topic of great interest to me for a long time.[7] Psychoanalysis often accomplishes this via activation of working memory. I have presented evidence that this occurs based upon the work of both Posner and Lassen.[8] The mechanism for the creation of such learning readiness on a clinical level is the invitation for patients to be spontaneous, as in freely associating, and in their operating in a relaxed, regressive mode, which allows spontaneous transferences to manifest themselves. Free association and the systematic working with transferences are features unique to psychoanalysis.

But until now, no one has been able to take this a step further and describe the detailed neurochemical/physiological basis for working memory activation. Instead, we have confined ourselves to merely observing its existence and its relationship to spontaneity within psychoanalysis. However, based upon the information presented above, summarized by Ibelgauft, I believe we can elaborate further (although speculatively). It now appears likely that *within any effective psychoanalysis, the activation of working memory occurs primarily because of activities within the neuroimmune network* —and especially due to the impact of various cytokines on the hippocampus and hypothalamus, and the impact of this, in turn, upon memory. As Abel et al.'s work indicated, cytokine-induced gene activation tips the scales in favor of brain plasticity. *The activation of brain plasticity is equivalent to the creation of learning readiness.*

[7] See the following: (1) Levin, F. M. (1991). *Mapping the Mind: The Intersection of Psychoanalysis and Neuroscience.* Hillsdale, NJ: Analytic Press; and (2) Levin, F. M. (in press). *Psyche and Brain: The Biology of Talking Cures.* Madison, CT: Int. Univ. Press.

[8] See Levin, F. M. & Kent, E. (1995). Psychoanalysis and knowledge: part II–the special relationship between psychoanalytic transference, similarity judgment, and the priming of memory. In *The Annual of Psychoanalysis,* ed. J. Winer. Hillsdale, NJ: Analytic Press, pp. 117-130.

Why are the hippocampus and hypothalamus the key targets here? To answer this question, we might remind ourselves of some of the information presented in Part 1, namely, that *a complex pathway C exists for communication bidirectionally between the body cells and the brain.* An arm of pathway C activates the sensory fibers of the vagus nerve, but when the brainstem nucleus tractus solitarius is stimulated, it results in the activation of two different areas, the hippocampus and the hypothalamus, where, for example, IL-1 is generated directly within the brain. *The hippocampus and hypothalamus can then provide feedback via neural systems and via the endocrine component (the hypothalamic-pituitary-immune axis) of the neuroimmune network.*

What I am proposing is that *this particular, second arm of pathway C, via the vagus nerve, provides a bidirectional loop linking the periphery with the brain for multiple purposes.* In evolutionary terms, probably the first purpose of this, or at least a very early one, was the activation of immunity (i.e., it was primarily defensive, against invaders of the body). But once established, it is easy to appreciate that *this communication system could then be exploited for the purpose of activating memory in relation to the ebb and flow of feeling states via the mechanism of cytokine-directed gene activation/inactivation within the hippocampal (and hypothalamic) system.* This postulation opens the way for a more detailed explanation of the mechanism of working memory activation in psychoanalysis.

The Significance of the Neuroimmune Network for Psychoanalysis: Concluding Comments

I have focused upon exploring a possible explanation of some of the basics of the neuroimmune network supersystem, and then on relating its functionality to a small but critical part of our work as psychoanalysts: the creation of learning readiness. From my perspective, what makes analysis unique is its invitation to be spontaneous, and in this way to foster a regression in the service of the ego that allows for the exploration of transference, dreams, free association, and other creative human potentials in a setting that favors learning.

Although I previously reported on the importance of spontaneity in the sense just described, I had not found detailed evidence of a physiological basis within the brain to further support this. Basing myself on Ibelgauft's work on the neuroimmune network, however, I now believe that *we have a possible initial map of how the brain may control its plasticity in relation to ongoing events, using the bidirectional connections between itself and the periphery via the vagus nerve*, which obviously has both efferent and afferent (sensory) fibers, so that information clearly runs in two directions. The hippocampus and the hypothalamus are thus apprised of information in the periphery, and they in turn can be stimulated to produce various cytokines within the brain, which have the potential for producing normal nervous excitation within their own systems and networks.

But most significant, *a very special mechanism comes into existence when people feel safe and secure, and this is the activation/inactivation of various genes,* which Abel et al. have pointed out is a source of dynamic balance within the brain between inhibition and plasticity. *This flexible plasticity of the brain is, of course, what allows us to learn; therefore, its mechanisms of creation are what we likely utilize in any attempt we might make to create learning readiness clinically, such as in psychoanalysis.*

Naturally, it remains for us within psychoanalysis proper to find more expedient, reliable, and successful ways to create such learning readiness. My personal belief is that we psychoanalysts are increasingly finding ourselves in a good position not only to know how to accomplish this creation of learning readiness, but also to better collaborate with neuroscientists in determining the specific mechanisms that underlie our successful attempts in this important area. This success has become possible because we are in possession of a keen psychological sensitivity to our patients, while simultaneously having access to and exploiting all the knowledge of the mind/brain at the disposal of our generation.