Psychoanalytic Quarterly, LXXI, 2002

EDITORIAL

In response to the boycott of intellectual freedom consequent to the dismissal of two Israeli scholars from the boards of two academic journals, the Psychoanalytic Quarterly, *together with the other undersigned journals, endorses the following joint editorial.*

—Henry F. Smith, M.D.
Editor

A BOYCOTT BY PASSPORT

As Editors of psychoanalytic journals devoted to the advancement of knowledge about the human mind and human relationships, we condemn recent actions that have denied academic freedom to individuals solely on the basis of their nationality. On June 18, 2002, the *Chronicle of Higher Education* reported (see also the *New Yorker,* July 8, and the *New York Times,* July 11) that two distinguished Israeli scholars have been dismissed from the boards of two academic journals published in Great Britain. A senior lecturer in translation studies at Bar-Ilan University was dismissed from the editorial board of the *Translator,* and a professor in Tel Aviv University's School of Cultural Studies was dismissed from the international advisory board of *Translation Studies Abstracts.* These actions are reported to have been taken in response to demands by a group of European scholars who, in support of one side in the Middle East conflict, would bar all Israeli nationals from academic conferences, publication in scholarly journals, and participation on their boards. No suggestion was made in either case that the dismissed board member had written, said, or done anything that this group deemed improper or that indeed was even relevant to the political issue involved. Had such

a suggestion been made, our concern would be no less but would be different. At issue would be the bounds of civil discourse, the right to express opinions, and the place of politics in academic life—difficult issues all. But what was done in the present instance is far simpler: two individuals were dismissed for no other reason than the passport they carry. We find it particularly ironic that two journals dedicated to translation should have compromised the very openness that facilitates the building of bridges, carrying understanding from one side of a divide to the other. As Editors of psychoanalytic journals, we deplore this boycott by passport and extend, as always, an invitation to all scholars—without regard to race, religion, or national origin—to join us in our attempts to understand and master the deep-seated sources of hatred and prejudice.

The Editors of:

American Imago
Canadian Journal of Psychoanalysis
Contemporary Psychoanalysis
The International Journal of Psychoanalysis
Journal of the American Psychoanalytic Association
Psicoanalisi
Psyche. Zeitschrift fur Psychoanalyse und ihre Anwendungen
Psychoanalytic Dialogues
Psychoanalytic Inquiry
The Psychoanalytic Quarterly
The Psychoanalytic Review
Revista FEPAL
Tropicos

Psychoanalytic Quarterly, LXXI, 2002

A DUAL CONCEPTION OF NARCISSISM: POSITIVE AND NEGATIVE ORGANIZATIONS

BY ANDRÉ GREEN

The author explores Freud's concept of narcissism, as well as other discussions of narcissism in the psychoanalytic literature. He introduces the dual conception of positive narcissism *and* negative narcissism, *illustrated by two clinical vignettes. Subsequent discussion elaborates on these two types of narcissism, and also addresses* life narcissism, death narcissism, *and* primary narcissism. *The latter is considered in light of the influence of infant observational research on the prevailing view of this concept and the misunderstandings that arise from that approach.*

INTRODUCTION

In the beginning of his work, Freud (1894, 1915) excluded narcissistic neuroses from the indications for psychoanalytic treatment. It is interesting to note that Freud had an intuition about narcissism even before he had discovered and defined the concept. He saw no possibility of applying psychoanalytic treatment to patients who suffered from diseases in which they were withdrawn and showed no interest in other people, believing that no

---

A shorter version of this paper was presented at the 2002 Psychoanalytic Symposium entitled "Narcissism Revisited: Clinical and Conceptual Changes," New York, February 23 and 24.

transference could occur. Obviously, Freud was thinking of patients who suffered from what was called at the time dementia praecox, labeled schizophrenia in 1911. He defined this condition as due to a stagnation and retention of the libido in the ego.

Later, when Freud (1914) described narcissism, he had in mind a much wider view of the disorder, beyond the above-mentioned psychoses. He described a number of features, including certain types of object choice, and brought to light a basic component of the personality, reframing his theory into object libido and narcissistic libido. We usually think of this step as a momentary one, believing that we are now largely beyond this way of understanding psychic phenomena, but it is more correct to say that our present views are transformations of the views expressed by Freud in 1914.

Today's theory embodies the concepts of self and object. To some extent, we can consider some modern views about the self as deriving from Freud's description of narcissism. Before discussing these issues further, I wish to revisit my personal view of narcissism, taking as a starting point the relationship between the work of Freud about object libido and narcissistic libido, and his last theory of drives, which juxtaposed love or life drives to death and destructive drives.

For me, *narcissism is a concept partly derived from Freud's work with his patients, and partly grounded more in a myth than on direct clinical observations.* The convincing evidence of the value of this concept depends on the coherence of the descriptions and their match to clinical issues.

OBSERVATIONS

My own ideas emerge from clinical experience and from an investigation of Freud's work.

1. Narcissism was not present in Freud's work from the beginning. It was preceded by autoeroticism. The passage from autoeroticism to narcissism requires a

"new psychical action" (Freud 1914, p. 77). At least thirteen years of prior clinical experience were necessary in order for Freud to formulate and introduce the concept of narcissism.

2. Narcissism was a major concept in Freud's work for six years (at least from 1914 to 1920), until his introduction of the death instinct. It was diminished, and indeed nearly vanished, as a conceptual tool following the advent of the so-called structural model in 1923.

3. A transitional phase occurred, during which narcissism was viewed within the opposition of the ego and object libidos. This statement became outdated once Freud introduced his last drive theory, setting up love or life drives in antagonism to destructive or death drives.

4. A discussion of narcissism raises many important issues. Let us recall two in particular: the problem of the existence of primary narcissism as opposed to secondary narcissism, and the relationship between object choice and narcissism.

NARCISSISM IN THE PSYCHOANALYTIC LITERATURE

Following Freud's own tendency to push narcissism into the background of theory, the rise to prominence of Klein's work has relegated narcissism to oblivion in our literature, since it is practically absent from her writings. In fact, the Kleinians ignored narcissism until Rosenfeld rediscovered it in 1971, the year of the IPA Congress in Vienna, in the form of destructive narcissism. Long before that, Balint (1965), Ferenczi's heir, denied the existence of primary narcissism; according to such authors, object love was present from the beginning. Since the time of Balint's critique, nearly all psychoanalysts have agreed that pri-

mary narcissism is a fiction. This discussion still needs clarification.

Narcissism was also rediscovered by Kohut (1971). However, he neglected to mention the work of Grunberger (1957), discussed in France since 1957, and Green (1967). Kohut's self psychology contrasted with Kernberg's (1975) conception of object relations, and the same issues were debated by these two opponents. The self (narcissism) stood on one side, with the drives (more or less linked to object relations) on the other. The debate ended without a conclusion. Each side has had followers who have continued to develop divergent conceptions.

For Freud, narcissism was the result of an orientation of the drives toward the ego, and was defined as the libidinal complement of the self-preservative instincts. For Kohut, it was not only a matter of the orientation of the drives, but of the quality of the cathexis. Here we find two different agendas: Freud seemed more concerned about approaching the problem metapsychologically, taking into account an economic approach to the functioning of the psychic apparatus, while Kohut addressed mainly the quality of the investments. Kohut's views are therefore closer to phenomenology than to metapsychology.

A phenomenological view may give us a more comprehensive description of narcissistic features as they appear to consciousness, but it does not allow for the way in which narcissism is articulated with other components of the psychic world, at least in my view. In other words, self psychology brings us back toward the prepsychoanalytic view of the academic ego, with all the dynamics described seen from the point of view of a unitary approach. This tactic undervalues—as Kohut himself acknowledged—the importance of conflict in favor of developmental arrest.

It is undeniable that Kohut's descriptions enhanced our understanding of narcissism through his emphasis on grandiosity and mirroring relations. It may be debatable whether these features are the principal ones involved in the patient's pathology, however. One may have the feeling that Kohut's descrip-

tion opened a new path, but that his explorations remained incomplete, and were meant to be transformed into a more comprehensive perspective that did not consider the self alone, as seen by an external observer, but rather in a relationship between two selves interacting with each other. In this latter view, all other components of classical theory appear to be of secondary importance and are consigned to neglect. How can we explain this, given that the earliest descriptions of narcissism appear in Freud's work?

To answer this question, we must appreciate a change in parameters. The fate of narcissism in Freud's work after 1920 remains a mystery; one of his last comments about it was that narcissism should simply be included in the final synthesis of love and life instincts (1940). He failed to elaborate on other possibilities. At least some of the features Freud had previously considered as related to narcissism could be seen as part of what he had more recently described as the death instinct.

> The transformation of object libido . . . into narcissistic libido which thus takes place [the ego assuming the features of the object in order to substitute it after the id's loss] obviously implies an abandonment of sexual aims, a desexualisation—a kind of sublimation, therefore. [Freud 1923, p. 30]

Freud was aware that this process is not the universal road to sublimation, but believed that it deserves careful consideration. What strikes us today in this passage is that the desexualization Freud observed in such sublimation is a process that follows the same lines as the so-called death instinct. His explicit mention of *narcissistic libido* opens the way for us to consider that at least some aspects of narcissism may follow along the same lines of the anti-eroticism involved in the destructive instinct, even if not accompanied by an open manifestation of destruction. The point to be underlined here is that a weakening of the concepts of object libido and erotic object choice was taking place.

Later in the same work, Freud (1923) considered in greater detail the problem of the fusion and de-fusion of the instincts. At the end of his chapter on the two classes of instincts, he termed the displaceable energy of love into hate and hate into love *desexualized libido,* noting that this could also be described as *sublimated energy* (p. 46). Here we find a mixture of Eros functions—uniting and binding—and desexualization, which is closer to the aim of the death instinct. Since Freud concluded that sublimation regularly takes place in the ego, we can deduce that the desexualization of sublimation and the contrary process of unbinding also take place, at least partly, in the ego. Freud (1923) wrote quite explicitly: "The ego is working in opposition to the purposes of Eros and placing itself at the service of the opposing instinctual impulses" (p. 46).

In short, then, we can view the ego as the seat of the fusion and de-fusion of instincts. Freud concluded that the narcissism of the ego is a secondary one that has been withdrawn from the object, but he did not explicitly return to the issue of sublimated energy as linked to narcissism and serving the purpose of the opposite aims to Eros. I suppose we have to interpret his last statement about narcissism as a global statement inclusive of components that need to be more completely analyzed.

It seems to me that Freud came very close to discovering possible relationships between narcissism and the death instinct. We might remind ourselves of Freud's observation in 1920 that "at the beginning of mental life, the struggle for pleasure was far more intense than later, but not so unrestricted: it had to submit to frequent interruptions" (p. 63). We may understand these interruptions as failures of the pleasure principle, in the service of Eros, and therefore implicitly turning aims the other way around, in the service of the death drive.[1]

To summarize my views, I have made the assumption that, since the time of Freud's last theory of drives, we have had to consider the possibility of a dual narcissism: a positive narcissism,

[1] For a further elaboration of this discussion, see Green 2001.

whose aim is to reach unity, a narcissism aiming at oneness—the cathexis of the self being fed, at least partly, at the expense of object cathexis; and a negative narcissism, which strives toward the zero level, aiming at nothingness and moving toward psychic death. This distinction cannot be simplistically absorbed by the usual distinctions between healthy and pathological narcissism. An imbalance in favor of narcissism may be positive and yet nevertheless pathological, because it impoverishes relationships with objects. It is less destructive than negative narcissism, however, which aims at the subject's self-impoverishment nearly to the point of annihilation.

Narcissistic personality disorders do not encompass all the clinical outcomes of narcissism. Certain depressions (what I call moral narcissism; see Green 2001) that are based mainly on asceticism and the negativation of gratification (deprivation of gratification being of greater value than the gratification itself, according to common standards of pleasure)—including states of futility, void, emptiness, anorexia, and extreme idealization—are examples of the decathexis of drives. One should remember that one-half of the world's population, if not more, lives according to religious standards that claim the superiority of renunciation to any type of satisfaction, binding adherents to avoid disappointment and disillusion by way of giving up the illusory quest for pleasure.

BRIEF CLINICAL EXAMPLES

A Case of Positive Narcissism

Despite the fact that Mr. X was referred to me for psychoanalysis, his explanation for seeking treatment was not very explicit. He vaguely described global disappointment, both personal and professional; character disorders; maladjustment in all fields; and feelings of underachievement. I was young at the time and not fully aware of either my limitations or those of psychoanalysis.

Mr. X complained of feelings of dissatisfaction in several domains, including love, family relationships, and work. He remembered having been left alone for long periods during childhood, inventing plays and acting endless fantasies alone in the garden. During adolescence, he had been a gifted piano player. He later became the youngest lawyer in his native land abroad, but this was a profession that he never practiced. He had emigrated to France with his girlfriend, married her, and had two children. He was well read in literature, knowledgeable about music, and otherwise sophisticated. He expressed himself at a high level of verbal articulation, and was overtly passionate about artistic topics. A self-centered man, he displayed his talent and erudition at private dinner parties, where he would fascinate and nearly hypnotize other guests, who could scarcely say a word, he so monopolized the conversation.

Mr. X was the youngest son of an elderly father, a kindly doctor who was dedicated to the poor, and who had been forced to emigrate. He was esteemed by work colleagues and loved by his patients. Mr. X's father believed in God, and was superstitious and obsessional. He frequently quarrelled with his wife, especially when he wanted to have sex with her, which she would refuse by dissolving into tears, according to my patient's memory. Mr. X remembered his father having often been at his own bedside, praying for the soul of his son; the patient's father must have formed the belief early on that something was wrong with him.

Mr. X's mother, like Mr. X's wife, was a foreigner. Before my patient's birth, his parents had lost a child, a girl of approximately two years, who—as is frequent in such cases—had become idealized in the mother's memory; the little girl's image was frequently evoked in a haze of perfection that Mr. X could never hope to reach in the eyes of his mother. The dead sister was the official explanation for the chronic dissatisfaction of the "dead" mother, who complained of her unhappy marriage, her husband's lack of income, her poor social life, and so forth.

Mr. X's mother spent long hours with her son, exciting his pride and encouraging his artistic gifts, but isolated him from his

friends by virtue of her belief that they would humiliate him. She told him frightening stories of her native land, describing how babies in the fields were ripped apart by peasants with their scythes who had not noticed them lying on the ground of the field. She would take Mr. X to the movies, hiding these outings from his father, who would surely object and punish, she said; she terrorized her son by pretending that, should he betray their secret, "your father could die from a heart attack."

Mr. X's psychoanalytic treatment revealed many features of self-idealization, grandiosity, and contempt for the ordinary problems of life. Soon after the beginning of treatment, he resigned from his job because he felt the tasks he was asked to perform were unworthy of him. His wife's parents agreed to support him financially without his doing any work. From that time on, he never worked again in any profession.

He decided to "reconquer" his native language, which was that of his father (who was of Latin origin, while his mother came from Eastern Europe). He worked alone in a rented studio, studying to master the language, and eventually decided to become a poet. The extraordinary result was that he succeeded in publishing his poems in a highly regarded literary review published in his native language. But after that achievement, Mr. X found that he could not continue his writing; he had lost his inspiration.

He listened to music endlessly, as competently as any music critic, but declined professional involvement in the field. He was a record collector and spent most of his money buying records, but if he realized after making a purchase that a record had the slightest defect (this was before the era of compact discs), he would return to the shop and exchange it, quite as if he had been stealing it, getting another one that seemed perfect and hiding the questionable imperfection from the salesclerk. He spent his days doing only what he liked: reading, writing, listening to music, and going to movies, while viewing all other activities with contempt. He also saw his mistresses, but was still unhappy.

Mr. X had many love affairs, none of which lasted. Most of the time, the body of the mistress that had attracted him when she

was dressed later revealed, when naked, some imperfection that he found repulsive: breasts that were too small, distorted legs, unattractive feet, or some other flaw.

Throughout the analysis (conducted at a frequency of three times per week), I observed Mr. X's grandiose fantasies, solitary lifestyle, disappointment in and violence toward his wife, total neglect of his children when they did not fulfill his expectations, and few friends who were never close. In the transference, I was sometimes idealized, and at others times I represented a delinquent figure whom he would have liked to become had he had the courage. Eventually, he said that he had to go back to his native country—a lie—and would therefore have to end treatment. He could not admit that he wanted to give up.

Mr. X returned to see me for a while some years later, after the accidental death of his wife. Some years afterward, I met him at a concert, and he asked to come see me for a personal visit. I accepted, since the treatment had ended. He came for tea, and displayed an extraordinary amount of seductive exhibitionism. He could not stand the idea that he had been *only* a patient to me, and so he had to show me how interesting he could be as a person. This was our final contact.

From this short description, we can see that Mr. X was constantly fighting to maintain his pride and self-esteem, and to defend his image at a sublimatory level in order to seduce his omnipresent mother and to convince her that he was a lovable object. But these efforts were in vain. His mother's narcissism remained unmodified, even in old age.[2] Furthermore, Mr. X's fight had a self-preservative quality. His self-destructiveness was limited to attempts to escape any feeling of involvement with his closest objects, and to his lack of a sense of responsibility for his disappointing children.

I consider the case of Mr. X to be an example of positive (though unhealthy) narcissism. He survived his wife's death, idealized her in his mourning, and failed to take care of his children.

[2] She was a dead mother, according to my description (Green 1983, 2001).

I was particularly struck by one feature: he could not accept any gift from a woman with whom he had an affair. It took some time to understand that this refusal represented an avoidance of any obligation to reciprocate, i.e., to have to offer something in return, which would mean that a relationship had taken place.

A Case of Negative Narcissism

Let us shift to a discussion of negative narcissism, of which Ms. Y is a case example. She was about thirty when she was sent to me following a severe depressive episode for which she had been hospitalized. All biological treatments had failed. The colleague who took care of her in the hospital decided to send her to me because he had identified a significant neurotic background.

I remember well Ms. Y's first visit to see me, during the time that I was first starting my psychoanalytic practice. She sat in front of me, bending her head over her chest, not daring to look at me, talking in a low voice, clearly in deep sorrow. Nevertheless, some form of contact was established, and she agreed to start treatment. She stayed in analysis for more than ten years, until her accidental death—otherwise, I think she would still be coming.

Ms. Y was a professor of philosophy, but had taught for only one year before falling ill. I had the opportunity to meet some of her former pupils socially, and learned that they kept vivid memories of her outstanding teaching. But according to Ms. Y's standards, she was the worst professor who had ever existed. With dramatic pain, she confessed that she had prepared the lectures for her courses by assembling information from various textbooks. She was guilty of not inventing philosophy, as Socrates did, but had instead only taught it, leaning on books written by others.

At the time she started treatment, Ms. Y never went outside her flat, and in fact, never went anywhere—not to the cinema,

theater, or concerts, never socializing with friends. She left her apartment only to come to our sessions, and went back to it immediately afterward. She had a disability income allowance on which she lived very cheaply. She never prepared meals for herself, eating only ham and yogurt. Her activities seemed to be limited to reading philosophy with religious undertones, though she did not practice any religion herself.

Ms. Y had a very strong transference to me as a person, not to me as an analyst. She very rarely dreamed and never fantasized. She had essentially broken off relations with her parents; her mother was someone she never expected to see again in her lifetime, while she had seen her father only once or twice in the previous ten years. In fact, she had been partly raised by her grandparents for some years, returning to her parents' home only later on. She did keep a good relationship with her sister, who had married a modest civil officer and had two children whom Ms. Y loved. Once a year, she spent a week with her sister and her family.

Ms. Y's analytic sessions seemed repetitive and sterile; no insight ever occurred. No change took place. I felt pity and compassion for her suffering. In one session, she created an unexpectedly strong reaction in me by appearing totally changed, dressed in apparently luxurious garments and wearing makeup so heavy that she was almost unrecognizable. I learned that while she had been resting in a convalescent home, she had met a man, a simple laborer with no culture. She went to bed with him once, but decided after two weeks that he was of no interest to her, and broke off all relations with him. He was not replaced by anyone else.

During her treatment, Ms. Y developed an addiction to alcohol, which could not be stopped. Her particular addiction was to "Marie Brizzard," a liqueur bearing the name of a woman. Ms. Y eventually died in somewhat mysterious circumstances, in the context of oral avidity: she suffocated after greedily trying to ingest an excessive amount of food.

This case could be considered one of chronic depression. But for me, it is precisely one of negative narcissism, with an aspiration to nothingness in a permanent way. There was no evidence of any cathexis whatsoever, except to my person, of which Ms. Y could not make use. Once she was riding in a car as a passenger, and the car had a severe accident; she believed she was going to die. While waiting for the ambulance, she thought of only one person: me. The splitting of the transference between the object as a person and the object as an analyst was striking. She loved me, but could make use of nothing I could give her—and in particular, could achieve no understanding of her psychic world. Her friends, who tried to help her, were soon discouraged and abandoned her. I had to confess that I had failed to help her, although I realized that my becoming a love object for her was an important step that ensured her survival for some time.

Discussion of Cases

The two cases presented here were failures in treatment. I do not mean to convey, however, that narcissism or narcissistic personalities never respond to psychoanalytic treatment. It happened that I saw these two patients during the beginning of my practice as a psychoanalyst; they represent the kind of cases that more senior clinicians refer to younger colleagues, rather than take into treatment themselves.

While in the case of Ms. Y, intense suffering was conscious and at the forefront, in the case of Mr. X (one of positive narcissism), the suffering consisted mainly of a narcissistic injury in relation to the patient's social situation. Mr. X, in fact, in suffering from humiliation, had deprived himself of any personal achievement in the long run. His grandiose fantasies had remained unchanged since childhood. A mirroring situation was present; for instance, after certain interpretations, he would applaud and say loudly, "Bravo, Dr. Green." But no change occurred.

Mr. X finally agreed to end our meetings, at my request, although his first reaction had been to offer to increase his fee if I would continue to see him. I did not agree to this because I had the feeling that future encounters would be useless. At the last session, he said to me, "Dr. Green, you have made all possible efforts to help me. I have been fixated on my two parents. Maybe you have liberated me from my identification with my father, but you failed to detach me from my mother's influence, which was stronger." I had the feeling that he was right.

The case of Ms. Y raised different problems. She had never been able to cope with her mother, whom she said she hated. She had more positive feelings about her father, but considered him weak and totally dominated by his wife. She became a brilliant student and succeeded in her academic discipline at the highest level, but without gaining her mother's love; in fact, her mother remained sadistically critical of her.

Ms. Y's emotional life was impoverished. She fell in love with an older professor—someone who was probably never aware of her amorous feelings during the year before she became ill. It never happened again. Her hatred of her mother was very intense and appeared to be permanent. Ms. Y felt she had been persecuted by her mother—especially in regard to her sexuality, and without any reason for this; she had not even been sexually active. The only interest she was able to muster in life was in philosophy, but in fact, she had the appearance of a woman much less educated and sophisticated—looking, perhaps, like a postal clerk, her mother's profession. It was as if life had stopped at the moment she fell ill. I think her disappointment that her dream of love never came true was highly traumatic for her.

THEORETICAL ELABORATION

Negative narcissism is the form narcissism takes when combined with self-destructive drives. Drives *are* at play here; they are not present in contradiction to withdrawal, but are allied with it. The

impoverishment of object relationships is not indicative of a narcissism whose aim is to assert one's own selfhood, or to nourish feelings of grandiosity or mirroring relationships of the kind observed in Mr. X. In neither case did I witness suicidal attempts. In *positive narcissism,* others are seen as being of low value: ignorant, vulgar, common, cheap. In *negative narcissism,* the patient is the one who is worthy only of universal contempt; he or she has no right to any respect or satisfaction. The less gratification that is received, the more the patient believes that his or her fate is deserved. One might be reminded here of moral masochism, but that would be an incorrect analogy because there is no search for punishment or humiliation in positive narcissism; rather, these patients seek *less* suffering by self-punishment or inflicted punishment by others. They do not look for anything, but merely survive, waiting for death to come. Their lives are empty. And when such a patient loves someone, such as a treating psychoanalyst, the patient is aware and accepts that this love will lead nowhere, without letting him- or herself be caught up in the illusion of transference. No insight is achieved. Except in very rare moments, affects are always dull, life holds no joy, and pain remains a basic tonality made up not so much of suffering as of sadness or deadness. In fact, these patients seem to have been crushed by a maternal image against whom they can rebel socially, but not internally. Negative narcissism is the result of the combination of narcissism with an orientation toward psychic death.

Life narcissism is a way of living—sometimes parasitically, sometimes self-sufficiently—with an impoverished ego that is limited to illusory relationships that support the self, but without any involvement with objects. Here I refer to *living* objects, not those that are essentially idealized. *Death narcissism* is a culture of void, emptiness, self-contempt, destructive withdrawal, and permanent self-depreciation with a predominant masochistic quality: tears, tears, tears.

Although it can be schematic to sketch too simple a view, I shall defend the idea that object relationships and narcissistic

relationships are less at odds with each other than complementary in their beginnings. What we observe between the infant and his or her primary object clearly demonstrates that there are moments during which the object, though not distinct, is nevertheless present in the child's psyche. But at other moments, as in sleep, solitude, or normal withdrawal, the dialogue with the object is not the same; rather, it is a situation different from that during moments of encounter with the object. Therefore, what I propose is the existence of a variety of psychic states in which object relationships and narcissistic relationships prevail, alternately, from one moment to another.

During development, in some psychic structures, narcissistic relationships will dominate the picture (anxiety about object relationships, self-protection, encapsulation), and in these situations, two lines of development are possible. The first prioritizes what we call *egoism* (selfishness, withdrawal, self-sufficiency, a self-centered personality). But in other instances, the destructive aspects will be predominant. It is not only the object cathexes which will be fought, but even, on a deeper level, the *self itself*. In such situations, narcissism and masochism seem at first to be closely linked. But on deeper examination, the dominant feature is found to be self-disappearance and disinvolvement. I have attributed this effect to what I call a *disobjectalizing function*, which undoes the transformation of psychic functions into objects (*objectalizing functions).* Elsewhere (Green 1999), I have given detailed descriptions of disengagement and disinvestment (including such states that are directed toward self-preservation) and of an obscure aim for self-exhaustion that can lead, sometimes, to death.

FINAL REMARKS

Freud's last theory of the drives—which I find useful in spite of the frequent denigration of it by some of my North American colleagues—helps me to rethink our ideas about narcissism. Freud abandoned his exploration of narcissism after 1920, implicitly

considering it to be part of the love drives. He did not consider the possibility of a link between narcissism and the destructive or death drives. This is what I tried to develop in my work written between 1964 and 1983 (Green 1983, 2001).[3]

Why am I saying that I disagree with Kohut's (1971) conception of narcissism? The answer is that I had the impression that the drives played a major part in the background of both the clinical cases presented here. Space constraints prevent further elaboration of specific evidence of this here, but I can say that sadism, masochism, perverse behavior, and oral and anal fixations were strongly rooted in each patient, in different ways.

A final topic I would like to address, at least briefly, is *primary narcissism.* It is a common opinion today that we have at our disposal a large amount of evidence, based on infant observational research, that disproves Freud's conception of primary narcissism, just as it refutes Mahler's concept of symbiosis. I agree that babies give reactive signs to their mothers' behavior, expressions of mood, and manner of caregiving. But I would like to emphasize that this does not tell us the whole story. These observations are behavioral; we still do not know what is going on in the child's mind, but only what we can see in what he or she shows us. The baby's reactions to the primary object (it is now fashionable to use the term *caregiver)* do not prove that the baby can experience the situation *as a separate entity in relationship with another separate entity*—that is, the relationship linking two persons together.

Winnicott (1971) expressed the idea—a much more convincing one to me—that when a child looks at the mother's face, what the child sees is *him- or herself,* not the mother. Furthermore, an early perception of the object as a distinct person is not necessarily an advantage, since the baby could then lose the ability to experience the creation of a subjective object born out of his

[3] On meeting Rosenfeld in 1984 at the Marseilles Symposium on the death drive, I found myself in agreement with him. That was the beginning of a friendship that lasted until he died.

or her omnipotence. An object that is perceived as such too early on makes the baby more dependent on the mother's moods. The baby probably interprets these moods according to his or her own internal state, leading to the construction of a false self in order to comply with the mother. In summary, I believe that the concept of primary narcissism deserves to be reinterpreted, rather than rejected without thorough examination.

Narcissism, like any other psychoanalytic concept, is related to the hypothetical internal world of the child. It is an intrapsychic concept that must be matched with intersubjective relationships in the transference.

An appreciation of the concept of the self is not enough to truly understand narcissism—not even an appreciation of the self seen as the "I." We have to consider the *subject,* a concept much more difficult to define. In order to define a subject, one needs another subject, for it is only a subject that can have the concept of subject. Subjectivity is, by definition, intersubjectivity, in the philosophical sense of the word. The other subject is not an object, nor is it a person. A subject might be thought of as a being who can ask "Who am I?" even before thinking of asking "Who are you?"

REFERENCES

Balint, M. (1965). *Primary Love and Psychoanalytic Technique.* London: Tavistock.

Freud, S. (1894). The defense neuro-psychoses. *S. E.*, 3.

——— (1914). On narcissism: an introduction. *S. E.*, 14.

——— (1915). Instincts and their vicissitudes. *S. E.,* 14.

——— (1920). Beyond the pleasure principle. *S. E.,* 18.

——— (1923). The ego and the id. *S. E.,* 19.

——— (1940). An outline of psycho-analysis. *S. E.,* 23.

Green, A. (1967). Primary narcissism: structure or state. In *Life Narcissism, Death Narcissism,* trans. A. Weller. London/New York: Free Association Books.

——— (1983). *Narcissisme de vie, Narcissisme de mort.* Paris: Minuit.

——— (1999). The death drive, negative narcissism and the disobjectalising function. In *The Work of the Negative,* trans. A. Weller. London: Free Association Books.

——— (2001). *Life Narcissism, Death Narcissism,* trans. A. Weller. London/New York: Free Association Books.

Grunberger, B. (1957). *Le Narcissisme.* Paris: Payot.

Kernberg, O. (1975). *Borderline Conditions and Pathological Narcissism.* Northvale, NJ: Aronson.

Kohut, H. (1971). *The Analysis of the Self.* New York: Int. Univ. Press.

Rosenfeld, H. (1971). A clinical approach to the psycho-analytic theory of life and death instincts. *Int. J. Psychoanal.*, 52:169-178.

Winnicott, D. W. (1971). *Playing and Reality.* London: Tavistock.

---

9 Avenue de l'Observatoire
75006 Paris, France

e-mail: andregreen@wanadoo.fr

Psychoanalytic Quarterly, LXXI, 2002

PSYCHOANALYTIC GOALS, THERAPEUTIC ACTION, AND THE ANALYST'S TENSION

BY JAY GREENBERG, PH.D.

The author draws a distinction between the goals of psychoanalysis and its therapeutic action. Goals are consciously (or at least preconsciously) held by the analyst, and can be clearly articulated. Ideas about the mechanism of therapeutic action, in contrast, are hypothetical constructs, and cannot be completely spelled out. This is bound to leave analysts in a state of tension; we are certain about what we are trying to do, but what we are actually accomplishing is elusive. This tension may be optimal for the analyst, because attention must be paid simultaneously to the idiosyncratic relationship in the dyad and to the broader purposes of the analytic engagement.

INTRODUCTION

It has now been sixty-five years since Freud (1937a) reminded us that psychoanalysis is one of the three "impossible professions" (p. 248), and since then, most of us would agree, things have gotten considerably more difficult. After all, the passage from "Analysis Terminable and Interminable" in which he flirted with his pro-

---

This is a slightly modified version of a paper presented as the 44th Annual Sandor Rado Lecture, sponsored by the Columbia University Center for Psychoanalytic Training and Research and the Association for Psychoanalytic Medicine, June 4, 2001.

nouncement of professional futility was not entirely pessimistic; Freud quickly proposed a solution to the problem of the impossible demands that doing our work places upon us. Not surprisingly, the solution is our own personal analysis, to be undertaken before formal training begins and again at five-year intervals throughout our careers. So there is a way to inoculate ourselves against the dangers of living in the potentially toxic netherworld of our analysands' and our own unconscious experience.

But today we live in a clinical world dominated by the depredations of the managed-care companies, and in an intellectual world in thrall to the many efforts to deconstruct or debunk our claim that in the hundred years that people have practiced psychoanalysis, we have learned at least something about what it means to be human. The difficulties posed by these challenges are unlikely to be greatly affected by reanalysis, no matter how frequently it is undertaken.

I expect that time and the natural swing of social values will redress some of the difficulties that psychoanalysis faces today. But we are also confronted with a more enduring problem: our work has become more difficult because we can no longer be as sure as we once were about just what it is that we are doing. Many analysts, noting the importance of relational factors, have raised questions about the centrality of our stock in trade—interpretation—to the therapeutic action of psychoanalysis. Giving voice to what is becoming a consensus among analysts of many if not all theoretical persuasions, Gabbard (1999) and Pine (1998) expressed doubts that there is any one therapeutic action at all. Pine argued instead that what matters most is likely to vary from patient to patient, from time to time in each analysis, and from one analyst to another, on the basis of both training and personal predilection (1998, p. 67).

And our ideas about interpretation itself have become more and more controversial. Friedman (2001) recently noted that since analysts have "stopped fishing for neatly defined traumas," our ability even to specify exactly what we are looking for when we interpret has been greatly compromised. So, while most ana-

lysts today remain convinced that we help our patients (despite the assaults of insurance companies and epistemologists), we are less sure of just what it is that we are doing with or for them.

HISTORICAL BACKGROUND

The problem is older than we usually imagine it to be, and the idea that it is a recent development reflects nostalgia for a time that, if it ever existed, was at best a brief moment in the history of psychoanalysis. Already in 1906, Jung, writing what amounted to a fan letter to Freud and signaling his interest in joining up with the new psychoanalytic movement, added the caveat that "Your therapy seems to me to depend not merely on the affects released by abreaction but also on certain personal rapports" (McGuire 1974, p. 4). Within a few years, Jung's small quibble had burgeoned into the Freud–Ferenczi debate, and by the time of the Marienbad conference in 1936, Glover was warning against emphasizing the importance of any one factor in the analytic situation (here he referred to interpretation versus the analyst's endurance, humaneness, or even unconscious attitude toward the patient), lest our theories of therapeutic action degenerate into "mere special pleading" (1937, p. 131).

So the impact of elements other than interpretation began to seem more central as time went on, and the goal of interpretation itself became increasingly vague as our model of the mind became more complex. Nevertheless, in most psychoanalytic traditions, analysts could be pretty sure that therapeutic action grew in one way or another out of their ability to make patients' unconscious mental contents and operations accessible to awareness. Of course, everybody has noticed that other things go on in analysis, but it has been easy to consign them to a peripheral, sometimes even shadowy, role.

For example, consider discussions of what have been called "nonspecific effects." These include many of the more personal (and even gratifying) elements of the way analysts engage their

patients: the analyst's reliable presence, attentiveness, nonjudgmental listening, and so on (Pine 1998). Their existence is acknowledged, but in characterizing them as "nonspecific," we imply that we need not and perhaps cannot fully investigate their impact.

Similarly, Hartmann's (1951) evocative but unelaborated notion of the multiple appeal of interpretations has been relatively neglected. Schafer (1979) is one of the few who explicitly noted the therapeutic potential inherent in the concept of multiple appeal: "The analysand can make various uses of your intervention, bring it into relation with various other ideas and feelings and memories, and produce effects that you neither intended nor anticipated and the origin of which you cannot pinpoint" (p. 353). In other words, everything we say to patients touches them in a variety of ways, and we can never know in advance (often not even in retrospect) just what our impact will be or has been. But Schafer's interest is unusual; analysts have not looked very closely at the relationship between multiple appeal and therapeutic action, and the concept remains abstract, schematic, and marginalized.

Recent developments in and around psychoanalysis have brought multiple appeal and nonspecific effects out of the wings and onto the center stage of our work. This has enriched our understanding of the analytic process, but it has also made our professional lives vastly more difficult than Freud imagined, because it has focused our attention on how powerful and sometimes even how inadvertent our influence on our patients can be.

The recent developments have historical roots: consider the contributions of Strachey (1934) and Loewald (1960). Both analysts, anticipating and inspiring a great deal of contemporary relational thinking about therapeutic action, pointed out previously unnoticed dimensions of the analytic experience that make change possible. For Strachey, simply by virtue of doing the work of analysis, the analyst is behaving like and is experienced as a gentler, more accepting father, a stance that allows him or her to be taken into the patient's inner world in ways that soften a harsh and punitive superego.

For Loewald, again simply by doing the work of analysis, the analyst is behaving like and is experienced as a mother who can hold the tension between her child's current level of development and his or her future potential. Thus, Loewald's analyst is "a person who can feel with the patient what the patient experiences and how he experiences it, and who understands it as something more than it has been for the patient" (1960, p. 26). Because the analyst is this sort of person, the patient will be able to claim his or her potential at a higher or more mature level of organization and integration.

Both Loewald and Strachey highlighted and theorized about nonspecific effects, which can be thought of as the nonverbalizable derivatives of the relationship between patient and analyst that contribute decisively to therapeutic action. Another way to put it is that Loewald and Strachey elaborated on what Jung described as *rapport*. Significantly, neither author suggested any modification of standard technique, and neither suggested that the analyst's stance or the analysand's experience of it should be or can be interpreted to the patient. Both were content to let these relational experiences, and their internalization, work quietly, outside the awareness of the analysand. It is likely that Strachey and Loewald believed that these processes operate outside the analyst's awareness as well. This is implicit in both authors' claim that analysts had been fulfilling the functions they were describing all along, without knowing that they were doing so.

Other authors have ventured into the same territory; to mention a few, consider Winnicott's (e.g., 1949) vision of the analyst as the resilient target of murderous aggression, Bion's (1963) idea that the analyst is a container of toxic projections, and Weiss and Sampson's (1986) concept of the neutral analyst disconfirming the patient's archaic pathogenic beliefs. Similarly, many of the concepts most frequently discussed in the current literature direct our attention to ways in which interpretations (and all other ways in which the analyst intervenes) exert their multiple appeal. Role responsiveness, enactment, the analyst as selfobject, transference as a total situation, countertransference as both source of infor-

mation and determinant of analytic ambience—all come to mind in this regard.

Each of these concepts, dating back to Strachey, has grown out of detailed observation of the interactive dimensions of the analytic situation; they capture aspects of the process that include but go beyond what is said by analyst and analysand. In various combinations, they stand at the center of contemporary relational theory. But most relational theories are process theories; their clinical concepts are largely disembodied. To fully support these concepts, cohesive approaches to development and psychic structure are necessary.

Strachey and Loewald both used Freud's tripartite model (more accurately, their own personal and controversial readings of it) as scaffolding for their visions of therapeutic action. Beyond this, there are bits and pieces of structural theory present in the work of Sullivan (1954), Kohut (1971), Bion (1963), and Fairbairn (1952), among others, and the theories of infant researchers offer some suggestive possibilities about developments at the very beginning of life. But we still do not have a strong conceptual structure that can explain the workings of nonverbal, noninterpretable elements of therapeutic action.

Recently, developments in the cognitive neurosciences have begun to converge quite strikingly with psychoanalytic clinical formulations. Neuroscientists increasingly emphasize the role of procedural registers of experience, shaped outside of awareness and inaccessible to introspection. The representations encoded in these unconscious registers decisively influence what we expect from the world and how we react to it, and are subject to modification on the basis of our life events. According to neuroscientists, the experience that a patient has in any intense and complex relationship, such as psychoanalysis, influences representations encoded in any number of unconscious registers. Some of the changes in the encoded representations that occur over the course of analysis may be immediately accessible to verbal expression, while others may become available to articulation as treatment progresses, and others may never be. But all the changes are like-

ly to affect the nature of the analysand's way of seeing the world and his or her behavioral responses to it. Such neuroscientific theorizing thus has the potential to provide a model of psychic structure that begins to explain the importance of nonspecific effects and multiple appeal, and that supports notions of multiple therapeutic actions, not all of which can be understood in verbal terms (Gabbard and Westen, in press).

These clinical and neuroscientific developments and their convergence are exciting, and offer promising possibilities for psychoanalysis as a therapy and as a theoretical discipline; they open the way to new and more subtle exploration of the infinitely complex effects of what happens between us and our patients. However, they also raise a new difficulty for us, because it now becomes harder to fully understand the impact of what we do. In fact, these new developments make it virtually impossible for any one person—including, most disturbingly, the treating analyst—to theorize adequately about therapeutic action. When we take into account relational effects and neural changes, it becomes clear than any full appreciation of what works in treatment requires looking at what goes on from a variety of different perspectives.

MULTIPLE PERSPECTIVES

The analyst will have one interesting point of view, likely organized around having special access to what he or she is consciously trying to do, and supported by immediate impressions of the events in the room and the emotional ambience in which they occur. But there is an element of Glover's (1937) "special pleading" to these accounts, leaving them ultimately unsatisfying. We can see why this should be so; it goes beyond the analyst's having a theoretical ax to grind. When we look at elements of therapeutic action that operate outside the awareness of either participant in an analysis, the analyst's ideas about what is happening within the dyad—not to mention his or her theory about the impact

and relative efficacy of different aspects of the exchange—necessarily represent but one point of view among many.

No one who is embedded in an interactive field can say everything that there is to say about the transactions taking place within that field; it is, in fact, impossible even in principle for anyone to have the last word on the subject. In light of this, our best bet is to invite the perspective of outside observers. Any nuanced appreciation of therapeutic action requires the observations and the theorizing of outsiders, alongside those of the analyst, and perhaps of the analysand as well. The situation becomes even more complex when we take into account the contributions of neuroscientists. These contributions emphasize elements of change in the patterning of behavior and experience that are beyond any clinical observer's ability to describe; extraclinical data and concepts are also required.

Thus, both the relational turn and the findings of neuroscience point to the likelihood that any investigation of therapeutic action must take place as an interdisciplinary undertaking. This is troubling, of course; psychoanalysis is a discipline born of the inspiration of one man, and today it is practiced by people who have chosen to work more alone than almost anyone else in our society. Historically and characterologically, we are far from accepting the need to invite outsiders to help us understand what we do. Traditionally, external perspectives have been used tendentiously, to disparage the claims of theoretical opponents. Concepts derived from such outside observation—I am thinking of transference cure and inexact interpretation—are adversarial, but they owe their polemic potency to a deep truth: an outsider's perspective on the events of an analysis will reveal patterns of cause and effect that could never have been seen by either participant in the dyad.

Today more than ever, the opinions of outsiders are likely to challenge some of our cherished beliefs. To the extent that these opinions emphasize ways in which the impact of our treatment depends on interpersonal effects, unconscious and possibly nonverbalizable changes, and even on changes in neurophysiological

organization, it becomes harder to claim that any one psychoanalytic tradition has a clinical theory that works better than any other. In fact, insofar as we focus on these aspects of therapeutic action, it is impossible to specify just how analysis is unique as a therapeutic modality. Because of this, it strains credulity to presume in the absence of further data that it is unique at all.

We all know that people influence other people, for better as well as for worse. The likelihood that significant structural change may be based on relational effects requires us to look at the way change comes about in any number of different relational contexts: within nonanalytic treatment modalities, and in relationships that have no therapeutic intent as well. For now, we are very far from knowing just what it is about the analytic relationship that contributes to its therapeutic effects.

PSYCHOANALYTIC GOALS

Let me set aside the problems raised by our broadened awareness of the nature of therapeutic action for a moment and turn to the second idea in the title of my paper, the analyst's goals. This is a complex topic in its own right, and there is considerable disagreement on where to look in talking about goals.[1] But I believe that there is something simple and yet essential to say about goals, something that does set psychoanalysis apart from all other treatment modalities (in contrast to therapeutic action).

I will begin with the idea that whether psychoanalysis is or is not an impossible profession, it is surely a peculiar one. It is peculiar because practicing it reflects a belief, shared by all analysts and by few other members of our culture, that spending a great deal of time in thinking about what is going on inside of us, dredging up repudiated elements of what we think and feel, opens the possibility of radically transforming our lives for the better.[2]

[1] See the recent issue of the *Psychoanalytic Quarterly* (2001, 70[1]) in which authors writing from a range of traditions offered quite different approaches to the issue of the goals of psychoanalysis.

[2] See Greenberg (2001) for a fuller discussion of my view of psychoanalytic goals.

It is always worth reminding ourselves that this belief grows out of an ethical or aesthetic approach to life that is deeply embedded in the Western intellectual tradition, but also one that is increasingly rejected by most people today. Majority opinion has it that placing so much importance on the nuances of our emotional insides is the road to self-absorption at best, and perhaps even to psychic collapse. But all analysts, I suspect, would agree that our treatment aims to help patients get in touch with aspects of their experience that they have previously disavowed, and that doing so opens the possibility of living a fuller life. In a comment at the recent meeting of the American Psychoanalytic Association, Robert Michels framed at least a part of our goal in succinct, experience-near terms: to paraphrase his comment, he said that we aim to help patients appreciate the meaningfulness of their experience. I think that is very much what we are trying to do, and I cannot think of an analyst of any theoretical persuasion who would disagree; nor can I think of any other treatment modality that aims to accomplish something similar.

We can appreciate the broad consensus about the goals of psychoanalysis when we hear analysts coming from a range of theoretical traditions discuss their clinical choices. It is striking that when an analyst is asked to spell out why he or she did some thing in a certain way, the answer will most likely refer back to the goals both of encouraging a conviction of meaningfulness, and of facilitating an inquiry that will lead to a fuller appreciation of whatever meanings can be experienced at a particular moment. That is, very different technical decisions are explained by invoking identical goals. The analyst who rejects a patient's gift claims to have done so because it will help the patient to explore the meaning of having offered it; the analyst who accepts a gift will offer the same explanation. Kleinians insist that early and deep interpretations are necessary because that is the way to help the patient get to the unconscious; ego psychologists working painstakingly from surface to depth believe that only in that way can the depths be reached at all. Even at the cutting edge of relational psychoanalysis, with its commitment to encouraging the

analyst to behave as a so-called "new object" for the patient, and its concomitant tolerance of expressive use of countertransference reactions and participation in enactments, evaluation of what the analyst does is always grounded in judgments about whether an action or attitude will facilitate or foreclose the possibility of exploration.

Putting things this way makes it clear that the concept of psychoanalytic goals is very different from the concept of the therapeutic action of analysis. This distinction, as we will see, is not likely to be one that makes our work any easier. Let me spell out the differences as I understand them.

First, psychoanalytic goals—whether there is a consensus about them, as I have suggested, or not—are created, known, and capable of specification by the individual clinician. Goals are for the most part conscious, or at least preconscious, in the sense that they inform our reasons for practicing as we do in ways that can be articulated. As clinicians, we hold onto our goals, even in encounters with analysands who hold different, potentially conflicting goals. Furthermore (although this point is more arguable), our goals, insofar as they are analytic ones, are always the same, with every patient, throughout the course of every analysis. That is, at every stage of every treatment, our aim is to open up exploratory pathways that have hitherto been blocked.

I will elaborate on this point because it may lend itself to misunderstanding. From the beginning, analysts have done things with their patients that were not—or at least, not immediately—designed to make the unconscious conscious. When Freud was using hypnosis to get to his patients' repressed pathogenic memories, his next step was frequently to use suggestion to induce the patient to forget what had been remembered. We do not do that any more, but we do intervene in ways that tend to elide full recognition. Call it tact and timing, bolstering defenses, providing a new relational experience, offering understanding rather than explanation, or whatever. From time to time, and maybe much of the time, we do things that mute the impact of potential insight, and we see this as essential to our analytic project. But I

would suggest that when we do such things, we are doing so in the belief that they will facilitate exploration in the long run, and that our technical decisions in the moment are guided by our belief in the value of self-exploration and self-understanding.

This commitment is what makes analysis different from all other therapies—including, notably, psychoanalytic psychotherapy. The psychoanalytic psychotherapist will often be content to leave things unexplored, if doing so promotes symptomatic improvement. The analyst (who will, of course, also be a psychotherapist, perhaps most of the time) will never be fully satisfied with this outcome, and this makes the analytic relationship different from all therapies, as well as from all other relationships.

THERAPEUTIC ACTION

Contrast this fixed and conscious commitment to a specifiable goal with therapeutic action. Because therapeutic action encompasses everything that happens in the course of analysis that contributes to beneficial change, there is no reason to believe that its various elements can be planned out or articulated by the analyst in anything like the way that goals can be. As I suggested above, it is even unlikely that any one person (whether analyst, analysand, outside observer, or neuroscientist) will have any privileged access to what has contributed to change; this will always be the subject of data collection and hypothesizing. The practitioner, an expert on the goals he or she is pursuing, is but one voice among many when speaking about what has been most effective in the treatment.

Perhaps the most radical implication of distinguishing between analytic goals and therapeutic action becomes clear when we reiterate that, although making the unconscious conscious is always the goal, both the relational turn and the findings of neuroscience make clear that a great deal of change takes place outside of awareness. Going back to Freud's (1914, 1915a) early formulation, while the analytic goal remains to replace repetition with remembering—substituting the word for the thing—a great deal of

the therapeutic impact of what we do is carried by the wordless thing itself, the act, the repetition or rectification of lived experience. Ferenczi and Rank (1924), it seems, were onto something early on.

Freud himself could not have been aware that there is an interesting distinction between analytic goals and therapeutic action, because he never devoted himself to a particularly deep investigation of the multiple ways in which the analyst influences the analysand. Consider his argument in the late paper on "Constructions in Analysis" (1937b), written, notably, after Glover's (1931) paper on inexact interpretation appeared, in which it was asserted that an incorrect construction will simply roll off the analysand like water off a duck's back. Therapeutic action, Freud insisted, depends upon specific changes in the balance of intrapsychic forces that come with making the unconscious conscious. An incorrect construction, or an inexact interpretation, will not do that, but neither will it have any particularly consequential impact on the analysand.

Today, we know that everything we do matters in one way or another; we know that there is no way *not* to touch our patients —and we do not always know *how* we have touched them. As a result, we are faced with a troubling fact of analytic life: What we are trying to accomplish with our patients is only vaguely and nonspecifically related to what we actually *do* accomplish and to what we do for them that matters most. What matters most about treatment may have relatively little to do with how well we meet the goals we have set for ourselves.

This is, needless to say, an awkward position for any professional to be in. By training and before that by personal predilection, most professionals expect to be able to define and to specify the nature of the services they provide. But, as the history of psychoanalysis shows, this has never been possible for us; we may be in the business of supplying not only inexact interpretations, which is bad enough, but nonspecific effects as well.

Let me note as an aside that while we have at times gone to great lengths to protect ourselves from this uncomfortable aware-

ness, most of our parents and other family members have been onto us from the beginning. How often have we been challenged to explain why, with all our investment in training, we have not chosen to become "real doctors"? Certainly, we would feel more like real doctors if we could be sure that our analytic goals coincided more closely with our sense of what contributes to therapeutic action.

THE ANALYST'S TENSION

That we cannot be sure of exactly how we are helping our patients leaves us in a state of tension, a tension that is not addressed in the psychoanalytic literature. Freud certainly was not aware of it because, as I have mentioned, he conceived of the psychoanalytic process in a way that minimized the distinction between analytic goals and therapeutic action. But certainly, he was no stranger to the experience of tension or its dynamic importance. According to his theory of motivation, without felt tension, there will be no movement, nor is there any desire that is ever free of conflict (Freud 1912a). And tension is not only the core element of his metapsychology; he seems to have embraced it in the conduct of his personal life as well.

So Freud was aware that treatment will be a struggle; his often-cited military metaphors suggest that this is the way he imagined the work would feel. I believe, in fact, that when he created the analytic situation, Freud implicitly put the analyst in a circumstance in which he or she was guaranteed to experience the strains and anxieties of being pulled in different directions.

Consider the way he framed his technical prescriptions in the first "Recommendations to Physicians" paper (1912b). The paper begins interestingly: Freud tells us that he is finally putting forth "technical rules" because "unfortunate results had led me to abandon other methods" (p. 111). There is a sense here of certainty born of experience, as if his experience had resolved the question once and for all. But then, quickly changing course, Freud added that his technique is "suited to my individuality,"

and acknowledged that "a physician quite differently constituted" may successfully adopt different attitudes "to his patients and to the task before him" (p. 111).

Note the tension: the analyst is to be provided with a set of technical rules which are unequivocal—consider not only how they are phrased, but also how Freud reacted to Ferenczi and to Rank when they tried to modify them. But at the same time, if they are to work at all, the rules must coincide with the individual practitioner's personal inclinations. So at the outset, Freud put the analyst under pressure: Should he or she work in a way that any doctor must, following prescribed procedures, or is it necessary that the analyst work in a way that suits him- or herself?

The strain echoes as Freud lays down each individual rule. Always, he tells his reader, "You will be tempted to do this, but if analysis is to work, you must do *that!*" It begins at the beginning, with the need for evenly hovering attention. The injunction to abandon focused listening and directed concentration works against the analyst's inclinations (1912b, p. 112), and as the counterpart of the patient's commitment to free association, it is always honored in the breach—that is, at the same time as it is resisted.

Next, supplementing his prescription of an intellectual stance that is difficult to achieve, Freud enjoined the analyst to adopt an impossible emotional attitude. Describing his advice as "urgent," he insisted that the analyst must "put aside all feelings" (1912b, p. 115). Startling in its own right, it is even more surprising to find that this statement is directed against a feeling that Freud considered "most dangerous": the analyst's therapeutic ambition. Therapeutic ambition must be put aside, Freud suggested, because only by doing so can we offer the patient "the largest amount of help that we can give him today" (p. 115). Note the paradox: we renounce therapeutic ambition in the service of therapeutic efficacy.[3] It is a rule that is bound to force analysts in-

[3] In an updated version of this, Friedman (1988) noted that "It does not take long for a therapist to learn that he is most likely to get what he wants if he does not appear to want anything" (p. 473).

to a never-ending battle between their spontaneous emotional state—a state that contributed to their becoming analysts in the first place—and a felt obligation to constrain it.

Alongside these inner tensions, the analytic situation as Freud structured it was rife with interpersonal unease. The best-known example is, of course, the problem of what to do with transference love. Most of what Freud wrote about countertransference reflects his awareness and concern about the stress inherent in working with romantically inclined patients. With his comment that "our control over ourselves is not so complete that we may not suddenly one day go further than we had intended" (1915b, p. 164), he acknowledged the inevitability of temptation, and today, we know that by 1915, he was well aware of how real the dangers were.

Throughout Freud's papers on technique, it is clear that he believed temptation and relational strain to be coin of the realm of psychoanalytic treatment, and not just in specific problems of handling erotic transference. His famous injunction to avoid self-disclosure explicitly anticipated the analyst's natural inclinations. (Perhaps self-disclosure is such a hot topic today precisely because it focuses and concretizes the analyst's uncertainty and experience of tension.) The analyst will *want* to be intimate, Freud warned, to repay one confidence with another, to "put himself on an equal footing" with the patient (1912b, p. 118). Characteristically, Freud followed this compelling description of what the analyst will want to do with a prescription about what he or she *must* do: the analyst must be "opaque to his patients and like a mirror" (p. 118). But of course, on any number of grounds, no analyst can do this. We are left with an odd situation: natural inclination—defined as unhelpful at best and dangerous at worst, on the one hand, and a prescribed professional stance—highly touted but impossible to implement, on the other.

So in many ways, Freud constructed an analytic situation that throws the analyst into a world of temptation, prohibition, and their attendant intrapsychic and interpersonal conflicts. But despite having done so, he appears never to have believed that the

analyst's experience of tension might itself be essential to doing the work of analysis. In fact, he theorized some important safety valves into the system that ease the strain, and suggest that the work need not be as tense it might seem to be. On the patient's side, the unobjectionable positive transference (Freud 1912c) posits a dimension of the relationship that is free of conflict in the patient's experience, and that is accepted as such by the analyst. And for the analyst, of course, there is analysis, self-analysis in the early formulations, a combination of training analysis and further self-analysis, and reanalysis later on. This analytic "purification" (1912b, p. 116) immunizes the analyst against conflict arising from the temptations of the work—temptations initiated by the patient, as well as those emerging from inside the analyst's personality.

Freud's strategy of describing a tense situation and then theorizing his way out of it has been adopted by many analysts since. This slant on our history was nicely characterized by Friedman (1988), who wrote, "Therapists function in a sea of trouble and they talk about it as though they don't" (p. 6). Following Friedman, I would say that we describe the trouble we are in—by which I mean the tensions we feel—and then we create theories that seem to offer some resolution. Let me briefly cite just a few examples to illustrate that analysts have always acknowledged having trouble, although often parenthetically.

Analysts' Responses to "Trouble"

Glover (1936), pointedly locating and perhaps hoping to isolate the problem in the analysis of "deeper pathological states," noted that analysts are worried "lest they should lay themselves open to the charge . . . that deep down at the core of the analytic relation the factor of reassurance through rapport may be decisive" (p. 372). Glover's concern was motivated by his interest in preserving a vision of psychoanalysis as a treatment whose therapeutic effects were determined exclusively by the workings of exact interpretations. But his warning that we might be offering

reassurance not simply alongside of, but perhaps even in place of, insight must also have had a powerful influence on his experience of doing analytic work, and on the experience of those who were influenced by what he wrote.

A few years later, Fenichel (1941) focused on clinical experience more directly, noting that "fear of the countertransference may lead an analyst to the suppression of all human freedom in his own reaction to patients" (p. 74). Like Glover, Fenichel was addressing analysts' concerns that their temptation to build relationships (and to provide a therapy based on rapport, reassurance, and so on) would overwhelm the authorized analytic project. This theme continued on in the work of Stone (1961), who found the analytic situation as traditionally structured to have "great influence and power, occasioning self-consciousness or even guilt, when its outlines are transgressed" (p. 18).

Note that each of these authors acknowledged the analyst's "sea of trouble." That is, each believed that analysts are bound to be afflicted by anxieties, shame, and guilt when they compare what they are doing and how they are feeling to what they have been taught to do and to feel. Freud's prescriptions resonate powerfully through the generations. But each author is quick to offer a way to avoid the tension. Glover suggested that, after all, we have less to worry about than meets the eye; the effects of rapport can be bracketed so long as interpretations are accurate. Fenichel and Stone, in contrast, allowed us to embrace the important effects of rapport. To differing degrees, each advocated stretching Freud's prescriptions to encompass the analyst's spontaneous expression of his or her personal humanity. Both authors seemed to believe in the importance of helping the analyst find a way out of a difficult emotional situation.

A great deal of subsequent theorizing has been devoted to solving the same problem. The working alliance concept in its various forms pulled a rabbit out of a hat by permitting the analyst to act, more or less without guilt, in ways that Freud had forbidden, because the act could be explained as a contribution to building needed structure (Greenson 1965; Zetzel 1956). Of

course, the effectiveness of this idea depended upon some change in the theory of structure itself; witness the metapsychological miracle of the observing ego and the analyst's work ego (Fliess 1942; Sterba 1934). With these concepts, theorists created an arena in which analyst and analysand could want to do at least some things with each other without either intrapsychic or interpersonal conflict, as if wanting analysis—or wanting to analyze—is different in principle than wanting anything else.

Let me briefly mention that it is not only ego psychologists who have theorized away the analyst's tension. Sullivan (1954), for example, despite his ideas about participant observation, saw the analyst as a rather dispassionate participant after all. His characterization of the analyst as an expert in interpersonal relations, his belief that countertransference simply indicated the need for more personal analysis, and his employment of what have been called counterprojective techniques (Havens 1976) to facilitate a cooler appraisal of the patient's patterns of living all work to dissipate tensions that are likely to be felt by both analyst and patient.

Coming from a very different conceptual starting point, many contemporary Kleinian analysts arrive at a perspective that similarly defuses tension. Their concept of projective identification makes it possible for analysts to embrace whatever they are feeling, because they do not have to worry very much about where it is coming from. That is, their certainty that most feelings (and acts based on those feelings) are unwanted elements of the analysand's mental life that have been split off and projected allows the analyst to maintain equanimity even in the face of inner chaos. The tension that the analyst feels is something that he or she, as a professional, offers to contain for the patient, not something that is inherent in the analyst's personal struggle to do the work of analysis.

Some contemporary relational analysts have worked with the tensions that Freud laid out. Hoffman's (1998) vision of a dialectic between retaining and throwing away what he calls "the book" recalls Freud's words about temptation and maintaining the frame.

Similarly, the frequent references in the relational literature to the need to embrace paradox suggests a tension between incompatible ideas and affects (e.g., Pizer 1992). But like other concepts that describe tension, they also theorize it away. The idea of a dialectic opens the analyst's mind to the possibility of embracing a variety of courses of action, and this freedom is likely to breed conflict, but it also offers the hope that at any given time, something will feel right, or at least of a piece with itself. And relational views of paradox are typically accompanied by the idea that negotiation is possible, and that through negotiation (which may be either interpersonal or intrapsychic), some comfortable resolution will be reached.

The Benefits of Tension in Analysis

Efforts to theorize tension out of the analytic process leave many clinicians believing that there is something wrong with the way they feel about doing the work, and perhaps even that there is something wrong with their work itself. In the remainder of this paper, I will suggest an alternative view: I will argue that the tense analyst is likely to be the best analyst.[4] In saying this, of course, I do not want to imply that the best analyst is the tormented one; too much conflict will inevitably breed distraction. But I do believe that tension between inclination and technique, as Freud conceived it, is inherently more generative than it is usually believed to be.

To discuss inclination first: Inclination reflects the ways in which our analysands touch us, and the ways in which we are drawn to them. And of course, inclination is always deeply personal; no two analysts meet their patients with identical inclinations.[5] Be-

[4] After writing this, I was pleased to come across Goldberg's (1999) expression of a similar view: that worry "is the crucial emotion for the life of an analyst, who probably should worry her- or himself into the grave" (p. 396).

[5] Smith (2000) was describing something very much like what I am calling *inclination* when he wrote that an analyst meets each individual analysand with "a consistent set of conflictual responses" (p. 103).

cause it is so personal, analysts tend to want to discount its influence on the work, but we do so at considerable risk. To quote Friedman (1988), if the therapist "did not have particular attitudes he would not feel an impact, and he would have no receptors for the patient's meaning" (p. 529).

Throughout his writings, Friedman has eloquently insisted that we must take account of the pervasive presence of the analyst's desire, and of the way that desire contributes both to how we work and to the tensions we feel. I am addressing what I suspect is a part of Friedman's larger project: my focus is on the ways in which our inclinations toward particular analysands can and should influence our technical decisions, and on how they inevitably contribute to the generation of meanings.[6] The tensions to which I refer are determined by the specific interpersonal climate that defines each treatment, an emphasis that is not always apparent in Friedman's work.

Viewed from this perspective, beyond providing a medium within which meanings emerge, our personal propensities combine with the ways we are moved by a particular analysand to give shape to the relationship we want to have with that analysand. This way of putting things may sound reckless, as though I am leaving professionalism out of the mix altogether, but Freud was onto it ninety years ago. We will want to encourage some patients' devotion, he implied, and to discourage others'; to teach some and to tame others; to parent some and to liberate others. Countertransference—which the logic of his theory (if not his explicit words) implies is never fully mastered—is the pull to respond according to our inclinations. Shaped by who the patient is, who the analyst is, and by what they create when they meet each other, countertransference pulls the analyst toward personal engagement with the analysand.

But we must be wary of our inclinations; much of the time we must fight them off. Here I am not thinking mainly of the dan-

[6] For a vivid clinical example of this, see Bolognini's (in press) case presentation, as well as my discussion (Greenberg, in press). See also Smith (2000).

gers of acting out, although certainly, these are always present. More typical, though, and more immediately threatening to most analyses, are the difficulties that inclination puts in the way of doing the work of analysis—of making the unconscious conscious and of fully engaging the resistances to doing so that both members of the dyad are likely to experience. Making the unconscious conscious is something that, by definition, the analysand is unlikely to want to do. Promoting the work thus requires that analysts fight off at least some personal inclinations that they feel for their patients because doing the work often requires ignoring the patient's feelings. Patients mainly want to feel better, and analysts tend to want to help. But much that the analyst knows must be done is bound to make the patient feel worse in the short run, so the inclination to help the patient feel better can interfere.

And sometimes, in contrast, the analyst's inclination is to make the patient feel worse, and insisting that the patient pay attention to unconscious eruptions, even those that have been correctly understood, can be a powerful weapon. These inclinations must also be fought off, because no patient who senses that the analyst wants him or her to feel worse will be able to participate openly in an analysis.

How do we fight inclination? This is where psychoanalytic goals come in. Analytic goals are unnatural; they pull hard against all our inclinations—except our inclination to analyze. And the rules that Freud proposed—unnatural ways of behaving designed to implement unnatural goals—stand as an ever-present reminder that we are with our analysands for reasons that have nothing to do with, and that typically work against, personal proclivity. I would go so far as to suggest that in a given instance, the rules do not guarantee that more or better analysis will happen. Maintaining anonymity, for example, may promote exploration of transference experience or may inhibit it; it is impossible to know in advance. But keeping the rules in mind, whether we follow them or not, is guaranteed to create a strain that will contextualize inclination, forcing us to keep one eye focused on the larger purpose of the relationship with the analysand.

This is the source of our greatest tension. On the one hand, there are the imperatives of our psychoanalytic goal, which reflect our professional values, but which are guaranteed to be emotionally distant from our moment-to-moment experience. As a result, the analyst's goal seems transpersonal or even impersonal, unrelated to what is immediately going on between analyst and patient. And on the other hand, we are pulled by the deeply personal allure of the patient, which gives shape to a great deal of what it feels like to do analysis. Let me appeal again to the observations of outsiders, which confirm the power of this tension. Outsiders tend to notice the play of inclination at the expense of analysis; they point out ways in which inclination has gotten the better of the analyst and devoured the always fragile contract to pursue an analytic goal. This should not be surprising; it is always easier to act rather than to reflect.

It seems a short step from these critiques to the idea that it might be advisable to eliminate tension by renouncing inclination altogether. But in the new world of nonspecific effects and multiple appeal, inclination and even countertransference need to be rehabilitated, despite the cost to the analyst's equanimity that is likely to be involved. From our intense study of the relational factors in analytic work, we have learned that finding a way to facilitate the analysand's ability to do the work is an intensely personal matter. And inclination can be our best compass in navigating the often torturous course that we must follow to accomplish this.

The guiding power of inclination is clear when we consider the contemporary idea that doing analytic work requires analyst and analysand to work together to create an atmosphere of safety (Greenberg 1991; Pine 1993; Sandler 1960; Schafer 1983). Safety, of course, is deeply personal; it is an experience of the analysand's, a felt reaction to circumstance. There is no way to determine a priori or by technical fiat what sorts of behaviors or attitudes of the analyst will contribute to the analysand's experience of safety and consequent ability to do the work of analysis.

Earlier, when I suggested that analysts who work very differently nevertheless hold similar goals, I used the example of accep-

ting or rejecting an analysand's offer of a gift. It seems to me that decisions along these lines should be—and when things are working best, generally are—shaped by the analyst's sense of what will help the analysand feel safe enough to embrace the idea that the offer has meanings beyond those of which he or she is aware at the moment. The analysand will be able to do this, and will be able to go on exploring new meanings, only if the analyst's reaction does not interfere too greatly with his or her sense of well-being. If the analyst's reaction is too much of a shock, the analysand will feel that the first priority is to maintain a threatened sense of self-esteem, and doing so requires insisting that whatever can be thought about the offer has already been thought. This, of course, precludes exploration.

Gift giving is but a concrete example of the analysand's offerings to the analyst. It is both accurate and helpful to think of a great many of the analysand's behaviors, including his or her associations, as offerings—although both participants may be unaware of this aspect of what is going on. According to this view, the analyst is always responding to gifts in ways that may contribute to the analysand's sense of well-being—or in ways that may be experienced as a shock. These responses are likely to be emotionally powerful, even though as behaviors, they can be minimal enough to escape conscious notice. I am thinking of the slant the analyst decides to take on the patient's associations at any given moment, the words that he or she chooses, the tone of voice used, and so on. All of these will affect the analysand's ability to do the work of analysis.

There are also broader issues involved. The analyst and the analysand are always looking for ways to make it possible for them to work together. Here is a partial and unsystematic inventory of issues that may come up and must be negotiated: the level of the analyst's activity, the pace and depth of interpretations, use of humor, the amount of transference play that is invited and/or tolerated, and the issue that has become a kind of objective correlative in contemporary discourse—levels of self-disclosure. Each of these reflects some aspect of the analysand's needs

or desires, and—like the analysand's offerings—each requires some response from the analyst.

When things are going well, the analyst's responses will be shaped by inclination, how he or she feels about these issues in general, and how he or she wants to be engaged with each analysand as an individual. If inclination is disavowed, the analytic process will become wooden and devoid of vitality. But at the same time, the analyst cannot succumb to inclination; the pursuit of analytic goals may override considerations of desire or even of the needs of the moment. When things break down—often as a result of the analyst's inability to bear the tension with a particular patient—there will be either too much unexamined involvement and too little analysis, or a stalemate born of the analyst's relentless and increasingly pressured attempt to get the analysand to accept interpretations of resistance.

CONCLUSION

This discussion of the tension between pursuing analytic goals (which is likely to require overlooking inclination, at least in the short run) and helping the patient to do the work of analysis (which involves exquisite attention to the inclinations of both participants) brings us back to the distinction between the concept of goals and the concept of therapeutic action. It is in the attempt to work out what it will take to pursue analytic goals —an attempt that requires attunement to individual proclivities —that relational, noninterpretive elements of therapeutic action occur. And therapeutic effects also grow out of the perseverance required of both participants when the negotiations they get into seem to have no resolution, when uncertainty reigns, and when the tension seems as though it will be endless.

I would put it this way: it is in the process of trying to create an atmosphere of safety—sometimes succeeding, sometimes failing—that the analyst becomes the benign father whom Strachey described, or the mother á la Loewald, or a container of repudi-

ated aspects of the self, or whatever else it is that we become that matters to our analysands. All the various ways in which an analysand may experience his or her analyst emerge from exchanges that evoke, and have the potential to reshape, old relational patterns. In turn, neuroscientists tell us, this new experience modifies the representation of those patterns in procedural memory. Whether we view all this from a purely psychological point of view or from a perspective that includes the alteration of neural networks, these interactions contribute significantly to the benefits that our patients derive from their treatment.

A great many, even the preponderance, of the transactions that effect change are unconscious to both participants, which is why neither analyst nor analysand can be aware of everything that has contributed to therapeutic action in any given case—not to mention being aware of *how* what happened led to change. Even the nature and vicissitudes of arriving at new meanings of old experiences are different in every analysis. Insight has a unique personal significance for every analyst and for every analysand, and so making the unconscious conscious is itself an interpersonal event that will have different meanings, and thus different therapeutic effects, in every dyad. We know very little about how, or even if, achievement of our goals (as opposed to other aspects of the analytic experience) helps our patients.

We have been taught that we ought to know a great deal about how and why what we do benefits our patients, and yet we are increasingly aware of how little we do know. We have also been taught to suppress our inclinations, a directive that can lead us to feel guilty and ashamed whenever we catch onto how persistent those inclinations can be. We should be taught that acknowledging inclination does not entail abandoning analytic goals, although the acknowledgment includes recognizing that we are often working at cross purposes to ourselves. It is enough to make us long for the impossibilities that Freud described, but perhaps we can take comfort in the thought that when we embrace uncertainty and tension, we are doing the most far-reaching and creative psychoanalytic work that we can do.

REFERENCES

BION, W. (1963). Elements of psycho-analysis. In *Seven Servants.* New York: Aronson, 1977.

BOLOGNINI, S. (in press). The analyst at work. *Int. J. Psychoanal.*

FAIRBAIRN, W. R. D. (1952). *An Object-Relations Theory of the Personality.* New York: Basic Books.

FENICHEL, O. (1941). *Problems of Psychoanalytic Technique.* New York: Psychoanal. Q.

FERENCZI, S. & RANK, O. (1924). *The Development of Psychoanalysis.* Madison, CT: Int. Univ. Press, 1986.

FLIESS, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.,* 11: 211-227.

FREUD, S. (1912a). On the universal tendency to debasement in the sphere of love. *S. E.,* 11.

—— (1912b). Recommendations to physicians practicing psycho-analysis. *S. E.,* 12.

—— (1912c). The dynamics of transference. *S. E.,* 12.

—— (1914). Remembering, repeating, and working-through. *S. E.,* 12.

—— (1915a). The unconscious. *S. E.,* 14.

—— (1915b). Observations on transference-love (further recommendations on the technique of psycho-analysis III). *S. E.,* 12.

—— (1937a). Analysis terminable and interminable. *S. E.,* 23.

—— (1937b). Constructions in analysis. *S. E.,* 23.

FRIEDMAN, L. (1988). *The Anatomy of Psychotherapy.* Hillsdale, NJ: Analytic Press.

—— (2001). Interpretation. Keynote address, PEP-CD ROM Conference, February.

GABBARD, G. (1999). How does treatment help? Keynote address, PEP-CD ROM Conference, February.

GABBARD, G. & WESTEN, D. (in press). Rethinking therapeutic action. *Int. J. Psychoanal.*

GLOVER, E. (1931). The therapeutic effect of inexact interpretation: a contribution to the theory of suggestion. *Int. J. Psychoanal.,* 12:397-411.

—— (1936). On the theory of the therapeutic results of psycho-analysis. In *The Technique of Psycho-Analysis.* London: Bailliere, 1955.

—— (1937). Introduction to symposium on the therapeutic results of psycho-analysis. *Int. J. Psychoanal.,* 18:125-131.

GOLDBERG, A. (1999). Response by Arnold Goldberg: there are no pure forms. *J. Amer. Psychoanal. Assn.,* 47:395-400.

GREENBERG, J. (1991). *Oedipus and Beyond: A Clinical Theory.* Cambridge, MA: Harvard Univ. Press.

—— (2001). Thinking, talking, playing: the peculiar goals of psychoanalysis. *Psychoanal. Q.,* 70:131-148.

—— (in press). Discussion of S. Bolognini's "The Analyst at Work." *Int. J. Psychoanal.*

Greenson, R. (1965). The working alliance and the transference neurosis. *Psychoanal. Q.,* 34:155-181.
Hartmann, H. (1951). Technical implications of ego psychology. *Psychoanal. Q.,* 20:31-43.
Havens, L. (1976). *Participant Observation.* New York: Aronson.
Hoffman, I. Z. (1998). *Ritual and Spontaneity in Psychoanalysis.* Hillsdale, NJ: Analytic Press.
Kohut, H. (1971). *The Analysis of the Self.* New York: Int. Univ. Press.
Loewald, H. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.,* 41:16-33.
McGuire, W., ed. (1974). *The Freud-Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung.* Princeton, NJ: Bollingen Series XCIV.
Pine, F. (1993). A contribution to the analysis of the psychoanalytic process. *Psychoanal. Q.,* 62:185-205.
—— (1998). *Diversity and Direction in Psychoanalytic Technique.* New Haven, CT: Yale Univ. Press.
Pizer, S. (1992). The negotiation of paradox in the analytic process. *Psychoanal. Dialogues,* 2:215-244.
The Psychoanalytic Quarterly (2001). The goals of clinical psychoanalysis, 70 (1).
Sandler, J. (1960). The background of safety. *Int. J. Psychoanal.,* 41:352-356.
Schafer, R. (1979). On becoming a psychoanalyst of one persuasion or another. *Contemp. Psychoanal.,* 15:345-360.
—— (1983). *The Analytic Attitude.* New York: Basic Books.
Smith, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.,* 48:95-128.
Sterba, R. (1934). The fate of the ego in analytic therapy. *Int. J. Psychoanal.,* 15:117-125.
Stone, L. (1961). *The Psychoanalytic Situation.* New York: Int. Univ. Press.
Strachey, J. (1934). The nature of the therapeutic action of psycho-analysis. *Int. J. Psychoanal.,* 15:127-159.
Sullivan, H. (1954). *The Psychiatric Interview.* New York: Norton.
Weiss, J. & Sampson, H. (1986). *The Psychoanalytic Process: Theory, Clinical Observation, and Empirical Research.* New York: Guilford.
Winnicott, D. W. (1949). Hate in the countertransference. *Int. J. Psychoanal.,* 30:69-75.
Zetzel, E. (1956). Current concepts of transference. *Int. J. Psychoanal.,* 37:369-375.

---

275 Central Park West, Apt. 1BB
New York, NY 10024

e-mail: Jayrgreen@aol.com

Psychoanalytic Quarterly, LXXI, 2002

THE VIRTUAL CASE REPORT

BY DONALD P. SPENCE, PH.D.

Reports of clinical happenings are coming under increasing suspicion because of their piecemeal nature and their problematic reliance on memory. Recent research on eyewitness testimony has raised the further concern that memory of an event can be easily and unwittingly influenced by something heard or seen after the fact. Once the psychoanalyst's memory has come under the influence of whatever theory is dominant, we can expect both an overselection of clinical happenings consistent with that theory, and an unwitting alteration of those that do not agree. Seemingly true case reports may be more virtual than veridical.

HOW WE REPORT CLINICAL PSYCHOANALYTIC CASES

Who do we talk about when we talk about cases? It goes without saying that our descriptions have their beginnings in contacts with real analysands, but the inevitable process of selecting some details and ignoring others can easily result in a presented patient who differs in subtle but significant ways from his or her real-life counterpart. And once we have gone further and introduced, for purposes of disguise, a false occupation, name, other identifying characteristics, and a new set of symptoms, we are almost certainly creating a new character. Further alterations take place when we focus on one or more specific aspects of the case, because it frequently happens that the details selected tend to

reinforce our clinical stance and our favorite theoretical position. (A collection of the details left out might well tell a different story or lead to a different diagnosis.)

And changes take place as well in the impressions of the reader. Our case vignettes can often bring to mind other patients, known only to the reader, and these familiars may silently step into the shoes of the patient being discussed. The reader may even be reminded of him- or herself, and break off reading the case if it seems too invasive or overly personal in some mysterious or suspicious way. It is probably no accident that analytic candidates often tell of being unable to finish class assignments because they find themselves daydreaming or ruminating part way through a case study, not quite understanding what the author was getting at (or perhaps understanding only too well).

We can partition any given hour into (a) *historical truth* (what was said); (b) *initial narrative truth* (how it was first construed by the analyst); (c) *provisional narrative truth* (how it was first remembered); and (d) *residual narrative truth* (how it was finally remembered and written up). It should also be recognized that even the final version is never final, but is always shifting slightly, depending on what new information has been uncovered and what new questions have been raised. Memory, the primary vehicle of residual narrative truth, is especially vulnerable to the influence of new commentary (as we will see when we discuss the problem of eyewitness testimony) and unusually sensitive to the impact of new theory.

This latter aspect of memory is due partly to the fact that there is usually no written record of the analytic hour. It can thus easily come about that key moments of a session are gradually mythologized into a sort of supportive fiction that tends to bolster whatever theory is in fashion; we all too easily lose sight of the fact that without audio recordings or detailed notes, the actual details of the original clinical happening have long since disappeared.

Formal and informal case presentations, extended clinical accounts, anecdotes, and vignettes are most likely variations on

the residual narrative, the final version of the hour. And since there is usually no written record, our literature can be reasonably (but rather unhappily) described as a collection of remembered and misremembered incidents and case reports that is largely unverifiable, despite its highly plausible ring, and is always in danger of spilling over into make-believe.

Even assuming that most case reports are more or less faithful to what was said during the hour, the fact remains that the manner in which these words are construed—the production of initial and residual narrative truth—leaves no footprints. The path from the clinical happening to the form it assumes in memory cannot be predicted from the happening alone. As Schafer (2000) noted, the phenomena in a clinical hour and the analyst's reactions to them

> . . . are not inevitable, unmistakable empirical discoveries being made in some mind-independent world . . . . We must not confuse what is searched for systematically with what is; similarly, we must distinguish what is merely supposed to be so on the basis of some general doctrine from what has been carefully worked out through all the trials and tribulations of clinical interpretation. [p. 832]

For an example of how the gap between what happens and what is reported comes into being, consider an anecdote reported by Greenson (1967), about a female patient who had been left sexually unsatisfied the night before:

> Her husband had kissed her amorously, caressed her skin with his hands and mouth, fondled her breasts . . . . Now the patient's last remark comes back to me as the analyst: "He was even smoothly shaven." At first I had thought it was a reference to her mother. Now I realize that the smoothly shaven, loving and considerate husband has *stirred up the contrasting picture* of her repressed sexual longing for her sensuous and sadistic father. [p. 368, italics added]

Why contrasting? What rule tells the analyst that the opposite meaning should be read into this account? It seems unlikely that another analyst, listening to the same material, would make a similar assumption. Taking a slightly different path, he or she would necessarily arrive at a somewhat different narrative truth. Worth noting is the fact that a careful reading of this vignette immediately reveals the gap between what happened and Greenson's formulation. Other happenings are not always so clearly described, leaving us more at the mercy of the author's construction and in no position to formulate an alternative.

The gap between what was said and how it is construed and remembered raises a central question about the value of research based on recorded transcripts, because the words alone are only part of the story and tell us almost nothing about how they later become narrative truth. To know how they are construed, we need to know what theory engaged the analyst throughout the session, what rules are used to decode a sequence of associations (as in the example above), and what theory (or theories) influenced his or her final report, necessarily affecting the transition from initial to residual narrative truth. Once again, this information leaves no footprints.

Recognition of this gap may also help to explain why the detailed analysis of recorded transcripts, a crucial part of one branch of psychoanalytic research, has added so little to our store of useful clinical information, or why the findings from these studies are found less than useful by the average clinician; they are almost never cited in traditional case reports or theoretical presentations.

Very simply, the uninvolved, external analyst/researcher samples data (the words spoken during a session, their pronunciation, the length of the average pause, and all other quantifiable aspects of conventional discourse analysis) that does not overlap with the data sampled by the treating clinician, who is interested more in meanings than in word lengths. To date, we have found no way to systematically quantify, summarize, or otherwise collect the accumulation of connotations that make up a session. What

is more, no method has yet been found by which we can represent the context of consciousness experienced by either analyst or patient, much less begin to understand how this context is brought to bear on the words spoken during a session to produce its residual narrative truth.

The Analyst as Painter

What metaphors can we use to describe the transition from clinical happening to published report? One way of understanding these alterations is to think of the analyst as an artist who is painting a scene from nature: the clinical happening becomes the subject, and the case report becomes the finished painting (see also Michels 2000, p. 363). Consider the comparison of Vermeer's painting *View of Delft* with the actual town as it existed at the time. Bailey (2001) noted that

> Vermeer created a reality whose bits and pieces can be disputed in terms of factual "truth" but whose artistic rightness is overwhelming. Here on the Schieweg he looked across the Kolk, where at any moment a *trekschuit* [canal boat] might arrive, and he gave Delft the special status of an island. The city, surrounded by water and air, floats peacefully: dramatically lit by cloud and sky above, quiet quayside and pewter-like water below. [pp. 110-111]

In his painting, Vermeer

> . . . reorganizes reality for the sake of artistic simplification; it deceives us brilliantly. Wheelock and Kaldenbach [contemporary art historians] have shown that the actual buildings in this scene were sited in a less regular pattern than is presented by Vermeer. The buildings of the Rotterdam Gate, to the right, protruded more towards the Schieweg and therefore towards the viewer; the bridge on the viewer's side of that gate in reality stuck out at right-angles to the line of the city wall rather than at the

> wider angle at which Vermeer has shown it, swinging it away from us. Moreover, various structures in fact stood higher in the skyline than they do in Vermeer's *View*. The roadway over the Capels Bridge, which spanned the canal entrance between the Schiedam and Rotterdam Gates with the goodly arch, was flattened by our artist for motives of his own. [Bailey 2001, pp. 109-110]

When we think of artists and artistic license, of what is changed and what is left standing, we can see how the same concerns may operate in the presentation of a clinical case. Just as a painting is not a photograph, so a case report might best be described as an example of virtual reality that *seems* to faithfully describe the course of treatment, but that is doubly distorted by the unreliable memory and faulty perspectives of both patient and analyst. The account is virtual in three senses: it corresponds only haltingly to what actually happened in the treatment; it is a less than reliable history of the patient's past and present; but at the same time, it gives the impression that it represents a faithful rendering of a complex mixture of actions, thoughts, and feelings.

Much depends, of course, on what type of artist is at work. If we are assuming that the analyst is a painter from a hyperealistic school (e.g., a Norman Rockwell who "paints what is there"), we can be reasonably sure that the scene rendered (the case report) can be taken as a fairly faithful reproduction of the clinical moment. But if our analyst/painter belongs to a more modern school, we have less reason to believe that the final case report has much to do with the historical truth of the session. And there is another complication. While modern or postmodern paintings are instantly recognized as belonging to a specialized genre (in part because they are clearly not photographs), the case report from a more imaginative analyst is not labeled with any particular warning.

There are times, of course, when the artist/analyst declares his or her affiliation. Balsam (2001) reminded us of the shift in

thinking about sex and gender issues that has taken place in recent years, and how this has influenced our impression of certain patients. In the earlier, classical view (the original Freudian schema), "the girl is really a little boy in her own mind until the fateful encounter with the actual sexed boy, causing her horror, disbelief, and conviction that she has come into the world with a boy's damaged genitals" (p. 1338). In the post-1970 perspective, by contrast, "the female-qua-female possesses in her own body the primary building blocks of sex and gender (just as the male does), and her 'maleness,' derived from relating to males, becomes an added phenomenon, however necessary and complex" (p. 1339).

Balsam then went on to illustrate how a particular patient, a 30-year-old graduate student, can be viewed differently depending on which developmental theory is applied. Using the older theory, the patient's interest in athletics and her competitive strivings would be seen as male and "unfeminine," with the result that they might be given less attention in a description of the case. Using the newer theory, these same interests would be seen as a more natural part of the patient's identity, and thus given a more prominent position in both the analysis and the case report. We are fortunate to have in this paper an account of the analyst's theoretical position that can be clearly distinguished from the case itself. This combination of description and construal lets us understand more fully how historical truth turns into narrative truth. I will return to this distinction in the concluding section of this paper.

But while the metaphor of analyst as painter does have some appealing aspects, it also glosses over some important differences. In the first place, while it is tempting to think of the analyst as artist, there is no way to overlook the fact that the final product is almost never a finished painting that can become a constant point of reference. Instead of complete cases, on the order of Dora, the Rat Man, or the Wolf Man, our current clinical

literature consists largely of anecdotes and partial fragments, and these reports are particularly sensitive to later revision.

In the second place, the real artist has ample opportunity to revisit the scene he or she is painting, often taking pains to study it repeatedly under the original conditions of light and shade. (Monet, for example, would note the original time of day that he had painted, and made revisions at or near the same time in order to be certain that color values remained constant.) The analyst, by contrast, never hears the dialogue of a given clinical session more than once—which leads us to the final paradox: it is the anecdotal, one-time account, and not the worked-over masterpiece, that ends up in our database of clinical happenings, helping to form our collective impression of how analyses are being conducted and how the analytic process brings about change.

The Analyst as Eyewitness

One reason why we tend to overlook the difference between what was said and what is remembered (and published) lies in the fact that we tend to treat case reports as fairly faithful accounts of the course of treatment. Analysts, we believe, are largely reliable in their reports, and clinical anecdotes can be taken as faithful accounts of clinical happenings. To think of the analyst as a painter beguiles us into thinking that reality is being faithfully represented, and that the final case report is a reasonable approximation of the original clinical happening. But the differences just noted may prompt us to look for another metaphor.

One much-studied paradigm can lead us to think of clinical reports as a species of eyewitness testimony. The analyst as participant-observer clearly fills this role, but this model also makes us aware of the many accompanying dangers. Careful study of Loftus's groundbreaking experiments (Loftus 1979) makes it only too clear that even eyewitness memory is all too easily influenced by subsequent reports. Her research, and literally thousands of other studies inspired by her work, have shown, again and again, that in a high proportion of cases, the eyewitness memory of

an event can be permanently influenced by something heard or seen after the incident took place.[1]

To illustrate, consider a study by Loftus in which subjects watched a film of an auto accident followed by a misleading question. The issue being examined was the extent to which contents of the question would be incorporated into the memory of the original event. One group of subjects was asked, "How fast was the white sports car going when it passed the barn while traveling along the country road?" A second group of subjects was asked the same question with no reference to the barn. When tested one week later, subjects were asked whether they had seen the barn (when, in fact, no barn was present in the film). Seventeen percent of the subjects in the first group reported having seen a barn, as compared to three percent of the second group (Loftus 1979, p. 60). In a series of follow-up studies, "it was found that the misleading question increased by a factor of six the likelihood that the subject would later report having seen the nonexistent barn" (Hall, Loftus, and Tousignant 1984, p. 126).

In a second study, Loftus (1979) showed a three-minute film of a classroom being disrupted by eight student revolutionaries. After the film was over, half the viewers were asked, "Was the leader of the four demonstrators a male?" and the other half were asked, "Was the leader of the twelve demonstrators a male?" One week later, all subjects were asked, among a list of other questions, "How many demonstrators did you see entering the classroom?" Subjects who had been asked earlier about four demonstrators recalled an average of 6.4 people (less than eight, the actual number, and possibly influenced by the misleading "four"), while subjects who had been asked about twelve demonstrators recalled an average of 8.9 people (more than eight, and possibly influenced by the misleading "twelve") (p. 56).

In a third study (Loftus 1979), a film was shown of a multiple-car accident in which one car, failing to stop at a stop sign, made

[1] As of several years ago, over 2,000 publications had appeared on the topic of eyewitness reliability (Cutler and Penrod 1995).

a right-hand turn into oncoming traffic. To prevent a collision, the cars in the traffic stream stopped suddenly, leading to a five-car accident that lasted for four seconds. Ten questions were asked of viewers at the conclusion of the film. The first question was asked in two forms:

1. How fast was car A going when it ran the stop sign?
2. How fast was car A going when it turned right?

The tenth question asked whether the viewer had actually seen a stop sign in the film. When the stop sign was mentioned in the first question, fifty-three percent of the subjects later reporting having seen a stop sign. If the first question did not mention the stop sign, only thirty-five percent of the subjects claimed to have seen the sign (p. 55).

The main message of these and similar studies can be summarized in the following paradigm:

> l. *Acquisition.* A witness views an initial complex event, which might also include viewing one or more faces.
>
> 2. *Retention and change.* A witness encounters new information subsequent to the initial event. The sources of new information include biasing suggestions, viewing photographs, a combination of pictures and messages, or even rehearsal of the original event. Whatever the source, postevent experiences make possible changes in recollections. New information can be added, old information altered, or perhaps even erased.
>
> 3. *Retrieval.* A test of memory for the original event reveals that postevent experiences have produced substantial changes in recollection. Indeed, the witness reacts as if original memory and postevent information have been inextricably integrated.
>
> [Hall, Loftus, and Tousignant 1984, p. 127]

If we now think of the reporting psychoanalyst as an eyewitness to a series of clinical happenings, the Loftus paradigm can be applied with almost no change to clarify the way in which

received theory (or any working hypothesis or partial formulation) can interfere with case reporting. By this way of thinking, any piece of outside commentary carries the danger of influencing the original clinical observations, with the result that what is reported will very likely be biased in a new direction. Two kinds of influence can be detected: on the one hand, an overselection of clinical happenings that reinforce the preferred formulation, and second (and more in keeping with the Loftus experiments), an unwitting alteration of the initial clinical happening to make it more consistent with what the commentary would support.

According to this paradigm, the analyst's memory of the original event—what I call *provisional narrative truth*—comes under the influence of whatever theory is dominant. What is even more troubling, there is only a low probability that anything deviating from dominant theory will be reported, because such outlying events will either be forgotten or made to conform to the reigning theory.

We begin to see, then, how our literature of case reports needs to be examined in a new light. Rather than sampling the universe of possible clinical happenings, the published accounts of cases must necessarily reinforce the reigning view of psychoanalytic process and therapeutic action. As theories change, so do observations, but these changes probably obey the laws of analytic fashion more than any paradigm of progress. It might even be argued that analytic practice has not changed in any significant manner since the first patient was put on the couch; what the literature reflects instead has been the changing interests of the analytic community.

We can identify at least two ways to account for this confusion, two factors that contribute to the Loftus effect. First, as noted, the analyst/author never has a chance to revisit the original clinical moment; and as a result, he or she is always working from the memory of what happened (minimally reinforced by process notes, but almost never supplemented by audio recordings). We can assume that this memory gradually accommo-

dates to reigning theory, and therefore, it becomes all the easier to accept the provisional narrative as the true account of what really happened. We can assume that whatever cognitive dissonance surrounded the initial observation very quickly fades over time.

Second, there is the crucial absence of a second witness. For more than two centuries, investigators have realized that solitary testimony magnifies the likelihood of error. Robert Boyle (1627-1691) was one of the first to recognize the problem and suggest a remedy:

> For, though the testimony of a single witness shall not suffice to prove the accused party guilty of murder; yet the testimony of two witnesses, though but of equal credit . . . shall ordinarily suffice to prove a man guilty; because it is thought reasonable to suppose that, though each testimony be but single but probable, yet a concurrence of such probabilities . . . may well amount to a moral certainty . . .
>
> [Boyle quoted in Shapin and Schaffer 1985, p. 56]

When case reports depend on the memory of a solitary witness, we run the risk of relying more on hearsay than on matters of fact, and whereas published reports probably contain a certain fraction of the truth, we never know for certain which parts to believe and which parts to disregard. (And there is no data to show that either analysis or self-analysis can guard against an individual's unconscious moments of misremembering.)

The Analyst as Unreliable Narrator

Another way of formulating the gap between the clinical happening and the published case report is to focus on the temptation to leave out the details that interfere with a good story. Particulars are adjusted to meet the demands of the genre, rather than to bear witness to the past; narrative momentum may sweep away a bland piece of historical truth that would, if included, tend to

slow down the story and confuse or bore the listener. Caught up in the storytelling moment, the survivor becomes a performer rather than a historian, and this shift in identity cannot fail to affect his or her credibility.

We are caught up in the issue of the unreliable narrator, introduced by Wayne Booth in a book entitled *The Rhetoric of Fiction* (1983); and we are starting to realize that many of the issues Booth raised with respect to the credibility of the storyteller in literature can also be raised with regard to anecdotal clinical case reports. Is the author giving us a simple, straightforward account of a moment from the recent or distant past, or is he or she, with a mixture of deliberation and naivete, putting together a story that is partly fact, but that is also carefully crafted to produce a particular impression? We need to know the author's motives in order to know how to listen, and it is useful to repeat one of Booth's (1983) comments about the narrative structure of Henry James's *The Turn of the Screw:*

> Though no one will deny to James his right to develop his original ideas as he discovers new complexities in his narrators, few of us feel happy in a situation in which we cannot decide whether the subject is two evil children as seen by a naive but well-meaning governess or two innocent children as seen by a hysterical, destructive governess. [p. 346]

Anecdotal reporting—the primary genre of psychoanalytic case studies—tempts the author to make the best case possible for his or her main argument. Clinical happenings that support the main thesis tend to crowd out those that do not. Pick any case study at random, and we almost never see the words "on the other hand," or "another way of looking at this dream," or "a final understanding of these symptoms must await an accumulation of further cases." Because the anecdotal account is always aimed at presenting the most persuasive account possible, we should be suspicious of what is not said, as well as being alert to points of view never presented.

What are the marks of an unreliable narrator? First and foremost, we might be particularly suspicious of extreme statements, because these tend to oversimplify what is ordinarily a confusing and complex picture. Any kind of simplification is probably not doing the story justice, and may be an attempt to make it agree with prevailing theory. A second kind of warning appears when the case presented seems a little too perfect, suggesting that unexplained details may have been omitted, and that what we are reading or hearing has been customized to fit the larger argument.

Because it is tailor made, the clinical anecdote leaves out information that might be relevant to another theory or another point of view. Once the residual narrative truth has been determined, the reader has no way of returning to the original happening and trying on a different formulation by omitting certain details, adding back others, and putting a different construction on the original event. Once the anecdote has been published, we have no way to revisit the original session in order to find, for example, evidence to support a more current theory or conception of analytic process. These options are necessarily preempted by the anecdotal account—which, by its nature, *becomes* the final report of the case, foreclosing any more detailed analysis, now or in the future.

CONSEQUENCES

What are some of the consequences of relying largely on memory (supplemented by an occasional process note) as our primary record of clinical happenings? First, it would seem that the analyst who begins treatment believing in a particular theory will almost certainly remember the patient as fitting the corresponding schema; reigning theory governs our perception and memory of the clinical moment, and the actual words used by the analysand to describe his or her experience may be quickly forgotten. It also follows that what is remembered and later

published about the case will tend to reinforce the schema carried into the treatment. When memory is guided by theory, it almost always supports rather than contradicts.

Our patients remind us daily of the same point. Memory is heavily influenced by context; the specific nature of the past is always being shaped, in a nontrivial manner, by the texture of the transference and the flavor of the analysis. It is a common observation that some parts of a patient's life never appear until he or she moves on to a different analyst, just as dream reports often depend on the climate of the hour. Some parts of a dream may be told the day after, while others must wait until the context has changed, and may not appear until weeks, sometimes months, after the dream was dreamt.

Knowing this about our patients, we seem to forget it about ourselves. But why should we be exempt? Doesn't it follow that *our* memory of cases is necessarily influenced by our current understanding of analytic process, by our more recent experience with patients, and by our allegiance to this or that theory? And as we bring forward clinical happenings to support a general point, doesn't it follow that our memory is probably biased—even distorted—in favor of our argument? And if our memory is unreliable, what is the standing of our literature, our database of case reports? Does this collection of clinical happenings have any permanent value as evidence?

A second consequence stems from the fact that by relying largely on memory and anecdotes, we are in danger of replacing the real patient with a fictional reconstruction—as well as, in a manner outside our control, of giving the reader a chance to supply his or her own patient in place of the real object.

Third, there is the danger that anecdotal reporting tends to protect standard psychoanalytic theory from correction and adjustment, thus significantly supporting the status quo. Our preferred theory of the analytic process must necessarily dictate how we remember our patients, which patients we prefer, and which hours should be remembered—and how they should be reconstructed.

A fourth consequence of anecdotal reporting is that it tends to omit technical mistakes, in addition to large and small examples of malpractice. Errors of this kind, because they usually take place in order to guard against guilt and shame, are either conveniently forgotten or suppressed, rarely if ever appearing in a case report. Here is another example of how our clinical understanding seems to stop at the head of the couch; what we assume about our patients (and about people in general) does not seem to apply to us.

A fifth consequence of relying largely on memory is that we rarely hear of unexpected clinical happenings that were not predicted by theory. If memory is theory driven, as I have been arguing, then it stands to reason that it will not capture moments that fall outside the received paradigm. These moments might include one-of-a-kind innovations that capture a certain clinical understanding or overcome a breakdown in patient–analyst communication; they might suggest a new way of using dreams or framing an interpretation, of building a bridge between consecutive hours, or of connecting past with present and fantasy with reality. But because their significance may not be realized at the moment and because they do not resonate with standard theory, these moments tend to go unreported. If we rely too much on memory, we run the risk of creating a largely circular system in which theory drives anecdote and anecdote supports theory. Almost nothing new will see the light of day, and we are doomed to practice forever in a charmed circle of half-truths and missed opportunities. Our patients deserve better.

Sixth, we have reason to wonder about the value of conventional clinical research. Because we have no record of the way in which the clinical happening—the words spoken—is transformed into the way it is remembered and understood, it follows that any investigation of the former will have little or no relevance for the latter. Even a detailed recording of the original session will say almost nothing about how it was construed by patient and analyst, remembered by either party three months later, or written up for publication.

If the evidence from anecdotal case reports leaves much to be desired, do we also have reason to doubt the value of psychoanalysis as a method of treatment? Not necessarily—precisely because of the real possibility that case reports do not adequately reflect the clinical happenings that lie at the heart of effective treatment. Patients may be getting better for reasons unknown—reasons, in other words, not reflected in received theory. Conversely, the reports of cases now being published may reflect the assumptions of received theory more than the healing properties of the clinical moment.

To put it another way, theory may be consistently getting in the way of knowledge by shielding us from a clear view of crucial clinical happenings. We may even find that, if a piece of curative therapeutic work is not supported by theory, it has little chance of being remembered, since memory is theory driven —and it has even less chance of being reported.

IMPROVING THE DATABASE

What steps should be taken to overcome these obstacles? One way to enhance the truthful value of anecdotal reports is to make a clear separation between the clinical happening and its meaning or significance. I noted this distinction in my discussion above of the Greenson (1967) anecdote and the Balsam (2001) paper. It should be clear that, by keeping a report separate from its interpretation, we give the reader the chance to evaluate the latter, to add or subtract impressions, and to be left in a position to make his or her own assessment of the significance of the reported happening. By separating the happening from its interpretation, we also make it possible to go back to that same happening months or years later, and to ask ourselves how a new theory might treat it differently or dismiss it altogether. We also have a chance to see more clearly just how the author's theory of process was used to make sense of the clinical happening. In doing so, we might find, for example, that while the author's

theory seemed reasonable, his or her application was faulty. Parallel suggestions were proposed by Coen (2000) in his discussion of open and closed case writing; the former, because it is more tentative in its formulations, gives the reader the chance to "both resonate with the author's experience and to create new and different readings" (p. 463).

Second, we need to make clear the evidential standing of the clinical reports. Each anecdote should be credentialed with a segment of verbatim monologue or dialogue. If the excerpt is less than verbatim, this fact should be noted, so that the reader will understand that some smoothing out has taken place, and that the process note has been somewhat changed on its way to publication.

A recent paper by Paniagua (2002) calls for celebration by virtue of the way the author annotates each clinical interchange with his thoughts about its significance. At the same time, however, it raises questions about how much editing has taken place. A close reading of the dialogue strongly suggests that the usual hesitations of spontaneous speech have been omitted to improve readability; inclusion of some note to this effect would have been useful. The problem here lies in the fact that each author has his or her own method of polishing the raw data, and what seems nonessential to one may be quite important to another. It goes without saying that the interested scholar generally prefers to study the original version and draw his or her own conclusions. To that end, it might make sense to index and store the original process note in a general, all-purpose archive, organized by topic, which could be readily accessed by present and future scholars.

Third, more attempts should be made to publish unexpected findings as a way of emphasizing how often our theories fall short and how much remains to be explained. An emphasis on what is new and different might encourage other clinicians to contribute surprising and unexpected reactions to standard interpretations. Space might be given to moments when the analyst found it difficult to empathize with the patient, and in the process, ex-

plored how his or her context of consciousness interfered with identification with the patient. Analysts might be invited to publish outright mistakes, and readers might be asked to comment on what went wrong and possible ways of understanding the confusion. It should be noted that the more often triumphs are coupled with disasters in our case reports, the more likely we are to trust the author, and the less likely to consider the report unreliable.

Fourth, we may have to rethink our concerns about confidentiality. Perhaps we have been unnecessarily burdened by the need to protect the patient's privacy, not realizing that by adding spurious detail to the anecdote, we necessarily confuse the record and lessen our chances of learning the most from another's experience. A careful selection of verbatim examples will not necessarily disclose the identity of the patient. And because the original language is preserved, we have maximal opportunity to learn more about analytic process.

Michels (2000) argued that case reports can "offer a special vista on the analysis itself" (p. 373) because they reveal intentions and (mis)understandings, along with clinical happenings. By making a clear separation between the event and its significance, we may find a way to disentangle one from the other and to gain new insight into the ever-changing psychoanalytic process. But unless we have some link to the original happening (process note, journal entry, or similar corroboration), we run the risk of building our science on a footing of make-believe. Not all case reports are unreliable, but just where the truth lies remains a mystery.

REFERENCES

Bailey, A. (2001). *Vermeer: A View of Delft.* New York: Henry Holt.

Balsam, R. (2001). Integrating male and female elements in a woman's gender identity. *J. Amer. Psychoanal. Assn.*, 49:1335-1360.

Booth, W. (1983). *The Rhetoric of Fiction.* Chicago, IL: Univ. of Chicago Press.

Coen, S. (2000). Why we need to write openly. *J. Amer. Psychoanal. Assn.*, 48(2):449-470.

CUTLER, B. L. & PENROD, S. D. (1995). *Mistaken Identification: The Eyewitness, Psychology, and the Law.* Cambridge, England: Cambridge Univ. Press.

GREENSON, R. (1967). *The Technique and Practice of Psychoanalysis.* New York: Int. Univ. Press.

HALL, D., LOFTUS, E. & TOUSIGNANT, J. (1984). Postevent information and change in recollection for a natural event. In *Eyewitness Testimony,* ed. G. Wells & E. Loftus. Cambridge, MA: Harvard Univ. Press.

LOFTUS, E. (1979). *Eyewitness Testimony*. Cambridge, MA: Harvard Univ. Press.

MICHELS, R. (2000). The case study. *J. Amer. Psychoanal. Assn.*, 48(2):355-375.

PANIAGUA, C. (2002). A terminating case. *Int. J. Psychoanal.*, 83(1):179-187.

SCHAFER, R. (2000). Review of *On Bearing Unbearable States of Mind. Int. J. Psychoanal.*, 81(4):832-833.

SHAPIN, S. & SCHAFFER, S. (1985). *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life.* Princeton, NJ: Princeton Univ. Press.

---

9 Haslet Avenue
Princeton, NJ 08540

e-mail: dpshaslet@aol.com

Psychoanalytic Quarterly, LXXI, 2002

"WHAT DO I KNOW?": PERSPECTIVES ON WHAT MUST NOT BE KNOWN WHEN CHANGE MEANS LOSS

BY LEONARD SHENGOLD, M.D.

Some patients use many ways of not knowing and so not feeling murderous rage at actual and internalized parents they long for and are terrified of losing. They stubbornly resist the liberating psychoanalytic changes that they consciously seek. Hope, promise, and success have come to threaten unbearable loss and catastrophic anxiety. These terrible expectations must become responsibly felt and owned by the patient.

The first phrase of my title is taken from Michel de Montaigne (1580), the great sixteenth-century French writer whose *Essays* have been bedside reading for a good part of my life. He is an ego-ideal. My meandering style, fondness for quotations, and tendency toward personal references are largely derived from Montaigne.

In this paper, I elaborate on a few observations that are not original and are more generally psychological than psychoanalytic. Over the last decade, when I have been doing mostly second and third analyses, I have become convinced that feeling the emotional force of some almost philosophical generalizations is central to the understanding of the conflicting motivations of many patients who get deadlocked in long analyses. They seem persistently antagonistic to change, especially change for the bet-

---

This paper was presented in a slightly different version as the honorary Heinz Hartmann Lecture of the New York Psychoanalytic Society, October 23, 2001.

ter. Stubborn resistance persists, even in those with obvious capacity and even talent for psychoanalytic work. They cling to their neuroses and seem unmotivated to finish analysis, rejecting the liberating modifications that they claim to seek.

Analyses are very long, and often more than one analysis is required. In order to overcome the resistance stalemate, such patients have to become responsibly aware that some of what they claim they already know is merely intellectual and theoretical; this involves *owning* what they know. *Owning* insight is achieved only if one can feel and tolerate its concomitant forbidden and psychologically dangerous emotions. One patient remarked, "I know that you are only repeating what I have told you about my parents and that it's true, but I just won't accept it." The freedom to own what is there to be felt, especially about self, parents, and about the analyst in transference, can take a long period of working through.

Disowning—not accepting—what may stay in intellectual awareness involves employing many of the arbitrarily defined metaphors we call mechanisms of defense: repression, suppression, isolation, denial, disavowal, dissociation, splitting. No amount of trying to find exact, "scientific" definitions of these terms can elude the clinical fact that everyone—even an analyst—has an idiosyncratic, dynamic medley of ways of not responsibly knowing. The patient must get to know both *that* and *how* he or she is refusing to know.

I will illustrate this resistance to knowing with clinical and literary material that centers on some dark connotations of hope and promise as connected with spring, and the approach of summer with its flowers and gardens.

MR. X

Mr. X came for a second analysis because he still felt "saddled with sadomasochism." Sadomasochistic practices had been considerably reduced during his first try, but anal arousal, beating

fantasies, and masturbation associated with them persisted. Mr. X was troubled both by still wanting and not wanting to give them up. During the first year of reanalysis, he repeatedly asserted, "Change is loss!"

Mr. X had been a choirboy, and had subsequently studied and remained fond of music. He was sometimes obsessively preoccupied with melodies or parts of them, and these would appear in his associations. A musical theme he often sang out during sessions were the words accompanying four staccato notes that begin a recitative in Handel's *Messiah:* "And sud-den-ly." He would follow this with a short pause. When first asked about this leitmotif, Mr. X became anxious and kept silent. Eventually, he connected the lyrical phrase with memories of sudden and terrifying changes in his "crazy" mother's facial expressions and behavior, often before or during her slapping or beating him; good mother had suddenly become bad.

Later on, Mr. X, by now less obsessed with tunes, began collecting what he called his "and suddenly phenomena," past and current. The most compelling of these was the change from erotic pleasure to painful, frightening overstimulation during the frequent enemas his mother had forced on him in his childhood.

Mr. X had been molested as a boy, masturbated and perhaps anally fondled by an adult choirmaster. He remembered no penetration and had had no subsequent homosexual contacts.[1] He was not married. He had had a few short, casual affairs, but his adult sexual life consisted mostly of "picking up women for one-night stands." He also had easy, casual, platonic friendships with women. But he felt close to few people and often avoided contact with the friends he did have.

Mr. X experienced mild paranoid reactions to authority figures, and these began to appear toward me. He would try to provoke my rejection and punishment. He liked to speed when driving, and was in chronic (but exciting) danger of having his

[1] His homosexual impulses had not been sufficiently explored in his first analysis.

driver's license suspended. He was generally successful in his work, and yet had avoided the high achievement his talents deserved.

When Mr. X was seven, both his parents became seriously ill after a vacation in the tropics, and had to be hospitalized for a long period. The boy was suddenly[2] sent away from his home city to be cared for by an aunt and uncle whom he hated. They had no children, and Mr. X felt unwanted and miserable. He was beaten frequently by his irascible uncle, supposedly for disobedience.[3] Mr. X knew his parents were sick, but the thought that they had allowed all this to happen hurt more than the physical pain of the beatings.

His happiest times during this exile occurred when he was allowed to play in a walled garden. This garden resembled his mother's garden at home; both were apparently modeled on the maternal grandparents' garden. Why hadn't he been sent to live with *them?* Perhaps his grandmother had already died by then. "I keep going back to my crazy, mean uncle's house in my dreams and thoughts," Mr. X complained. "You'll say that I really want to be back there again, but that can't be so."

In mid-May, toward the end of the first year of his reanalysis, I told Mr. X which days I would miss for the forthcoming Memorial Day and Fourth of July holidays and the dates of my August vacation. Mr. X was used to my making declarations of schedule changes toward the start of a session, and had been accustomed to his first analyst's taking August off. Still, I was aware that my announcing the prospect of our first long separation could evoke an "and suddenly phenomenon." Indeed, the patient told me the next day that he had "heard" those meaningful four notes during the session, but had not reported this.

[2] This was one of the earliest and most important items in his "and suddenly" collection.

[3] The patient thought it more likely that he was beaten according to the unpredictably malevolent whims of his uncle—another "and suddenly phenomenon."

On the night between the two analytic hours, Mr. X had a "strange, vaguely remembered" dream: a figure representing Death had appeared in a garden. The patient had no visual memory of the figure, and the specifics of the garden setting were not clear. There had been a general sense of greenness. Groups of people were walking about; some of them may have been dead. Mr. X was alone among these weird strangers, and yet had felt little fear. "I was there as a kind of indifferent witness. There were some people I seemed to know but wasn't sure. You were *not* in it," he added. (I felt this emphasis marked a negation: I *was* in it.)

Mr. X remarked that the anniversary of his mother's death was approaching. She who had always said she wished to die in her own garden had been killed in an urban highway accident several years before the start of Mr. X's analysis. He next told of recent meetings he had attended that were designed to "pay memorial tribute" to well-known people. One featured a lecture by a professional rival whom he regarded as an enemy. Hatred toward or from an enemy did not bother him much, but it was different with a friend. He had been talking with an old friend, B, and "I started to tell him I had gladly agreed to write a paper for a volume celebrating his forthcoming birthday, but I made a slip and said 'for your memorial volume'! 'But I am not dead,' B replied with a laugh. 'Oh my God! Forgive me!' I said. B told me not to look so stricken, and we hugged one another; we were both in tears. It was a poignant moment." I pointed out that my announcement of holidays and vacation had been followed by this dream about separation and death, with an obvious death wish in his associations.

The undifferentiated green-garden background in the dream led Mr. X to speak of the scene of the death of Falstaff from a movie of Shakespeare's *Henry V,* in which Mistress Quickly describes the fat old man dying in his bed, babbling of green fields. It had made Mr. X weep.

I had a thought here that I did not share with my patient. I remembered a dying Polish lady from the cancer ward in which

I worked as an intern. She would repeat in her thick accent, with intense yearning, "Please, dear, take me out to the green meadows! I want to see the flowers." I speculated that she was remembering the countryside of her girlhood—wanting to die in the garden of her childhood, perhaps unconsciously motivated to join her dead mother there. My associations seemed to have been evoked by Mr. X's talk of his mother's desire to die in her garden, as well as by my awareness of his ambivalent wishes to both join her in death and to be rid of her and her "craziness." And now, with separation from me approaching, Mr. X wanted to get rid of me for abandoning him—and yet feared losing me.

A young child is afraid that his or her intense anger can kill, and the terrifying, magical power of Mr. X's early wishes—the fulfillment of which would bring unbearable loss and/or retaliatory deadly punishment—was being revived in the analytic transference (as it had been revived in the sudden separation from his parents at age seven). In the dream, the terrifying intensities had been defensively reduced to the indifference of a casual onlooker.

SOUL MURDER

Some but not all of the kind of resistant patients I am referring to are soul murder victims (Shengold 1989), abused and/or deprived as children. Others, for different reasons, are terrified of the losses their aggressive-laden impulses make them anticipate. Both groups may remain burdened with unconscious and conscious terrible expectations and with the need for denial.

In the Rat Man case, Freud (1909) reported the Rat Man's quoting Nietzsche: "'I did this,' says my Memory. 'I cannot have done this,' says my Pride, and *remains inexorable*. In the end, Memory yields" (p. 184, italics added). For soul murder victims, or those who are consciously or unconsciously preoccupied with accusing their parents of abuse that the parents may or may not have actually committed, the accusation is frequently doubted or disowned. I adapt the quotation as follows: "You [the parent] did

this, says my Memory. You cannot have done this, says Need and remains inexorable. Memory, or at least the responsibility for making the accusation, yields." The "inexorable" push toward not knowing is supplied by the unbearable intensity of competing feelings of need and rage—the torture of the conflict between hatred toward and longing for parents, without whom we once felt and may still feel that we cannot survive. With the regressive revivals of rage via the transference onto the analyst, accompanied by dreadful expectations of loss, the resistance can indeed threaten to "remain inexorable."

BAD EXPECTATIONS EVOKED BY HOPE

The approach of every season evokes the prospect of change, of transformations that can be anticipated from past experience as mixtures of being for the better and for the worse. The predominant quality of the mixture of such anticipatory feelings is conditioned for each of us by current external realities, as well as by conscious and unconscious expectations derived from fantasies and past experiences. The underlying neurotic expectations of the persistently resistant patients I am describing tend to be predominantly and insistently bad.

The Mixed Promise of Spring

Every year, newspapers and magazines remind us of spring's promise by quotations that have become poetic clichés: "the promise of May," "April showers bring May flowers." Yet "April is the cruelest month, breeding lilacs out of the dead land" (Eliot 1922, p. 37). Hope for change can be cruel, when change is predominantly expected to bring on loss or even catastrophe.[4] Wordsworth, in his great poem "Intimations of Immortality from

[4] Catastrophe would involve any or all of Freud's "danger situations" (1926, *passim*).

Recollections of Early Childhood"[5] (1807), which should be assigned reading for psychoanalytic classes on child development, mentions May and its promise three times in the course of its 210 lines. I will quote a juxtaposed and shortened version of the poem:

> There was a time when meadow, grove, and stream
> The earth and every common sight
> To me did seem
> Apparelled in celestial light,
> The glory and the freshness of a dream.
> It is not now as it hath been of yore;
> Turn wheresoe'er I may.
> By night or day
> The things which I have seen I now can see no more.
>
> [*Change means loss*—my chorus, not Wordsworth's.]
>
> . . . all the earth is gay
> Land and sea
> Give themselves up to jollity,
> And with the heart of May
> Doth every beast keep holiday.
>
> The rainbow comes and goes
> And lovely is the Rose . . .
> The sunshine is a glorious birth;
> But yet I know, where'er I go,
> That there hath passed away a glory from the earth . . .
>
> [Change means loss.]
>
> While Earth herself is adorning
> This sweet May morning
> And the Children are culling
> On every side,
> In a thousand valleys far and wide
> Fresh flowers . . .

[5] The poem's epigraph is the Freudian "The child is the father of the man."

[The poet then reminds us how "the prison gates begin to close" increasingly upon the child as it progresses through boyhood, youth, manhood, and old age, and he enjoins us:]

Ye that through your hearts today
Feel the gladness of May! . . .

[Remember!]

Nothing can bring back the hour
Of splendour in the grass,
Of glory in the flower; . . .

[And the adult poet asks:]

Whither is fled the visionary gleam?
Where is it now the glory and the dream? [pp. 587-590]

[Change means loss.]

The poet is describing the wonderful sensory and perceptual refulgence of our early years.

Reassurance, But: Change Is Loss

In a rich and subtle clinical and theoretical paper on the theme of reassurance, Feldman (1993), one of those whom Schafer has called the "contemporary Kleinians," quoted Freud (1940) on disavowal and the splitting of the ego:

> The ego often enough finds itself in the position of fending off some demand from the external world which it feels distressing and that this is effected by means of a disavowal of the perceptions which bring to knowledge this demand from reality . . . . The disavowal is always supplemented by an acknowledgement; two contrary and in-

> dependent attitudes always arise and result in the situation of there being a splitting of the ego. [pp. 203-204]

Feldman added to the defense of ego splitting Klein's observations and theory about the splitting of the object into good and bad. He illustrated the theme of reassurance with an example from Klein's *Narrative of a Child Psycho-Analysis* (1961), in which she uncharacteristically decided to reassure her 10-year-old patient, Richard, by answering his question, on the occasion when he asked about her disposal of an old envelope that had held his drawings. She replied that she had not thrown it away, and the boy felt reassured. This occurred at a time when the patient's father was ill, which was Klein's rationalization for the reassurance. (Apparently, both patient and analyst were motivated here by the fear of loss.) Richard was pleased with her and said so. But this was followed by Richard's observing through the office window that a girl was passing by outside, and he said that the girl looked to him like a monster. Idealized feelings for the good and reassuring caregiver Klein gave way to a projected image of the bad Klein-monster outside the office.

Reassurance, Feldman noted, did not give the patient confidence that the analyst—and therefore the patient himself—could tolerate the rage involved. This certainly can be the case (and is frequently so with the soul murder patients I have seen); the result may be, as Feldman pointed out, that the patient's anxiety increases. However, I feel that, in addition, the patient's motivations are far from completely predictable on the basis of the analyst's failure of empathy and countertransference (in the old sense of the latter term).

In addition to the patient's transference onto the analyst of the seemingly good object of the needed father, there is a fear of loss of the bad object from the past, without whom the patient feels he or she cannot function ("Is there life without father?"). If opening up to the promise of love and sexual excitement has sometimes led, suddenly and unexpectedly, to torment and trauma, the child in a family concentration-camp situation can only

rely on the "Big Brother" figure (see Orwell 1949), whose torment has been unconsciously equated with love. Disavowal and denial are needed to survive. Love, joy, pleasure, promise, and reassurance —so craved and so needed for internal change—must be avoided as leading to the intolerable.

Feldman pointed out that respecting the patient's wish for the analyst to be sadistic would have been gratifying and therefore reassuring in another way, but in both cases, the reassurance would have evoked distrust of the analyst's ability to tolerate the patient's hatred and anxiety.

The Imagination of Disaster

This is a phrase of Henry James that applies to those who predominantly expect that change means loss, and who are haunted by the conviction (which may be unconscious or disavowed, but sometimes is of an almost delusional intensity) that what starts with promise (like May) will end in catastrophe and death. Why these bad expectations are there is not always determinable. I think it depends largely on individual vicissitudes of predominately destructive drives, that is, on amplifications of feelings of rage and of murderous impulses. Aggression can stem both from what has been inherited and from what has been experienced. Quasi-delusional bad expectations are almost always found in those who have suffered sexual abuse, beatings, and deprivation as children;[6] of course, they can also exist in those who are excessively preoccupied with sadomasochistic fantasy that has not necessarily been induced by traumatic experience.

Children who have been traumatized tend to sexualize abuse and to become obsessed with sadomasochism, even if the trauma is not overtly sexual. The emotional or sexual promise of pleas-

[6] Primo Levi (1987) reminded us that, once one has been tortured, one can never again feel secure in the world (p. 12). The implication is that for one who has been in a concentration camp, physical liberation does not equal psychological liberation. This also applies to the soul murder victims of family concentration camps.

ure is what originally led the child-victim to open up, physically and emotionally, to the adult, frequently the parent, only to experience traumatic overstimulation—with the delusion that the next instance would bring pleasure, and this seems to underlie a compulsion to repeat what the traumatized child cannot bear to reexperience. And, in the course of this terrible double bind, the prospect of pleasure can become as or more frightening than the prospect of pain. Change, sometimes especially in the direction of pleasure, has come to mean loss, even unbearable loss.

This mental set includes a tendency toward negative therapeutic reactions—realistic achievements and inner satisfactions call forth self-deprecating and self-destructive feelings and actions. The needs for failure, illness, and punishment also become subject to the compulsion to repeat traumatic situations, and involve hurting others as well as oneself. A characterological investment in sadomasochistic fantasy and action tends to arise; sadomasochism is used as a way of psychologically holding onto the past and onto the parents of the past.

As Freud showed in "A Child is Being Beaten" (1919), there are children who, in order to maintain some central importance to the parent, cultivate punishment—to be hated is better than being the object of indifference. But the sadomasochistic tie, which must be tolerated and maintained, has to be idealized or sexualized sufficiently to avoid or neutralize dangerous rage and aggression. Children believe that their rage and murderous impulses have magical power that can kill the indispensable parents; so that simply feeling intense rage toward godlike caregivers, without whom existence cannot continue, and who can retaliate and kill in turn, can be traumatic for the small child.[7]

Subsequently, the danger of a killing rage can continue, consciously or unconsciously, directed not only toward the actual parents and parental figures,[8] but also toward the internalized parental presences that form and continue to exist as part of the un-

[7] I want to emphasize that knowing this is clinically valuable in understanding the adult patient's terror of feeling anger.

[8] These include parental transference figures, such as the analyst.

conscious content and structure of our minds. Rage means fear for them and fear of them. The early parents, especially the initial mothering person, are associated with omnipotence and magic. The latter comprises both a black magic that is destructive and terrifying, and a positive magic that is full of grandiose promise (Wordsworth's "clouds of glory"). The initial good, narcissistic magic inevitably diminishes, a loss that means expulsion from the Garden of Eden.

All children are destined to bring the need for magical deliverance—from evil and death, from the burdens and dangers of life, from the indifference and cruelties of fate—to the parental gods. Even when they are felt to be malign gods, the child nevertheless has only them to turn to for rescue. But the rescue does not occur if the parenting is really bad, or if the child is born with irreversible deficiencies or has suffered traumatic loss. Such children are left with an overwhelming need for a delusion of rescue—often through an idealized sadomasochistic attachment. There is a conscious or unconscious insistence that the next time, the next contact with the now magically transformed parental imago, will fulfill the promise, take away the danger of killing and being killed, and provide a return to the Garden of Eden.

The child is thus left in a psychological trap—both craving and fearing, seeking and avoiding, *change*. In this sense, some live all their lives with (and we can all in regression be reduced to) the terrible psychic conflicts of those children and former children condemned to assume that there is no life without mother. Of course, such dependencies (preserved by false promise) are maladaptive, belonging to that psychic realm that lies beyond the pleasure principle.

Sadomasochism, operating both as perversion and as part of character, can provide gratification and reassurance. Both modes can also represent identification with the parent, as well as a repetition of a submissive and/or defiant relationship with the parent that has held, and can still hold in the present, the delusional promise of a wonderful, magic resolution that never ensues. Contact with the sadistic parent or whoever currently

plays that role (as the analyst inevitably will) is held onto out of desperate need.

GARDEN TIME IN THE TRANSFERENCE

For analysands, August is the cruelest month. But earlier, in mid-May, as holidays and the traditional August psychoanalytic hiatus approach, it is my custom to inform patients of my forthcoming dates away. This brings the prospect of desertion by the parents of the past onto the analyst in the present. For those brought up in the United States, danger of loss is reinforced by the holiday of Memorial Day, usually not consciously associated with much emotion, but evocative because of its place in the calendar. The late May holiday can be the unconscious harbinger of past and future changes—marking the approach of summer, with its long sunny days, and the full bloom of gardens, as well as the separations involved in graduations and weddings, the passing of the school year, going to camp, parental vacations, and so forth. For many patients, Memorial Day functions as an unconscious injunction to remember—the past, the dead, and the loss of childhood and its intimations of immortality: glory and the gleam of celestial light.

Memorial Day arrives between the celebrations of Mother's Day in mid-May and Father's Day in June. These commercially driven—but for many, emotionally charged—holidays are meant to celebrate the living or the dead or absent parent. These days devoted to parental recognition call up the memory of the centrality of the parent of earlier and earliest times.

And so, for patients in treatments where transference is evoked, worked with, and flourishes, both the promising, but especially the bad, expectations of spring and of summer flowers and gardens can become linked with the analyst's vacation. Ghosts of parents and parental figures, and the intense feelings connected with them, are revived. These heightened, conflicting emotions, which are transferred from the past onto the analyst in the

present function—to use Freud's simile—"like the ghosts of the underworld in the *Odyssey*" (1900, p. 553): to provide a taste of the blood of the living that awakens spirits to new life. The intense emotions engendered feature a combination of the terrible expectations of the danger situations of early life, threatening separation from and loss of the parents. In this sense, equation of change with loss is inevitable as we develop. Sometimes, the bad expectations that begin to come to life again in relation to the analyst are products of fantasy; and sometimes, these expectations of trauma and loss have actually been lived out.

THE GENETIC POINT OF VIEW

The injunction to remember and honor the parent can be an urgent unconscious force that evokes rebellion, submission, or both toward authorities. This evocation is part of the psychic tendency to connect the past with the present—what analysts call the *genetic metapsychological point of view,* here operating in the area of object relations.

Freud originally formulated three metapsychological points of view: dynamic, topographical, and economic. Rapaport and Gill (1959) added two more (largely based on earlier papers by Hartmann [1944] and by Hartmann and Kris [1945]): the adaptive and the genetic. Hartmann, in the course of describing his concept of the "non-conflictual spheres of the ego," stated that "this view certainly does not imply any neglect of the genetic point of view, which is fundamental in psychoanalysis" (1944, p. 35).

In 1913, Freud wrote that psychoanalysis "from the very first was a genetic psychology directed towards tracing developmental processes" (pp. 182-183). Rapaport and Gill (1959) commented that "The genetic point of view demands that the psychoanalytic explanation of any psychological phenomenon include propositions concerning its psychological origin and development" (p. 804).

The genetic point of view, then, connects past and present.[9] We assume that we must explore in the direction implied by such questions as: Where did a psychological event originate, and how has it developed? The genetic view contains the assumption, borrowed from physiology and embryology, that the earliest events, while subject to what Abrams (1977) called *transformations,* remain latently active and tend to have the most extensive consequences. (I think it was Karl Abraham who used the metaphor of the contrast between the consequences of sticking a pin in an embryo and in an adult.) Furthermore, the genetic point of view involves psychic functions (affects, thought, drives, defenses, danger situations, and so on) and psychic structures (ego, id, and superego).

In my discussion of the genetic point of view, *I am emphasizing the genesis of object relationships and the sense of a separate identity.* Hartmann and Kris (1945) alluded to these when they wrote of the "proposition concerning the influence of earliest relationship with the mother upon survival and development of the child" (p. 27).

A second clinical example is provided below.

MS. Y

A woman in her early forties, Ms. Y had a successful career, and had achieved a fairly satisfactory marriage after years of analysis in another country. She returned to analysis after moving to New York. She felt conflicted about her husband's wish to have a child, and depressed about inner conflicts over her work in a very competitive field. After years of reanalysis with me, there had been very little change. She had given up on the attempt to get pregnant, which she described as "halfhearted at best."

Ms. Y had been an only child, and suffered from that intense kind of never-lived-out sibling rivalry that can occur in

[9] And also, for the neurotic, it connects the self with the future—the future as projected past.

only children. Although she was aware that she was valued in her work for her considerable talent, she felt inadequate. She consistently provoked her superiors and resisted or spoiled opportunities to advance and to become more independent. Ms. Y worked in her father's field, and joked that Freud would say she had trouble being more successful than her father; this was actually not a joke. Father had made her his confidante in her early years, and discouraged her ambition, first to go to college and then to continue into graduate work.

Ms. Y resisted working with her feelings about me, and would not connect them with her intense, ambivalent attachments to her parents, who had died when she was in her thirties. Interpretations of transference and transference resistance were accepted intellectually, but, she said, not *felt*—yet both her longing to be loved by me and her anger were apparent. Ms. Y, like Mr. X, tried to provoke punishment in the analysis. With some insight, she said, "I know I am trying to provoke you, but I can't feel it." She was upset whenever I went away, but this, too, was admitted though "not accepted." She remembered her childhood distress at being sent to summer camp, but insisted that, if anything, she looked forward to my being away.

Ms. Y, seen years later than Mr. X, had a dream whose evocative circumstances and manifest details greatly resembled his. Her dream also occurred toward the end of May, following my announcement about forthcoming holidays and vacation. It, too, was about a garden. Like her emotionally cold and domineering mother, Ms. Y was passionately fond of gardens. The dream initially started off beautifully, full of color[10] and promise. She was observing her mother's gardening; Mother seemed so happy. But then, although the patient could not recall the details, she had become aware that somehow death was in the garden. It had not been a nightmare, but she awoke in anxiety.

[10] I feel that dreams that are consciously described as involving color usually involve the body. Robert Fliess once told me that Freud told him this; I have not found it in Freud's publications.

The anniversary of the patient's parents' death was approaching. They had died in an automobile crash. It was ironic that her mother, the lover of gardens, had been killed in an accident while on vacation in a desert. Ms. Y quoted the familiar lines, "We are nearer God's heart in a garden/Than anywhere else on earth" (Gurney 1913), but added, "what kind of a God lets accidents like that happen?"

Ms. Y associated to the Garden of Eden—the tree of knowledge, the forbidden fruit—and commented on the unfairness of blaming the expulsion on Eve. God preferred boys and men, as had her father. Father had at first treated her like a boy; he had discouraged her from helping mother in the garden. When he left the family home (while she was an adolescent—subsequently, the parents reconciled), she began to work with her mother in the garden. Now she loved gardens but also hated them; that was how she had felt toward her controlling mother, too. A typical negation followed: "I know you will say I had this dream because you told me you are going away, but that is not what I feel!"

I pointed out the angry emphasis in her disclaimer, but to little effect. She again mentioned Genesis, however, remarking that both human life and murder had begun only after expulsion from the Garden of Eden. It took years for her to own the feelings connecting past with present that underlay the conflicts alluded to in this dream—despair at the threat of separation and loss, and yet killing rage, as well as the wish to get rid of her parents and have different ones. In retrospect, this dream marked a turning point in her analysis.

MR. Z—AND A LITERARY PARALLEL

Mr. Z, psychologically tied to a cruel, paranoid father, seemed stalemated in a long analysis. He was finally beginning to feel and to deal with rage and longing toward me. Just before he went on vacation, Mr. Z had a dream that he was a child in a garden, where his father was beating him on the bare buttocks with a strap. He was crouching under the blows. His behind then oozed

fluid which fell profusely "in drops like rain," forming a pool in which crabs were swimming. Mr. Z said, "I felt that if anyone touched my back, they would get cancer." (I will not deal here with his conflicts about anality.) He awoke in anxiety.

This dream made me think of a poem by Edna St. Vincent Millay (1923),[11] sent to me by an analyst colleague who had read one of my books (Shengold 1989) and felt that the poem expressed a cry from someone who had been cruelly used in childhood. The poem contains the metaphor of the promise of nourishing rain having turned to mutilating destructiveness.[12] It is entitled "Scrub" (in the sense of a stunted tree):

If I grow bitterly,
Like a gnarled and stunted tree,
Bearing harshly of my youth
Puckered fruit that sears the mouth;

[This is fruit with the power to burn and blister.]

If I make of my drawn boughs
An inhospitable house,
Out of which I never pry
Toward the water and the sky,
Under which I stand and hide
And hear the day go by outside;
It is that a wind too strong
Bent my back when I was young,
It is that I fear the rain
Lest it blister me again. [p. 160, italics added]

[11] Readers of recent biographies and studies of Millay and her works will be aware of the poet's disturbed childhood.

[12] In *The Merchant of Venice* (Shakespeare 1596), Portia uses the metaphor of rain in attempting to douse Shylock's burning, murderous, and cannibalistic demand for a pound of Antonio's flesh: "The quality of mercy is not strained./It droppeth as the gentle rain from heaven/*Upon the place beneath"* (IV, i, 181-183; italics added to highlight the anal reference). Of course, Portia pleads in vain to the ill-used man who craves revenge.

See also the following oft-quoted lines from Eliot's (1922) poem: "April is the cruelest month:/Breeding lilacs out of the dead land,/Mixing memory and desire,/*Stirring dull roots with spring rain"* (p. 37, italics added).

The child/tree has been mutilated; the apple from the Garden of Eden of childhood has become poisoned, and mother's milk has turned to acid rain. The garden, literary symbol of Mother Earth and Freudian symbol of mother, her genitals and womb, is both the place of safety and of danger, of the protected fetus and its expulsion from the body, of birth and of burial.

A REVEALING AUTOBIOGRAPHY: LEONARD WOOLF

Leonard Woolf (1962), husband of Virginia, cites in his autobiography his conviction that there is an "apparently innate and profound unhappiness of the human infant, who will go into loud paroxysms of misery without provocation, [that] is unknown in the young of other animals" (p. 26). His evidence for "this primeval pessimism of man" (p. 26) comes from his fifth year. He was at that age, and in his family garden, when he was "*suddenly* stricken with an acute pang of cosmic rather than with personal unhappiness" (p. 26, italics added). This memory has intimations of the expulsion from Eden, and is associated with a family vacation.

Woolf does not tell us much about his early childhood, but we do learn that he was one of nine surviving children, brought up in a close-knit Jewish family in a large London house full of servants. (The family's comparative wealth disappeared on the death of Leonard's father when the boy was eleven.) Woolf says he always felt he was his mother's least favorite child. He was the third-born of the children; the babies kept coming. It is probable that another one was anticipated during the family's summer vacation when he was five ("Every year in the last week of July or the first of August the whole Woolf family went away for a summer holiday in the country" [1962, p. 27]).

His cosmic depressive reaction ("my first experience of *Weltschmerz*") took place in *an enclosed space,* a dirty enclosed space—the family garden, on the return from this vacation:

> [The garden] . . . was *enclosed* by the house on the north and by three *grimy* six-foot walls. It was a typical London garden of that era, consisting of a worn parallelogram of grass surrounded by narrow gravel paths and then narrow beds of *sooty, sour London soil* against the walls. Each child was given a few feet of bed for his own personal "garden," and there we sowed seeds. It was here that I first experienced a wave of that profound, cosmic melancholia which is hidden in every human heart and can be heard at its best—or should one say worst?—in the infant crying in the night with no language but a cry. [1962, pp. 26-27; italics added]

On the family's return, the boy had rushed out "eagerly to see the back garden," and what starts with great promise ends in disappointment, depression, and anxiety. The obviously neglected garden is now not only dirty, but also barren and infested:

> There it lay in its grimy solitude. There was not a breath of air. There were no flowers; a few spindly lilac bushes drooped in the beds. The grimy ivy drooped on the grimy walls. And all over the walls from ivy leaf to ivy leaf were large or small spider-webs, dozens and dozens of them, quite motionless, and motionless in the centre of each sat a large or a small, a fat or a lean spider. I stood by myself in the patch of scurfy grass and contemplated the spiders; I can still smell the smell of sour earth and ivy; and suddenly my whole mind and body seemed to be overwhelmed in melancholy. I had experienced for the first time, without understanding it, that sense of cosmic unhappiness which comes upon us when [we] look out of the windows [that are] darkened, when the daughters of music are laid low, the doors are shut in the street, the sound of the grinding is low, the grasshopper is a burden and desire fails. [1962, pp. 27-28]

The last sentence of the quotation above—poetic but cryptic—seems to emphasize that looking and listening may lead to the failure of desire.

One wonders about the symbolism of the spider, evoking the vagina *dentata* and cannibalistic connotations in an (anal) setting of dirt and degradation. Fear and misery, linked with an unconscious primal scene fantasy, were evoked here by the forbidden fruit of the sexual knowledge of good and evil in the enclosed garden that symbolized the mother's genitals.[13] The experience of the garden that started out full of reliance on the future ends in fear and foulness.

Woolf wrote of a second occasion, when he was about eight, "on which I felt the burden of a hostile universe weigh down upon my spirit" (1962, p. 28). It again involves a garden and the summer holidays. The family arrives at a new house on a cliff above the sea.

> After tea I wandered out by myself to explore the garden. The house and garden were quite new, for the garden was almost bare. Along the side facing the sea ran a long low mound or rampart. I sat there in the sunshine, looking down on the sparkling water. It smelt and felt so good after the long hours in the stuffy train. *And then suddenly*[14] quite near me out of a hole in the bank came two large *black-and-yellow* newts. They did not notice me and stretched themselves out to bask in the sun. They entranced me and I forgot everything, including time, as I sat there with those strange beautiful creatures surrounded by blue sky, sunshine and sparkling sea [p. 28, italics added]

Here again is a potential primal scene fantasy that begins full of beautiful promise. And it also ends badly:

> I do not know how long I had sat there when, *all at once*,[15] I felt afraid. I looked up and saw that an enormous *black*

[13] That this was a "back garden" and a dirty one emphasizes anal and cloacal connotations.

[14] This is the second time that Woolf mentions *sudden* change. Compare this with Mr. X's "and suddenly phenomenon," derived from Handel's *Messiah*.

[15] And a third time.

> thunder cloud had crept up and now covered more than half of the sky. It was just blotting out the sun, and, as it did so, the newts scuttled back into their hole. It was terrifying and, no doubt, I was terrified. [1962, pp. 28-29, my italics]

Earlier in the book, Woolf uses the word *cosmic* to describe his unhappiness. It could also be applied to his terror. The changes here brought about by separation, maturation, and perhaps trauma portend overwhelming loss—castration anxiety and loss of mother (symbolized by earth, home, garden) and father (symbolized by the sun). Woolf's feelings seem to me to exhibit much of the terror of change expressed in an already mentioned question that poses a potential terror for all of us: "Is there life without mother?"

I have used this question (Shengold 2001) to epitomize the psychological burden of the resistant patients I have been describing. Here *mother* should not be taken literally; sometimes it is the father who, in the course of development, has taken over the primary share of the patient's parental imago. The genetic point of view implies that the earliest forms of the parent–child line of development, from merging to separate (or relatively separate) identities, continue to exist in psychic registration alongside and beneath the current ones. So, too, do the methods of registration of these figures and how they function and are structured in the mind. There is psychic dynamism at work here, regression and progression. This leads to the concept of object constancy, with which I will conclude this essay.

OBJECT CONSTANCY

Hartmann (1952) coined the term *object constancy,* which denotes the ability to hold the image of the mother in mind during her absence. He describes the achievement: "There is a long way from the object that exists only as long as it is need satisfying to the form of object relations that includes object constancy" (p. 15).

Anna Freud (1952) felt that Hartmann was here outlining two stages in the development of a caring relationship with others: (1) relationship to the need-satisfying object, and (2) object constancy.

Solnit (1982) gave one of the best definitions of object constancy, describing it as

> . . . that state of object relations in which the child has attained the capacity to retain the memory of and emotional tie to parents, his primary love objects, and to feel their nurturing guiding presence even when they are a source of frustration or disappointment or when they are absent. [p. 202]

At first glance, this seems to be a somewhat idealized definition. The object constancy of everyday life, for those past early childhood, is much less than is promised by the definition. The inner reassurance that comes with the assumption that we have or have had loving parents is not continually present. Object constancy comes and goes; like the ability to love, of which it is a precondition, it is subject to regression under stress. And for some (like Mr. X, Ms. Y, and Mr. Z), it regresses too easily. Even the most secure adult can sometimes feel like a motherless child a long way from home, convinced that there is no life without mother.

Solnit (1982) wisely wrote: "Object constancy may never be achieved or, even if achieved, could be lost in children who suffer from repeated or prolonged periods of emotional deprivation" (p. 205). I would say, and I am sure Solnit would agree, that the attainment of object constancy is also interfered with by prolonged periods of trauma, of overstimulation and torment, of chaotic and hostile parenting. (These all imply concomitant emotional deprivation.)

In a 1968 International Congress panel discussion, Anna Freud described object constancy as being "tied to [the parent] good or bad, for better or worse." The patients whom I have described are people who need to stay tied to the parent, *bad and*

worse—a sadomasochistic tie driven by the delusional expectation of magical transformation of the parent to *good and better*. The delusional quality here results from the compulsion to hold onto the (false) promise that the change brought about by the next contact with the parent will not mean loss.

Drive theory is, regrettably, currently unfashionable. But I am concerned with what is, or is potentially, experiential: feelings, and specifically, feelings about parents in relation to self. *To modify the bad feelings and impulses that give rise to danger situations —rage, terror, murder, lust, incest—one must first become able to know responsibly that they are there.* Analysts need to work with the patient's defenses against owning the contradictory needs to destroy and to merge with the primal parents. The urgent compulsion not to lose the internalized parents dictates that the patient's learning how to tolerate and deal with murderous rage as it focuses on the analyst can present the hardest challenge to both patient and analyst.

Nessun maggiore dolore che ricordarsi del tempo felice nella miseria —that is, "There is no greater suffering than the memory of a time of happiness in the midst of misery" (Dante 1321, p. 134). Dare we, should we, can we give up that promise of happiness that threatens to compromise our need to know in order to adapt to a tragic reality? To control and tolerate the human condition, we must know this truth (although fortunately it is not the whole truth): that change always and ultimately means loss.

REFERENCES

Abrams, S. (1977). The genetic point of view: antecedents and transformations. *J. Amer. Psychoanal. Assn.,* 25:417-425.

Dante Alighieri (1321). Inferno. In *La Divina Commedia,* ed. G. Vandelli. Milan, Italy: Ulrico Hoepli, 1928, pp. 1-275.

Eliot, T. S. (1922). The waste land. In *The Complete Poems and Plays.* New York: Harcourt Brace, 1950.

Feldman, M. (1993). The dynamics of reassurance. *Int. J. Psychoanal.*, 74: 275-286.

Freud, A. (1952). The mutual influences of the development of ego and id. In *The Writings of Anna Freud, Vol. 4.* New York: Int. Univ. Press, pp. 230-234.

——— (1968). Panel discussion. *Int. J. Psychoanal.,* 49:506-512.

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

——— (1909). Notes upon a case of obsessional neurosis. *S. E.,* 10.

——— (1913). Totem and taboo. *S. E.,* 13.

——— (1919). A child is being beaten. *S. E.,* 17.

——— (1926). Inhibitions, symptoms and anxiety. *S. E.,* 20.

——— (1940). An outline of psycho-analysis. *S. E.,* 23.

Gurney, D. F. (1913). The lord God planted a garden. In *The Home Book of Modern Verse,* ed. B. Stevenson. New York: Henry Holt, 1925, pp. 336-337.

Hartmann, H. (1944). Psychoanalysis and sociology. In *Essays on Ego Psychology.* New York: Int. Univ. Press, pp. 19-36, 1964.

——— (1952). The mutual influences in the development of ego and id. *Psychoanal. Study Child,* 1:11-30.

Hartmann, H. & Kris, E. (1945). The genetic approach to psychoanalysis. *Psychoanal. Study Child,* 1:11-30.

Klein, M. (1961). *Narrative of a Child Psycho-Analysis.* London: Karnac Books, 1996.

Levi, P. (1987). *The Drowned and the Saved.* London: Abacus, 1990.

Millay, E. (1923). *Collected Lyrics of Edna St. Vincent Millay.* New York: Harper.

Montaigne, M. (1580). *Montaigne's Essays,* ed. W. C. Hazlitt, trans. C. Cotton. London: Burt, 1892.

Orwell, G. (1949). *1984.* New York: Signet Classics, 1950.

Rapaport, D. & Gill, M. (1959). The points of view and assumptions of metapsychology. In *The Collected Papers of David Rapaport,* ed. M. Gill. New York: Basic Books, 1967, pp. 795-811.

Shakespeare, W. (1596). *The Merchant of Venice.* In *The Oxford Shakespeare: The Complete Works,* ed. S. Wells & G. Taylor. Oxford, England: Oxford Univ. Press, 1998, pp. 425-451.

Shengold, L. (1989). *Soul Murder: The Effects of Childhood Abuse and Deprivation.* New Haven, CT: Yale Univ. Press.

——— (2001). *Is There Life without Mother?* Hillsdale, NJ: Analytic Press.

Solnit, A. (1982). Developmental perspective on self and object constancy. *Psychoanal. Study Child,* 37:201-218.

Woolf, L. (1962). *Sowing.* London: Hogarth.

Wordsworth, W. (1807). *Intimations of Immortality from Recollections of Early Childhood,* ed. T. Hutchinson. London: Oxford Univ. Press, 1923.

1199 Park Avenue
New York, NY 10128-1712

e-mail: lsheng@worldnet.att.net

Psychoanalytic Quarterly, LXXI, 2002

FREE-SWINGING ATTENTION

BY DAVID A. CARLSON, M.D.

Psychoanalytic listening enlists the analyst's capacity for, and relative comfort in, rapidly shifting levels of attention and organization. Such shifts are not effortless and can be characterized as part of "free-swinging attention," a term that suggests some dimensions of the analyst's work. The need to establish meaning in the individual and immediate context parallels the task of a child in learning language, and the role of the analyst as child is an important if usually overlooked one. The author compares psychoanalytic with psychotherapeutic listening, as well as some current views on free association and evenly suspended attention.

> The method of listening cannot be learned, in the strict sense, as it is a way of relating that can only function on condition that the "learning" is continuous, uninterrupted: we are dealing with a concern which is not conducive to any ultimate "grasp" or mastery of the issue. The whole question, therefore, lies in the constant renewal of our approach to language, in learning and relearning how to listen to it.
>
> —Fiumara (1990), pp. 160-161

Analysts have spent much time—sometimes well—weighing the advantages of one and another theory of disorder and of therapeutic aims and means. We have applied the well-known criteria of consistency, truth, and heuristic value. We have shaped our clini-

> cal theories with regard to the disorders and strengths of the patients we hope to help. But we have devoted less attention to shaping our theories with regard for the free-attending workings of the minds that will use those theories. Improving our theories for some purposes, we do not necessarily improve them for the use of the analyzing mind. Nor does that theory that best serves one analyzing mind necessarily best serve another.
>
> Gardner (1991), p. 866

What is distinctive about psychoanalytic listening? As so often in our field, there are several aspects to that question and several points of view on each of the aspects. I propose a quick look at just one aspect: the place of evenly suspended attention, or free-floating attention, or "free attention," as it is variously called; and then I will propose yet another term, "free-swinging attention." As the discussion unfolds, I will touch on aspects of the analyst's role and functioning that are necessarily childlike.

HOW THE ANALYST LISTENS

Listening in psychotherapy and psychoanalysis is a distinctive activity of our time and place, and draws on abilities that have developed in our culture even as earlier abilities and activities have declined. Before literacy and printing became common, listening was a very earnest business in a different way, reflecting the need to memorize and to be able to recall and recite what one had heard. That mode of listening must have been a heartier version of what we employ today in listening to serious presentations. As I wrote a late draft of this paper, I encountered a dramatic reminder of the linking of memory and listening when I read that a retired English professor had announced that he had memorized Milton's *Paradise Lost* and would recite its entirety—twelve books and 10,565 lines—in a three-day marathon performance (Hornblow 2001).

Recitations of lengthy works, of course, once implied the presence of listeners; and appreciative audiences were at hand for lengthy recitations, speeches, and debates as recently as a century ago. The seven famous Lincoln–Douglas debates of 1858 each lasted three hours and were held outdoors for standing audiences of 10,000 to 15,000, in weather sometimes blazingly hot and at other times chilly and rainy. At the first international meeting of psychoanalysts, in Salzburg in 1908, Freud spoke to a rapt audience from 8:00 in the morning until 1:00 in the afternoon on the case subsequently known as that of the Rat Man. Similarly, earlier novels and written accounts of events developed ideas and descriptions at much greater length than today's reading audience tolerates. We attend differently, probably in a more episodic way than our ancestors—or even early psychoanalysts—did. We reflect a longer history of liberation from the exigencies of memorization as knowledge has become easily accessible. That succinct spokesman for modernism, Casey Stengel, repeatedly opined, "You could look it up" (Dawidoff 2002, p. 178).[1] Freed from such intense demands on memory, we are freer to listen in other ways.

Fifty years ago, an early recording study of the psychiatric interview resulted in Gill, Newman, and Redlich's *The Initial Interview in Psychiatric Practice* (1954). At the time of publication, it was possible to purchase the book with a $33\frac{1}{3}$-rpm, long-playing record of an interview. The book demonstrated what Redlich later said should perhaps have been called the initial interview in psychotherapeutic practice. Students could now listen to experienced interviewers ply their trade, and researchers could study interviews at a level of detail and with a thoroughness previously impossible. The practice of asking trainees to tape-record sessions—currently followed by some psychotherapy supervisors, as well as many group and family supervisors—springs from that time.

[1] Here Stengel probably drew from Thurber 1937.

Within a few years, a team of two psychiatrists and a linguistic anthropologist had produced a study of some of the Gill-Newman-Redlich recorded material, publishing their work as *The First Five Minutes* (Pittenger, Hockett, and Danely 1960). A transcript of the first five minutes of an intake interview by Redlich was printed across the upper halves of the book's pages, and a paralinguistic account appeared along the bottom halves.[2] The study of five minutes fills most of the 264-page book, convincingly demonstrating the potential value of a closer examination of the complexity of speech and listening than would have been possible earlier. But most dramatically, it demonstrates how very selective even our most skilled, devoted, and open listening is. Emerging from those years is a slogan both analysts and therapists invoke when considering the course of a diagnostic, therapeutic, or analytic hour: "Nothing never happens."

Analytic listening, of course, can be described only in the context of our other usual listening practices, in comparisons and contrasts to the routine. For those of us in the psychoanalytic community, a close and accessible set of comparisons and contrasts is to our ways of listening in face-to-face psychotherapy. What follows is my own sense of the contrast. For clarity's sake, I will treat psychoanalysis as a procedure that is conducted for four or five hours per week, with the patient on a couch, and psychotherapy as a procedure conducted face to face, usually but not always at a lesser frequency. Within the practice of analysis, I will somewhat whimsically and arbitrarily describe not only two general attitudes toward listening, but also two schools of furniture arrangement.

Influence of the Office Setup

Psychotherapy's face-to-face setting is sometimes set up following Sullivan's old advice to set the chairs at a 45-degree angle,

[2] Paralinguistic features include the nonverbal aspects of speech, such as intonation, pitch, volume, pauses and their lengths, sounds and their lengths, tempo, placement of stress, sighs, and so on—all qualities that we agree have important communicative functions.

in order to avoid being too confrontative. I think Sullivan was onto something here, something whose importance may not be generally appreciated by analysts, who, after all, generally choose the placement of their office furniture according to space and configurational constraints.

Several years ago, an entire issue of *Psychoanalytic Inquiry* (1995, 15[3]) was devoted to the couch. More variable and just as important in shaping what transpires in analysis is the analyst's chair. Some of us sit in chairs behind the couch and perpendicular to it, while others sit at an angle, looking over the analysand's shoulder, or even parallel to the couch, as though to align ourselves with the patient's perspective on the office itself. Freud, of course, advocated sitting perpendicular to the couch and behind the pillow; but recent issues of the IPA bulletin—illustrated with photos of offices of contemporary analysts—show that the chair/couch configuration varies among European and British analysts, just as it does among Americans. Furthermore, a sampling of the practices and opinions of my colleagues has taught me that many analysts will defend their chair placement with a vehemence that our field usually reserves for debate on educational issues.

What accounts for this? I suppose that our practices in some degree reflect those of our own analysts and supervisors, that there may be unresolved transferences in chair placement, though my experience of analyzing beginning analysts as they set up their offices suggests that, whatever peculiarities of mine they pick up, furniture arrangement is not one of them. Perhaps this is because, during the period of intense learning about psychoanalysis and setting up shop, one may deliberately consider, both consciously and unconsciously, what one likes and does not like about the offices one has known.

Freud's office setup, both in Vienna and at the end of his life in London, was of the chair perpendicular to and directly behind the head of the analysand. This placement has been attributed to different factors: Freud famously wrote that he could not stand being stared at all day long, and the setup in some ways

springs from one he had earlier used for therapeutic hypnosis. But it may be important to note that the perpendicular placement is one in which nonverbal aspects of communication, though never eliminated, are minimized. This is more unusual and more important than it seems at first glance.

If we follow Darwin (1874) in thinking of language as part of a continuum of expressive action, it is immediately clear that spoken language is only a part of the wide range of expressive actions that we constantly produce and note. One result of psychotherapy, psychoanalysis, and self-observation is that more of our expressive range is brought into verbal form—or, more accurately, our verbal range is extended into much of the territory previously conveyed only by gesture or in paralinguistic phenomena. Bringing more expressive action into speech is, in fact, much of what is meant by making the unconscious conscious. So the couch alone—by cutting down on gross movement and by forcing the analyst to rely far more heavily on words to understand the patient—promotes the development of language and of thought.

Those analysts who practice over the shoulder, so to speak, with their chairs slightly behind but out from the wall, facing the patient, defend their practice as essential to the reading of facial expressions and the promotion of emotional rapport with the patient. There is much truth in what they say, and it is comforting, much less austere, to have one's analyst tune in to as many as possible of the numerous ways we communicate in daily life. Over-the-shoulder practice is probably superior in some instances, but for purposes of this discussion, I will speak for the perpendicular school.

Psychotherapeutic Versus Psychoanalytic Listening

The more we understand from our patients' facial expressions and other nonverbal behaviors, the more conventional and the more interpersonal—in the broad sense—will be our interpretations and our understanding. The more we approximate the

vis-à-vis position, the more we hear and construct along the lines of what happened to the patient in his or her family, what was done to him or her, and similar material, and the less we develop our views of his or her fantasies, repetitions, and unconscious, self-generated mechanisms of self-defeat. "What really happened" is of the greatest interest and urgency to some patients, including many of the traumatized; but it is not easily determined, and not always therapeutically the most important aspect of treatment (Shengold 1999). Truth in our field is, to some extent, the product of setting. In psychotherapy, I listen for the signs of this or that interruption, a turning aside, or a similar nonverbal communication that I might also notice in an analysis;[3] and I think I am just as rigorous about what I say to the patient. But the picture that forms is different: When appointments are less frequent than four or five times a week, intercurrent events require proportionately more attention, and more important, what comes to mind is constantly if silently shaped by watching and being watched, as is the case in an ordinary intense conversation.

I know that as a therapist, I have sometimes intervened effectively with an eyebrow or a look of surprise or concern that made a lot of difference. The constant, in-your-face reality of the therapist's presence helps revive memories of important, in-your-face life experiences, but the personal elaborations of what those experiences meant, and of the fantasies that may have shaped them, will not so readily become clear. In a general way, the more closely we restrict ourselves to listening per se, the more we will learn of the patient's past not only as a set of objective events, but as the persistence and revival of earlier, archaic forms of thought that quietly and importantly shape current experience and choices. That is, the intrapsychic point of view differs in emphasis from an interpersonal one; and each claims its own advantages and adherents.

[3] Note that, as I focus on therapy as distinct from analysis, I am already speaking of listening *for* something.

Freud's View of Analytic Listening

Whatever furniture arrangement an analyst adopts, some features of his or her analytic listening will flow from careful attention to what Freud considered his masterpiece, the *Interpretation of Dreams* (1900). I would argue that, more than any other of his writings—more than either the series of case studies or the technique papers—the *Interpretation of Dreams* defines and sets the ground for psychoanalysis. By that, I do not mean to claim a special place for dream interpretation in therapeutic analysis (except for two features); many things are interpretable and should be interpreted. Dream interpretation scarcely appears in some successful analyses, yet is central to others and in some psychotherapies.

The dream has two special places in our technique and in the minds of analysts. First, historically, the study of dreams introduced interpretation based on a special kind of listening, heralding a new stance not just toward dreams but toward mental phenomena in general. Simultaneously, the *Interpretation of Dreams* dealt with interpreting not only the patient's dreams, but also the analyst's. In fact, Freud relied heavily on his own dreams as examples in the book, which leads to the dream's second special place: the unique value of its interpretation in the analyst's, and ultimately the analysand's, self-analysis.

On reviewing the *Interpretation of Dreams* in the context of its author's life and work, we note that Freud clearly relied on the disciplines of natural science and on the willful suspension of preconceptions that well-educated physicians and scientists of his time emphasized, much more than they do today, in order not to be blinded by preconceptions. Observation was the great, overriding principle of his time, in the sciences in general and in medicine in particular. Physicians had few laboratory results and few means of investigation, other than clinical history and examination. Anyone who has struggled, as the young Freud did, with making one's own stains and mounting microscopic specimens, knows the difficulties of "seeing what is in front of

one's eyes"—the hours of examination necessary to distinguish microscopic organic structure from the variable artifacts one has introduced through staining techniques, and so forth. In Freud's day, clinical medicine—both the infectious diseases (then hardly treatable), and the neurological diseases in which he came to specialize after his laboratory days—required minute and painstaking observation as guides to prognosis, observation that the physician had to make accurately, and with the knowledge that careful examination often led to unpleasant truths.

Interactive Listening

I have sketched an analytic stance that stresses listening. That does not mean that I think one can analyze someone satisfactorily in his or her absence—over the phone, for instance, or from a transcript. There are limits to how remote, literally or figuratively, we can get and still do our work. Our adult listening and our patients' adult listening are heavily tuned by years of experience of what people tend to say to us; and what they say is in turn shaped by who we are, what we look like, and many other factors. Our formative experiences and our means of listening take place in the setting not only of what we hear, but of what we perceive with all our senses. To shut out sensory input other than hearing, as one does when using a telephone, and consequently to listen to someone who is less impacted by our own presence, throws off the calibration of our listening. As it is, it takes some experience and some work to learn to listen to our couch-bound patient, but with him or her present, we have a good chance of listening with the broader context of postural, emotive, nonauditory cues tuned optimally down, though not tuned out. Psychoanalysis is not a disembodied or a solitary practice. It is intrinsically and inescapably interactive, and the physicality of both analysand and analyst provides essential material for interpretation.

Earlier, I mentioned writing and its gradual replacement of memory and of our ways of listening. Similarly, the develop-

ment of writing, and later of other forms of recording and transmitting language, has permitted us to think of language and thought as somehow disembodied. A long tradition of disembodied language preceded Darwin's characterization of language as expressive action, making his view a useful reminder that language has a place in nature. Indeed, we need to repeatedly remind ourselves of the embodied nature of language. For example, we may find Pinsky's (1998) statement that "poetry is physical" (p. 8) to be revelatory the first time we encounter it, and thereafter, it becomes a truism.

Speech implies the presence of a listener, and we know that speech and unspoken thought are shaped in part by the speaker's view of that listener, so it must be said that the subjectivities of speaker and listener are in some ways closely tied. In that sense, the intrapsychic point of view mentioned above produces a useful fiction, like the necessary fiction of free association. The intersubjective point of view has been extensively developed in psychoanalysis in recent years; and I wish to point out here only that its roots lie in the nature of our whole range of expression —some would say, in our biology.

But if listening is what we wish to emphasize, just what kind of listening? Contentious crew that we are, analysts argue about that, too, and not just in terms of where to place our chairs or about how much of the paralinguistic to register.

"EVENLY SUSPENDED ATTENTION"

Freud introduced the idea of the analyst's listening with evenly suspended attention. This was heralded in *The Interpretation of Dreams* in the description of instruction to the patient, but then immediately applied by Freud in the analysis of his own dreams, and later expressed clearly in his "Recommendations to Physicians Practising Psycho-Analysis" (1912, pp. 111-112). There Freud noted that the optimal way of listening was simply a matter of not directing one's notice to anything in particular, but instead, of maintaining the same "evenly suspended attention" in

the face of all that one heard, not bothering about whether one was keeping anything particular in mind, and withholding all conscious influences on attending. To do otherwise, Freud said, would throw away most of the advantage gained by the patient's following the injunction to say anything that comes to mind.

As Smith noted (1995, p. 68), Freud (1912) anticipated a necessary swing in the analyst's way of listening when he discussed the writing up of cases:

> The correct behaviour for an analyst lies in swinging over from the one mental attitude to the other, in avoiding speculation or brooding over cases while they are in analysis, and in submitting the material obtained to a synthetic process of thought only after the analysis is concluded. [p. 114]

Later on, defense analysis was thought to entail the analyst's employment of "synthetic process(es) of thought" during each hour; but in 1912, analysts thought of repression—the exclusion from consciousness—as the prototype defense; and overcoming repression was a primary goal. Subsequently, the evolved theory of defense—and hence the background knowledge with which the analyst listens—came to involve differentiated varieties of defense, including splitting and compartmentalization, in which important matters are viewed as not entirely excluded from awareness, but rather are kept separate from one another; and analysts now seek to analyze, not just to overcome, defenses. The patient's refusal or inability to draw inferences has become a focus in itself, not just an indicator of something repressed.

A well-assimilated knowledge of defense theory allows the analyst to continue to focus with evenly suspended attention, but just as a child learning colors must concentrate for a moment before confirming that an object is red or blue, the analyst finds that implementation of new technical insights in practice is seldom quick or painless; and we assimilate different lessons at our own rates. The analyst wishing to employ new theoretical insight must go through a process not too different from one we

have all experienced as patients: it takes time and repetition, as well as progressively (sometimes gradually) modified actions in daily life, to accomplish the assimilation of some insights—what analysts call working through. In short, it takes time and practice for people to absorb advances, and analysts are people. In fact, very conscientious and highly competent analysts who have not completely absorbed advances tend to describe technical measures that must be employed outside the practice of freely suspended attention, because they must deliberately practice this new insight. It is not yet second nature to them.

Careful attention to early analytic writings shows that evenly suspended attention was never the only kind of listening employed. Theories of infantile sexuality, including the Oedipus complex—and within a very few years afterward, the attention to symbolism—involved listening with expectations, at least those expectations that were aroused by what one heard. But evenly suspended attention has had great staying power as a characterization on the one hand of what is essentially psychoanalytic in our technique, or on the other as evidence of the attender's technical obsolescence.

A recent exposition championing evenly suspended attention and its offspring stated:

> The aim of this recommendation is that the analyst should be open to whatever arises, without prejudices of any kind and without systematically seeking confirmation of any project. An analyst who plans a treatment on the basis of his knowledge or theoretical interests runs the risk of becoming blind and deaf to the patient's manifestations . . . . The psychoanalyst . . . must beware of mentally obstructing access to the unforeseen, to "surprise," which is precisely what he hopes for as the emergence of the unconscious. [Baranger 1993, p. 18]

The same author stressed that evenly suspended attention is not a passive or ingenuous form of listening. It is guided by the analyst's entire listening resources. Theory, which need not be

formulated, provides the analyst with an implicit framework to accommodate discoveries. The French, never to be outdone in the elaboration of snappy concepts, have even come up with "evenly suspended theorization" (Aulaguier 1979), in order to account for the employment of one's theoretical and other knowledge while supposedly still listening with evenly suspended attention. Similarly, Pine (2001) has recently argued, in a very well-written paper, that the analyst who has the many theories of psychoanalysis in mind can extend the range of material over which he or she can hover with evenly suspended attention.

Attention to the analyst's countertransference as a source of data in analytic listening springs mainly from the evenly-suspended-attention train of thought—as do, in a derivative way, many of the current contributions framed in terms of intersubjectivity.

I think it is clear that an attempt to accommodate all the analyst's listening under the rubric of evenly suspended attention can be informative, but also that it involves quite a stretch; and another influential camp insists on a very different stance, the less temperate among whom sometimes disparage the work of the evenly suspended camp as "free-floating inattention."

An Outdated Technique?

A strong, characteristically clear and concise statement of this second camp was made by Brenner (2000), who set out to demonstrate two years ago that Freud himself, over the years of his analytic work, moved away from evenly suspended attention. Brenner noted Freud's 1912 advice quoted above, but pointed out that, although Freud's descriptions of technique in the 1920s still advocated evenly suspended attention, he now acknowledged that such a stance had limitations. Brenner added that Freud must certainly have approved of Anna Freud's (1936) recommendation in *The Ego and the Mechanisms of Defence* (a book she wrote to honor her father's eightieth birthday) that the analyst attend

equally to ego, id, and superego, which in the structural theory are the components of what conflict is all about.

Brenner contended that free association and evenly suspended attention initially reflected Freud's hope that through employment of these techniques, pathogenic sexual wishes and conflicts would become clear and interpretable. But by the time of World War I, when Freud analyzed the Wolf Man, he had come to appreciate the importance of *analyzing* the patient's defenses, rather than trying to circumvent them. Brenner (2000) wrote:

> Early on, Freud believed that an analyst could listen to a patient's associations without expectation and without conscious effort, secure in the belief that the analyst's unconscious would understand the patient's unconscious as a matter of course. As time went on, however, and as his experience grew, Freud's views on listening changed. The position he took eventually was the one most clearly expressed by A. Freud, namely, that an analyst should listen to every aspect of a patient's conflicts: to the sexual and aggressive wishes, to the anxiety associated with those wishes, to the defenses against them, and to the demands and prohibitions he subsumed under the heading of the superego. Those analysts who still believe that evenly hovering attention is the proper analytic attitude are, I believe, mistaken in citing Freud in support of that belief. [pp. 548-549]

Brenner's argument is clear but open to question. Fourteen years after publication of *The Ego and the Mechanisms of Defence,* Anna Freud wrote: "The observational work itself was not governed by a prearranged plan. In emulation of the analyst's attitude when observing his patient during the analytic hour, attention was kept free-floating, and the material was followed up wherever it led" (1951, p. 147). So she herself found it necessary to invoke free-floating attention, and continued to consider it a necessary part of the analyst's method.

Gray (1982) and others have detailed a "developmental lag" in psychoanalytic technique, contending that analysts have failed

to work out and apply the implications of the ego psychology Anna Freud and others explored so extensively through the middle decades of the twentieth century. As the analysis of ego resistances took hold, a number of analysts questioned whether evenly suspended attention enabled one to attend to the necessary material, which seemed to require a more active, focused kind of listening. I commented above on the time it takes us to assimilate new developments and have them at hand while we remain in anything resembling evenly suspended attention. Gray's group stresses a resistance to studying the actions of the ego, and they recommend combining a much more focused attention with a deliberate emphasis on the patient's learning experience. Some of them dismiss evenly hovering attention as a relic of the days of id analysis, and even dismiss the use of countertransference as a clue to what is going on in the patient. Of course, they stressed the analysis of countertransference in an attempt to minimize its impact on the work; and they acknowledged a broader role for countertransference in the treatment of psychotic and near-psychotic, "broader-scope" patients, as well as of some narcissistic disorders.

So, while some analysts stress that they are "floaters," others describe themselves as "swimmers." And analysts on the whole are not entirely happy with either the mere bobbing about on a sea of associations, or with constantly stroking purposively ahead; something in us is not completely satisfied with either formulation.

More than sixty years ago, Fenichel (1941) captured in his concept of *oscillation* what remains a pretty sane sense of things. He wrote:

> There are doubtless some analysts who . . . do not dissolve repressions but rather play thinking games with their patients. There are perhaps at least as many analysts who commit another equally serious error. They misuse the idea of the analyst's unconscious as the instrument of his perception so that they do hardly any work at all in analy-

> sis but just "float" in it, sit and merely "experience" things in such a way as to understand fragments of the unconscious processes of the patient and unselectively communicate them to him. Thus there is lacking the oscillation from intuition to understanding which alone makes it possible to arrange in a larger context the material which has been understood with the help of the analyst's unconscious. [p. 5]

Since Fenichel's time, a mainstream position that the analyst should be free to oscillate, swinging between focused and less focused attention, has held sway. In effect, most of us, most of the time, are swinging back and forth between evenly suspended attention and focus.

In the literature on psychoanalytic listening, two features are striking. First, *listening* has few early references. Freud used the word *listen* and its forms most often as a rhetorical device, as in the *New Introductory Lectures on Psychoanalysis* (1933); but the emphasis in his writings and in those of his early followers was on interpretation. Things have changed in recent decades, probably reflecting ways in which listening has become a little problematic, and articles on listening have become much more common. Second, when either listening or the analyst's attention is discussed, the emphasis is usually on how the method of listening enables us to hear the emerging transference. That is, technique underemphasizes listening and overemphasizes interpretation; and the transferences expected most often cast the analyst in the role of one or another parental figure. I suggest that something about our listening bothers us analysts, and that we have collectively adopted an attitude toward listening much like that put forth in a particular cookie advertisement of several decades ago: "Peak Freans are a very serious cookie. Much too serious for children."

Our Earliest Listening

We begin our listening or protolistening on some level even before birth. Japanese newborns respond differently to the

sounds of spoken Japanese than they do to spoken English; and similarly, American newborns of English-speaking mothers respond differentially to spoken English. Presumably, then, some of our "preverbal" experience is of the rhythms, intensities, and sound patterns of our maternal languages. Here one is reminded of the popularity of rock music lyrics that are all but undecipherable—perhaps an appeal dating to the early stages of verbal discovery. One might also speculate that experiments in primate speech—i.e., attempts to teach nonhuman primates our kind of speech—are limited not only by the structure of the vocal apparatus and by neurological differences, but also by the failure to provide a speaking mother for the unborn animal. Heidegger's (1927) "we are thrown into being" (p. 204) and de Saussure's (1911) similar thoughts on the stream of language in which we find ourselves describe something profound about us even in our prenatal stages, something more primal than those authors may have foreseen. From fetal life onward, we pattern our mentalities through hearing and listening.

Few scenes are as dramatic as that of a mother with a young baby and the verbal play that goes on between them. If we watch the mother, we are struck by her intense and often sustained animation, the encouragement and enthusiasm with which she speaks and with which she responds to her infant's sounds, at first mimicking some of them but quickly altering them, leading the baby yet further into language. As the child grows, one can observe the pleasure that attends learning new meanings and the beginning play with homonyms, as in riddles and simple jokes. What first appeared as an intense emotional interchange with the mother has become a pattern of joy in grasping new meanings, and in recognizing and reconfiguring old meanings, a joy that can express itself in talk and play with anyone to whom the child is attached and with whom the child feels secure. The infant is born into a sea of language, gradually learning meanings that lead ultimately to other words and the functions of other words. The pleasure of the early mother–infant exchange extends through some of this learning process, and for some of

us, extends even farther, to a lifelong fascination with words and with figuring out meanings.

LISTENING TO THE TRANSFERENCE

Years ago, I encountered several slightly older women analysands who, in the early stages of analysis, fantasied me their son. I sought to interpret the fantasy and its transference manifestations as defense against more conventional transferences to parental figures and the like, but the fantasy remained, and I later recognized similar, usually fleeting, transferences in some younger patients of both sexes. As I have reflected on these experiences, it has occurred to me that the view of me as a child, while certainly in part defensive, may also have reflected my patients' perceptions in the here and now. We pursue understanding, especially early in an analysis, by guessing at our patients' meanings. We do not always come right out and ask about our first, tentative guesses, but patients study us at such times as intently as we study them, and they infer something about what we are thinking from what we *do* say, and they tell us whether we are right. Thus, listening and interpretation are in the first instance infantile activities; and the analyst, with his or her emphasis on listening and interpretation, functions partly in the role of infant toward the (parental) patient.

Philosophers and others have commented that language is indeterminate, that meaning is only ascertainable in context. It is a good point, and one that suggests the everyday, lifelong extension of language learning that is represented in our attempts to understand each other. In short, we all have to act like children if we are to stay open and alive to fresh meanings; but analysts and therapists in their offices are still more open, more childlike, in their pursuit of meaning.

The analytic situation is one in which parental transferences do develop and can be interpreted, just as they develop and sometimes flourish in other areas of life. But we are a little too comfortable assigning ourselves the roles of Mommy and Daddy

—a game we played, after all, as children, and hence not necessarily all that grown-up—and we may be a little reluctant to see ourselves in the other roles available. For as I have indicated, listening and interpretation develop from roots that go back to fetal life, and are more urgently the province of the infant than they are of the parent. To listen analytically, we must let ourselves be immersed in the language, intonations, rhythms, and patterns of another, and try to experience him or her as single-mindedly as his or her infant might. We do not long forsake our adult knowledge to do this, but we do need to temporarily forgo our adult judgments and skepticism, as well as many of the filters that protect us in everyday adult life.[4]

The Ability to Shift among Modes of Functioning

Loewald's (1960) statements on the therapeutic action of psychoanalysis are widely misunderstood, in a way that parallels the tendency to obscure the infantile roots of listening. When he spoke of the analytic process as a libidinal tension system between a more primitively and a more maturely organized psychic apparatus, many analysts took this to mean that we help our patients through letting them experience and internalize our own loftier, more advanced natures. This, together with Loewald's emphasis on the analyst as a new object, has led some analysts to adopt greater openness and a more "natural" manner, even going to some pains to avoid austerity. I submit that reference to the "higher organization" of the analyst does not suggest a *de haut en bas*

[4] Along these lines, those who style analysis a "science of suspicion" show an interpretive bent that stresses listening *for* something, in order to accumulate evidence pointing to one of a defined range of possibilities in the material. In contrast, I feel we are able to analyze well and do justice to the individuality and the potentials of our patients when we assume as little as possible, and intervene mostly in the service of clarifying obstacles to the patient's self-exploration—a self-exploration that, to the extent it is successful, will lead to small and great discoveries that are often as surprising to the analyst as to the patient. At the outset, we frequently assess correctly that a patient has the potential to do much better, but exactly *how* and *at what* are, of course, seldom given us to know.

attitude, but rather consists in large part of the analyst's superior deftness in moving back and forth from regressed to advanced functioning. After all, it is not that we are more highly developed human beings than are our patients, but rather that we have a readier range of levels on which to function. The organization of which Loewald spoke is exactly that capacity to employ simultaneously or in rapid succession both the energies and formal mutability of the childlike and the more clearly defined mature functions of the ego—that is, our ability to be both infant and adult.[5]

Psychoanalysis—and to an only slightly lesser degree, interpretive psychotherapy—is a performing art. These skills improve with practice, like other performing arts, and the ability to analyze is lost by many who do not maintain analytic practices. I think a large part of what is lost is exactly the ability to shift as deftly through various levels of functioning as the analyst and the therapist ideally do. This is a mental-health advantage for the practitioner, a constant renewal of the abilities gained in his or her own analysis. Yet there are some analysts who devote much of their time to other pursuits, and who, nevertheless, surprisingly maintain their analytic capabilities (and, one would guess, self-analytic ones as well). A study of these exceptional, part-time analysts would teach us much about listening and more about the maintenance and enhancement of therapeutic gain in everyday therapeutic analysis.

THE JOY OF INTERPRETATION

There exists, then, something we might call "the joy of interpretation," a great pleasure that analysand and analyst alike experi-

[5] Most members of the Gray school seek to avoid internalization processes—i.e., the internalization of aspects of the analyst by the patient—as an undesirable and unanalytic reminder of the use of suggestion, including unanalyzed positive transference. They are right, to a point. Conscious reliance on internalization can lead to unanalytic maneuvering and self-indulgence; but they are certainly wrong if they think some kinds of internalization processes can be altogether avoided or completely analyzed away.

ence. For it is not simply the case that the analyst interprets things to reveal their "truth" to the patient; the patient is interpreting, too—in the minimal case, in seeking to understand the analyst's comments. And when the analytic work has focused on resistances, the patient often comes to announce, on his or her own, "deep" interpretations of the patient's own functioning.

Nor is the joy of interpretation limited to analysis. One can, of course, see it in humor and in the satisfaction that comes from mastering certain kinds of problems—e.g., the joy that follows working out and really understanding a mathematical proof, or seeing new connections in familiar material in an area that interests us. One clearly relevant example is the crossword puzzle: in solving the more ambitious of these, one reexperiences the grasping of unfamiliar or unexpected meanings of familiar words, and even the guessing of complex phrases based on the author's idiosyncratic puns and associations—highly analogous to growth experiences. Perhaps this is part of the rationale for Lacan's famous advice to a young psychoanalyst: "Do crossword puzzles."

To my comments above on the joy of interpretation, some of the Gray camp might counter with the argument that joy in interpretation is the mark of an analyst who allows him- or herself to be seduced into interpreting id contents. But I find this unconvincing, as it ignores the great joy that, as previously noted, attends the successful completion of a mathematical proof or similar accomplishment. A capacity for joyful surprise is the first prerequisite for doing analysis, as has been suggested by Smith (1995). And in terms of "swimming" or "floating," I think that the analytic situation, like the traversing of a long stretch of water, requires both.

OPTIMAL ANALYTIC LISTENING

Our listening during clinical hours cannot and should not be entirely through conscious, focused attention. To achieve that would

make us rather monotonic, if efficient, machines, and the most highly developed skills of conscious, focused attention are the province of another profession—that of the court stenographer. We all naturally speak with an audience in mind, whose attention we know will wax and wane; indeed, the abundance of material found in the paralinguistic analysis I described early in this account shows that our usual speech is organized with massive redundancy, as though to get the message across to a listener who can be reached in one or more of many different ways, but whom we cannot count on reaching consistently through any one channel. Then, too, language as expressive action transmits only a part of what we convey; and the task of analysis is to help the patient become more aware of what he or she is trying to express, to self as well as to others.

The analyst listens best and to the widest range of material if he or she allows his or her own state of consciousness to fluctuate, while permitting the focus to swing between the content of what is being said, its paralinguistic surround, memories of previous references to the same material and to similar material from the analyst's own life and lives of others he or she has known, the theoretical considerations solidly or fancifully linked to what is being said or to how it is being said, and physical sensations and fantasies. All sorts of imagery—visual, auditory, even olfactory—clue the analyst in to events and fantasies that illuminate emerging meanings in the material. This is what Fenichel (1941) meant by oscillation. Gardner (1991) referred to something like this as "free attention": "When free attention holds sway, there is no quibble between intuitions and knowledge, thinking and feeling, words and vision, inner and outer, past and present, and our other ways of sensing and making sense" (p. 866).

The reader will have noted that what I have just described is not exactly evenly suspended or free-floating attention. Both those terms suggest effortlessness, and equate receptivity with passivity, or at least with inertness. There is also an evocation, especially in "evenly suspended attention," of laboratory apparatus used to detect fine differences, like a tare scale or a carefully

suspended pendulum—faithful registers and passers-on of forces that come purely from outside themselves.

To listen evenly, without prematurely closing off lines of thought, is not doing what comes naturally. While "stream of consciousness" is a wonderful metaphor, it has more to do with the oceans of language and meanings in which we float and swim than it does with a current that will carry us effortlessly along if we just let go.

A sense of the word *suspended* that is much more to the point here is that present in such phrases as *suspension of judgment* or *suspension of disbelief*. These suspensions are deliberate, and capture important aspects of the analytic attitude. The analyst and the psychotherapist learn to listen without allowing themselves to conclude too quickly their consideration of what they hear, and with the conviction that, however obscure or commonplace the material, it conveys some important truth. Our oscillations, too, are not always effortless; they are not modeled on a physical apparatus, and we do not just experience them—we *do* them. And what we do, while we struggle to be as attentive to the patient as possible, is much more and less than purely attentive in the stenographer's sense of the term. I like to describe our characteristic work mode as "free-swinging attention."

We teach candidates from the beginning of their clinical work, and ultimately teach patients as well, that free association is a useful and necessary myth whose actualization would render analysis both unnecessary and impossible. Analysts know they are subject to the same constraints as are their patients, i.e., that evenly suspended attention is effortful, not just a process of relaxation and letting go. And "free attention," like "free association," is a goal that we know is illusory; we hope that we have been "freed" by our analyses and by continued self-analysis, but we should know better than most that we will never be completely "free," in either what we discern or what we say. We of all people should be skeptical.

Microscopic anatomists and histologists know that their new students are eager to master the use of microscopes, and that they

expect to find something special at the highest magnification possible. And such scientists routinely stress the importance of starting by looking at a slide with the naked eye. When the nature of the specimen is in doubt, as in pathology or in research work, one soon learns the importance of moving among different levels of magnification. The analyst, like the microscopist, must remember that the best observations require shifting viewpoints.

CONCLUDING REMARKS

My use of the term *free-swinging attention* is a reminder that: (1) As analysts, we continually swing between focused and free-floating attention. (2) The analyst is not a passive register. (3) The analyst must learn how to swing in rhythm with the patient, as we once learned to do with the child on the next swing on a school playground. (4) The analyst, like a child on a swing, should be aware of constantly shifting perspectives on the scenery. (5) The analyst's attention is loving, but it is aggressive, too, in understanding differently what the patient thinks he or she is conveying. (6) A lack of tact or of accuracy can leave the patient feeling like the object of a free-swinging assault. (7) At any moment, the analyst must be ready to let the material conduct a free-swinging assault on his or her preconceptions. (8) Just as back at the playground, if you are not experiencing part of the ride as effortless flight, you are missing part of the experience. (9) You cannot swing without pleasant sensations—and at times, a little fear. (10) If you just glide along effortlessly, you will eventually come to a stop with a stable view from the lowest possible vantage point on the arc you have traveled. It is good to rest there once in a while, but you will soon be missing the fun.

This has been a discussion of analytic listening, and it points to an important general consideration. We are predisposed to think of listening as passive, yet listening is an active process that takes many forms, and it is one that helps shape our culture (however much our culture also shapes what we can hear). A history

of listening, if one could be compiled, would cover all the history of art and of thought—not in terms of what was said, as is now generally the case, but in terms of what was heard. What is inescapably true for analysts is just as true, if a little less obviously so, for everyone: that what we say is shaped by what can be heard.

Almost a century ago, psychoanalysis, in introducing the concept of evenly suspended attention, highlighted the roles of expectation and prejudice in how we see and how we hear. Subsequently, experimental psychologists have repeatedly confirmed and sought to outline the impact of expectation in seeing and hearing. It is now common, and not just among the psychoanalytically oriented, to remind ourselves that the doctrine of immaculate perception is a myth. It is high time that we found ways to employ our experience to spell out more fully the dimensions of the analyst's and the psychotherapist's listening, to help ourselves and our patients further master the silent side of art.

REFERENCES

Aulaguier, P. (1979). *Le Destin de Plaisir.* Paris, France: Presses Universaires.

Baranger, M. (1993). The mind of the analyst: from listening to interpretation. *Int. J. Psychoanal.,* 74:15-24.

Brenner, C. (2000). Brief communication: evenly hovering attention. *Psychoanal. Q.,* 69:545-549.

Darwin, C. (1874). *The Descent of Man.* Amherst, NY: Prometheus, 1998.

Dawidoff, N., ed. (2002). *Baseball: A Literary Anthology.* New York: Library of America.

de Saussure, F. (1911). *A General System of Linguistics.* New York: McGraw Hill, 1966.

Fenichel, O. (1941). *Problems of Psychoanalytic Technique.* New York: Psychoanal. Q.

Fiumara, G. C. (1990). *The Other Side of Language: A Philosophy of Listening,* trans. C. Lambert. New York: Routledge.

Freud, A. (1936). *The Ego and the Mechanisms of Defence: The Writings of Anna Freud, Vol. 2.* New York: Int. Univ. Press, 1966.

——— (1951). Observations on child development. In *The Writings of Anna Freud, Vol. 4.* New York: Int. Univ. Press, 1968.

Freud, S. (1900). The interpretation of dreams. *S. E.,* 4:100-121.

——— (1912). Recommendations to physicians practising psycho-analysis. *S. E.,* 12:109-120.

——— (1933). *New Introductory Lectures on Psycho-Analysis,* trans. W. J. H. Sprott. New York: Norton.

Gardner, M. (1991). The art of psychoanalysis: oscillation and other matters. *J. Amer. Psychoanal. Assn.,* 39:851-870.

Gill, M., Newman, R. & Redlich, F. (1954). *The Initial Interview in Psychiatric Practice.* New York: Int. Univ. Press.

Gray, P. (1982). "Developmental lag" in the evolution of technique for psychoanalysis of neurotic conflict. *J. Amer. Psychoanal. Assn.,* 30:621-655.

Heidegger, M. (1927). *Being and Time,* trans. J. Macquarrie & E. Robinson. New York: Harper Collins, 1962.

Hornblow, D. (2001). "Paradise Lost" all in his mind. *The Hartford Courant,* December 7.

Loewald, H. (1960). On the therapeutic action of psychoanalysis. *Int. J. Psychoanal.,* 41:16-33.

Pine, F. (2001). Listening and speaking psychoanalytically—with what in mind? *Int. J. Psychoanal.,* 82:901-916.

Pinsky, R. (1998). *The Sounds of Poetry: A Brief Guide.* New York: Farrar, Straus & Giroux.

Pittenger, R., Hockett, C. & Danely, J. (1960). *The First Five Minutes.* New York: Paul Martineau.

Psychoanalytic Inquiry (1995). 15(3).

Shengold, L. (1999). *Soul Murder Revisited: Thoughts about Therapy, Hate, Love, and Memory.* New Haven, CT: Yale Univ. Press.

Smith, H. F. (1995). Analytic listening and the experience of surprise. *Int. J. Psychoanal.,* 76:67-78.

Thurber, J. (1937). You could look it up. In *My World and Welcome to It.* New York: Harcourt, 1942.

---

255 Bradley Street
New Haven, CT 06510

e-mail: david.carlson@yale.edu

Psychoanalytic Quarterly, LXXI, 2002

PSYCHOANALYSIS IN LATER LIFE

BY CHANNING T. LIPSON, M.D.

After decades of heeding Freud's admonition against taking patients older than fifty years of age into psychoanalytic treatment, psychoanalysts began to treat them and to report encouraging experiences. This essay is another in a series of case reports that confirms and extends the nature of changes possible in the analytic treatment of elderly patients. In order to demonstrate both specific changes and the possibility of satisfactory terminations with patients of advanced age, the author describes his analytic work with a woman who first consulted him when she was sixty-eight years old.

INTRODUCTION

Writing in opposition to the prevailing views of the time, Abraham (1919) suggested that patients of advanced age could be helped, if not cured, by psychoanalysis. He reported successful results with several patients in their forties and early fifties, and thus concluded that past clinical experience was preferable to theoretical assumptions as a criterion for determining the advisability of a recommendation for analysis. Only in the past thirty-five years, however, have concerted efforts been made to approach older patients analytically. This delay was probably due in part to Freud's (1905) belief that those near or over the age of fifty were not suitable for analysis (p. 264). Most of the reported work with older patients has been of the creative use of psychoanalytic psychotherapy (Sadavoy and Leszcs 1987). It is generally

accepted by those who have treated older patients that they are dealing with a discrete phase of development, just as child psychotherapists are (Nemiroff and Colarusso 1985).

There are only a few case reports of psychoanalyses of older patients, and none of these includes a description of termination. There are, however, many indications that a significant number of not-yet-reported analyses have taken place, and more are ongoing. It is my intention to add to our scant database by presenting a case that demonstrates the degree of change achievable, as well as the possibility of satisfactory termination, in the analysis of an older patient.

Certain issues commonly faced by older patients seldom appear in the analyses of younger people. These include, but are not limited to, retirement, bodily changes, declining health, mortality, diminished sexual capacity, and the slowing of cognitive functions, such as memory recall. Whether or not the analyst recommends analysis, and how the analyst chooses to conduct analysis, depend, in part, upon the analyst's own age, position in life, and attitudes toward the previously mentioned issues, as well as his or her general attitude toward the elderly (Plotkin 2000, p. 1598).[1] For instance, younger analysts not infrequently have problems dealing with the idea of retirement, and with sexual desire and activity in the elderly (Myers 1984). Older analysts may run into difficulty with regard to issues of loss and mortality (Plotkin 2000, p. 1614).

Many doubts remain about the possibility, advisability, and practicality of analyzing the elderly. I harbored some of these same concerns when I first met a 68-year-old, divorced woman who was in great pain. We terminated when she was eighty-two. A description of her treatment follows.

[1] In the case to be reported, the analyst, nine years younger than the patient, was engaged in a full-time psychoanalytic practice. Retirement was not a consideration.

CASE REPORT

The Beginning Phase of Treatment

At the time of our first meeting, Mrs. S had been retired for a number of years from a career teaching voice in public middle schools. Upon retiring, she began to study music theory and composition at a local university. About a year and a half before our consultation, for the first time in her college career, she received a "B" grade, and she had the sudden thought that she would never be a genius, a Mozart or a Beethoven. She subsequently began to experience repeated episodes of weeping, as she concluded that there was no point in her attempting musical composition at all.

Concurrently, the patient began to be plagued by intrusive, frightening, obsessive thoughts. For example, she would see a scissors and think of plunging it into her eye. While out marketing, she would see a small baby and would think of crushing its head. She was certain that she would not really do these things, but the thoughts disturbed her. Then, without any awareness of a connection, she spoke of herself as an unworthy person, and reported a sense of depression. All of this was related in an intense, straightforward, mildly agitated, and tearful manner.

Mrs. S and I began meeting twice weekly, face to face, and we continued this way for two years. My objective at that time was to learn more about her and her disturbance, with the hope of amelioration. I had serious reservations about prolonged, intensive treatment. I was uncertain as to how she might respond to the regressive pull of analysis, and I could not guess what avenues of adaptation and sublimation would be available to her.

Mrs. S provided the following historical information. At age thirty, she had undergone seven years of analysis in a distant metropolitan area. This experience, which she found helpful, probably accounted for her accepting a referral to an analyst at this time, and for her total dismissal of medication as a treatment op-

tion. During the earlier analysis, she had been in an unhappy marriage, and had two children. She had begun working as a music teacher, and had divorced her husband. Subsequent to the termination of that analysis, Mrs. S had moved with her children to a state where she could be closer to her parents and sister. When the children were teenagers, they returned to live with their father.

Mrs. S described her parents as "formidable." She provided many illustrations of their neglect and apparent dislike of their children. She had two siblings: a sister three years younger, and a brother eighteen months younger. Her father was a prestigious professor of education who died at the age of ninety-five, ten years before Mrs. S consulted me. Between the ages of eighty and ninety, he wrote extensively in the field of education. Mrs. S described him as having been the powerful lord and master of the household, entitled to privileged treatment and adoration. His word was law, and he responded to disagreement by refusing to speak with the inferior individual who dared to express contrary views. He always referred to "the children," never *"my* children," Mrs. S reported. She described him as having a "slash-and-burn" approach to children, namely, when they irritated him he would attack them verbally.

The patient's mother was an accomplished musician who insisted upon musical instruction for all her children. Mrs. S was forced to study the violin for seven years; she hated it and frequently sabotaged her lessons. Voice was her preference. On many occasions, her mother had arranged for the children to perform both individually and as a family group. The picture of the mother that emerged during the analysis was that of a pretty, sociable woman who had little understanding of or empathy for growing children. Her concern was more toward how the behavior and performances of her children reflected upon her, and when she felt these were negative, she could be quite vicious. She outlived her husband by two years, dying in a nursing home at the age of ninety.

Due to her father's faculty position, Mrs. S was able to attend a special university high school, from which she was graduated at

age fifteen. She expressed the desire to follow a musical career, but her father prohibited this, insisting that she attend the university where he was a professor. She received no support from her mother, who had initially favored her plan. Although Mrs. S enrolled in the university of her father's choice, she rebelled by skipping classes until she was asked to leave. At that point, she was permitted by her parents to enroll in a music conservatory, but her father did not attend her graduation from that institution or her final recital. Upon graduation, she realized that she was afraid to function as an adult on her own, and so, at the age of twenty-one, she married.

At the time we first met, Mrs. S was living alone in a modest house, supported by her pension and a small trust fund. She had a schizophrenic daughter, in her forties at that time, who lived independently but was openly delusional, remained frightened of people and was consequently isolated, and dressed in a manner that appeared weird to others. The patient was caring for her, supporting her financially, and spending a good deal of time with her at the time that she began treatment with me. She felt guiltily responsible for her daughter's condition, a feeling that was not helped by her reading a book on schizophrenia that included a chapter entitled "The Malignant Mother." In general, the patient was aware that her resources for mothering had been very limited, and she had no joyful memories associated with her daughter's birth. Her son, two years younger than his sister, lived nearby, but despite the efforts of Mrs. S, her relationship with him was distant and strained.

For many months, the patient reported painful episodes of intense, immobilizing rage that lasted for hours, and she detailed destructive fantasies, such as smashing houses, swinging a bloody ax, and destroying both people and inanimate objects. She would think of Lizzie Borden, and then of attacks on each of her parents. She did not, however, connect these feelings of rage with the content of her graphic fantasies—nor, as I discovered later, was she aware of the anger at her parents. In many of our sessions, she would report being at home and experiencing pain-

ful hours of inchoate rage—murderous feelings that had no content. When I questioned her, she could not tell me what it was all about. Many times, she responded with associations that were not enlightening for me.

These sessions left me puzzled, frustrated, and somewhat uneasy. There were occasions when I wondered if we were dealing with alexithymia. During this period, Mrs. S also revealed her compelling need to feel superior. If she saw a neighbor's attractive garden, for example, she had to assure herself that hers was more colorful and of superior design. When shopping for groceries, if she observed women who appeared wealthier and better dressed than she, she would assure herself that they did not have her aesthetic and intellectual interests. She needed to view herself as a superior and talented individual who was not subject to conventional limitations, and her fantasies of destruction were grandiose as she equated herself with infamous mass murderers. The combination of the speed of her speech, her grandiosity, her exhibitionism, her uninhibited use of profanity, and her seeming unawareness of the implications of what she was expressing had the quality of a manic syndrome. Frequently, she referred to her histrionic behavior in therapy sessions as "psychodrama."

Despite her disorganization and apparent lack of self-observation, there were many occasions when the meaning of Mrs. S's dreams and associations were sufficiently clear to permit analytic interpretations, to which she responded with confirmatory associations and relief. I suspect that this response was due not primarily to insight, but to the idea that her grotesque images and frightening feelings had meaning. It was also helpful to her to have someone listen without experiencing her shock, surprise, and dismay.

The Shift from Therapy to Analysis

During the first two years of our work together, Mrs. S began feeling better, and she was functioning better both in school

and in the care of her daughter. As her positive symptomatic response continued and as she appeared calmer, less disorganized, and capable of making use of interpretation, it seemed to me that her self-understanding and working through would benefit from increased frequency of visits, so we began meeting three times weekly. In another year, she began using the couch. The following eleven years' work were conventionally psychoanalytic. By this I mean that her anger, love, sadism, and masochism were expressed in the transference, that useful reconstructions were possible, and that a satisfactory termination was achieved.

Narcissistic Issues

As the reader may have already concluded from her intense need to be superior, Mrs. S was exceedingly vulnerable to experiencing the smallest events of everyday life as potential or actual narcissistic injuries. Understanding and learning to deal with her concomitant feelings was a major issue that was enhanced through transference experiences. In the following description of the analysis, I will date events in "analytic time," somewhat arbitrarily from the point of her first using the couch, three years into our work together.

In the midst of a session that took place after a year on the couch, Mrs. S was talking about the clavier, the harpsichord, and the piano. Telling myself that I needed clarification, I asked her about the relationships among the three instruments. She was unable to give me an answer. She sensed correctly, however, that my question was motivated by my interest and curiosity, rather than by a therapeutic concern. After the session, she became overwhelmed with rage, but had no clue as to its source or at whom it was directed. The following day, she was very vague in her associations, but then began to speak of herself as an uncaring, self-centered person. I pointed out that what she was saying about herself was the way she had experienced me with my question. She wondered why she did this, and I pointed out that she had

already told us—namely, that consciously, she needed to think of me as a caring, devoted physician, and consequently, she turned on herself in order to preserve a loving image of me.

While this was an opportunity to help her understand the attacks on herself, it also revealed her exquisite narcissistic sensitivity. Later in the analysis, I was able to show her how she used this same mechanism to avoid interpersonal confrontation. From early childhood onward, it was clear to her that expressions of anger at or disagreement with her parents would be met with severe retributions.

Our mutual interest in music served as an important vehicle for communication, and had a definite impact on the form of transference-countertransference interaction. The following exchange, similar to the previous one, took place later in the analysis, and had a different outcome. During this period of analytic work, Mrs. S was contending with an awareness of a desire to please me and a sense of rebellion against this wish. This was mixed with memories of similar behavior with her mother, and feelings of anger that she received so little for her efforts and yet could not let go.

She was elaborating on the experiences she had had when forced to study the violin, and then launched into a detailed discussion of bowing issues. She suggested an innovative bowing for the opening of Beethoven's Fifth Symphony, but in actuality, her suggested technique ranged from what would be improbable to frankly impossible. I was becoming progressively more interested and distracted, and I considered asking her about a technical issue, with the rationalization that I would then be able to maintain my focus. In this instance, contrary to the one just reported, however, I overcame the temptation, which included the anticipated enjoyment of a musical discussion. Instead, I asked her if her mother had ever been distracted by music when she should have been attending to her children. The patient's response, made in a bitter tone, was that her sister knew forty songs by the time she was three, and her mother would take her to her club, stand her on a piano bench, and show her off.

During her eighth year of analysis, while Mrs. S was anticipating receipt of her Ph.D. degree at the age of seventy-nine, the following incident occurred. She came into the consultation room hesitantly—not her usual style—for her first appointment of the week, on a Tuesday. She was carrying the completed score of a ballet she had composed for her graduation thesis. She mentioned that she had had a good weekend, but that on Monday, she had awakened from a nap with a tremendous fit of contentless rage. She reported that as the rage continued, she inferred that she was furious with her father, because of the nature of his responses to her efforts in school. I say *inferred* because she did not have the direct experience of having been angry at him; it was more in the nature of a self-interpretation. This in itself was progress for her. In the past, her experiences had been simply prolonged, overwhelming episodes of murderous rage for which she could not account.

Mrs. S then related that, while she was in attendance at the music conservatory, she had mentioned her good grades to her father, and he insisted upon seeing documentation because he did not believe her. He then examined the written grades and walked away wordlessly. When I asked Mrs. S what she could recall of her feelings at that time, she responded by repeating her recounting of the event: "He asked for the papers," "He didn't believe me." She could not describe her feelings, but the shakiness of her voice and her quiet tears made it clear that she was reexperiencing the events with the narration. This I pointed out to her. It was not difficult to then show her that the intense blank rage served to blot out all other thoughts and emotions, such as feeling hurt, discounted, worthless, and vengeful. We were dealing with the defensive use of a narcissistic rage. As analysis progressed, Mrs. S developed the capacity to discriminate the variety of feelings she had been avoiding.

The above episode, exemplary of many, was preceded by months of the patient's contending with disappointments in her transference love. Apparently, Mrs. S anticipated reliving with me the same indifference and rejection that she had experienced with her father.

Sadism and Masochism

In addition to dealing with the patient's vulnerability to the experience of narcissistic injury, a major part of this analysis was devoted to the origins and vicissitudes of her destructive and sadistic impulses, which derived from all the major libidinal developmental phases. The following vignette, condensed from Mrs. S's third year in treatment, just before she shifted to the couch, is illustrative of work in the maternal transference, of her manner of speaking at that time, and of the clarification of a major determinant of her sadomasochism.

During this period, in which Mrs. S was working face to face three times weekly, she sat stiffly and upright in her chair, in contrast to her manner earlier on in the analysis. She would painfully talk of the "terrible stuff" inside of her that had to come out, and for two weeks, she referred to herself as "a fart in a bottle." Coming down the hallway to the consulting room, she thought of herself as being "gassy assy," that is, she had the feeling of wanting to pass gas. She presented her associations in a manner that felt to me like a general withholding, which I experienced as frustrating.[2]

When I put together much of the above and suggested that it might be related to toilet experiences, she responded by saying, "I can't do the work." She felt that I would be disgusted. She reported a fantasy of sitting on the floor in a pile of her own feces. She then reported a memory of her mother attempting to toilet train the patient's daughter by putting her on the potty in a closet in order to hide her. This was followed by Mrs. S's thought of "shitting on the whole world," and then feeling ashamed and appalled at what she had said. (The latter reaction was a sign of improvement, in that, in contrast to our earlier work, she was now aware of what she had just said.) As she continued to associate, Mrs. S reported memories of her mother's many hurtfully

[2] I suspect that this reaction represented a transient maternal complementary identification (Racker 1968, pp. 135-136).

sarcastic accusations, which in turn she linked to her experiencing herself as "not a human being," but instead as someone who could smash heads, cut throats, and murder people. In other words, she uncovered an identification with her sadistic mother as one source of her intrusive thoughts. It was much later in our analytic work that she discovered, to her horror, that these ideas excited her.

She felt and expressed her anally derived sadism directly in the transference. Many times, when she entered the lobby of my office building, she would read my name on the directory as *Channing Turd Lipson*. On occasion, she would stop at the rest room, and while on the toilet, she pictured rubbing feces in my face. While reporting these and similar events, she was not aware of being angry at or attacking of me. But she was aware that such fantasies might be experienced as insults.

Throughout much of her analysis, Mrs. S intermittently expressed her disappointment with her mother's lack of helpfulness and understanding, and with her verbal attacks. As she became progressively aware of her accompanying rage, she had dreams of attacks on breasts. When, during the seventh year of the analysis, she experienced me as ungiving and contemptuous of her, as her mother had been, she expressed concerns about emotionally "draining" me, and at the same time had images of biting nipples and dreams of cutting off breasts. The purposes, in addition to expressing rage and revenge, included keeping the breasts from her siblings, as well as a means of acquiring breasts for herself. Unfortunately, the fantasy of acquiring her mother's breasts left her feeling like a sadistic, non-nurturing person. Working with these fantasies provided great relief and allowed her to examine our relationship in a different light.

The patient's experience of gender and anatomy was very complex, and constituted a major issue in her life. I can summarize only briefly here the multiple meanings of phallic issues to her. She dreamed of having an internal, hidden penis, which represented an identification with her omnipotent father. She referred to her car, a red Honda Prelude, as her "cock wagon."

When we approached these issues in analysis, Mrs. S experienced me as taking the prized phallus from her, and she expressed directly a retaliatory desire to cut off my genitals. The imagined possession of a penis was also an attempt to protect her from feelings of envy; it would equalize differences, and would make her more lovable to her mother. As these wishes, as well as her wishes for revenge against her parents, became apparent to her, Mrs. S was appalled, experiencing shame and guilt. This pervasive sadomasochism constituted a major interference in her capacity to sustain loving relationships, and also spoiled her current attempts at sexual gratification.

The impact of masochism on her psychosexual development was extensive, having begun early in her development; the following reconstruction suggests how early in her life this theme was operative.[3] During a time that her adolescent son was living with her, Mrs. S imagined that he masturbated in the bathtub, and she was convinced that if she used the tub, she was in danger of becoming impregnated by traces of his semen. The strength of this quasidelusional idea was such that she did not use the bathtub for years, and then only late in her analysis. In another context (a time at which she was reporting sexual ideation and feelings in a disorganized and histrionic fashion), she related the following dream.

In the dream, Mrs. S had sent for souvenirs from the past, and a package arrived. The package contained a clear piece of plastic with a white cross on it. This had been peeled off the wall of a concentration camp. In relating the dream, Mrs. S then added a vague portion about being in a bathroom. She equated the "souvenirs from the past" with her analytic work. She had some difficulty associating to the clear plastic, but said that somehow it reminded her of skin. In relation to the white cross, she at first could think only of a crucifix, but later correlated it with

[3] Like most reconstructions, this one was assembled from fragments that appeared at different times in the analysis. While context and details are always desirable, I hope that these excerpts will suffice in providing a degree of conviction.

the sign for a sharp in a musical staff. She then added that in earlier music, the use of chromaticism was confined to the expression of suffering.

I pointed out to her that chromaticism was also considered sensuous, and for that reason, was forbidden in holy music. She then recalled that the dream took place in a bathroom, and she began talking about discussions we had had about the bathtub. These recent discussions included a spontaneous declaration that "no sexual activity went on in the bathtub." She remembered distinctly that as a little girl, she never washed her crotch. She averred that not having had sexual feelings for such a long time, and then having them now without a partner, was like masturbation, and she found it difficult to discuss. She then recalled that the plastic in the dream seemed to vibrate—it was a little like skin, it was alive—the live skin with the cross in the center apparently represented her genitals. At different times in the analysis, she had related graphic concentration camp images of torture, and she was now able to recall that in childhood, she would imagine scenes of torture while in the tub. In putting this all this together, I do not think it a great leap to infer that her early childhood masturbation took place in the bathtub, to the accompaniment of masochistic fantasies.

In adolescence, the patient was in school with girls older than she, with whom she felt she could not compete. As she became aware of sexual feelings and urges, she made the conscious decision that she was "above all that." At the same time, she was aware of daydreams of being locked in a room by the boy across the street, to whom she was attracted, but she was not aware of sexual implications. The act of being locked in a room was associated with stories by her favorite author, Edgar Allan Poe. "The Pit and the Pendulum" had special appeal.

Despite her florid fantasies of destruction and torture, Mrs. S could not bear violence in real life. When she had to rid her house of rats, she trapped them live and released them in a park. At one time, she had a brief affair with a man who wanted to tie her up and who bit her; she found this painful and repugnant.

Her masturbatory activity, which she restarted during analysis, was intermittent, depending very much on her state of mind. When she began self-stimulation, if overt sadistic thoughts, images, or memories entered her mind, she would have to interrupt or continue without achieving orgasm. In the latter part of her analysis, in the context of a paternal transference, she would experience sexual feelings on the way to her sessions, and later on, during the sessions. Near the end of our analytic work, as fantasies of violence and incest subsided, she was able to achieve sexual satisfaction on a more consistent basis.

The Organizing Fantasy

As a result of our detailed analytic work, we were able to piece together that Mrs. S had attempted to manage her feelings of being neglected by her mother, her disappointment in relation to oedipal wishes, her need to share her father's omnipotence, and her painfully low self-esteem through the creation of what might be labeled an "organizing fantasy" (Nurnberg and Shapiro 1983, p. 495). She imagined herself to be or to become a boy genius—with a hidden, omnipotent, internal phallus—who would be admired by her father and loved by her mother as her father was. The determinants of this fantasy included an identification with her ambivalently worshiped father, her belief in the magical power of the phallus, her conviction that her mother would love a boy genius, and a need to reject her femininity because of its incestuous and masochistic meanings. Being loved by her mother as a boy also served to protect her against destructive competitiveness.

The patient's need to be another Mozart was a condensed expression of this fantasy.[4] And although her belief in it had sustained her through many disappointments, her attempts to realize this fantasy had a major negative impact on her professional,

[4] When I once referred to this "wish" of hers, Mrs. S emphatically told me that she "*must*" be another Mozart.

social, and sexual orientation. It is my impression that receiving a "B" grade destroyed her hopes and expectations of becoming a genius, and thus exposed her to intense feelings of disappointment, worthlessness, and reactive rage.

I would conjecture that this intense affective storm promoted the regressive loss of integration and the revival of repressed sadomasochistic fantasies in their rawest form. There was only one occasion when Mrs. S reported having this experience of rage and loss of synthetic function while on the couch. This was during a session in which she reported a dream that included an image of knocking down a woman and pounding on her back, to the point of injuring her breasts. It was clear from her associations that the woman stood for her mother and for me, and that she felt that her loving and sexual feelings were considered dirty, both by me in the present and by her mother in the past (in an earlier part of the dream, a woman chastised a little girl for soiling her pants). As I put together the various elements that she had reported—and had even, in part, interpreted herself—she expressed a sense of confusion, and said that she "couldn't follow the sequence." Simple and explicit explanation was of no help whatsoever.

The following day, Mrs. S arrived in a cheerful mood, noting that it was a beautiful day and speaking in a coherent, well-integrated fashion. She then reflected on our previous meeting. She said that when I approached the meaning of her dream in terms of her attack on her mother and me, she was consumed with a fury that she could not tell me about at the time. Her experience was that of being totally immersed in rage. She was not directly aware that it was aimed at me, but she was aware of its disorganizing effect on her. She also expressed surprise that I would be interested in and willing to explore the feeling. She thought it was something to be ashamed of, that I would sweep it under the rug. This episode took place in the sixth year of the analysis.

At this point, I would like to move away from symptoms, dynamics, defenses, and fantasies, and instead relate something of

Mrs. S's daily life. It was only after a reduction of her distress that I began to learn more about this intellectually curious, adventurous, and musically gifted woman. At the time of our first meeting, she reported that she was twenty-five pounds overweight. She appeared rounded rather than obese. She was taking an oral hypoglycemic for diabetes, diagnosed eight years earlier, as well as medications for hypertension and arthritis. These illnesses had not unduly restricted her, as evidenced by the fact that she took trips with her sister to Scandinavia, Alaska, and Antarctica during my summer breaks.

The patient's social life was confined to Saturday night gatherings at her house with a few close friends. Relating to classmates and making new acquaintances were restricted by her competitiveness, envy, and need to feel superior. She maintained a close relationship with her sister, who lived 100 miles away, and she was able to provide care and emotional support for her sister during her terminal illness, which occurred in the third year of the analysis. Mrs. S's mourning was remarkable in its normalcy. She had occasional contacts with her brother, who lived in another state, and with her son, who lived nearby.

Significant Life Changes

Four years after we began meeting and a year into her analysis, Mrs. S passed the oral examinations for her Master's degree in music composition, and she was urged by faculty members to pursue a Ph.D. While the intensity of her symptoms had lessened, she still suffered daily from periods of undefined rage, relentless self-criticism, and feelings of worthlessness.

Her daughter, however, began to improve noticeably. Because of her delusions, the daughter had not been able to seek needed medical help for severe obstructive respiratory disease. Now, accompanied by Mrs. S, she began treatment at a major medical center. She was also able to participate in showing the dogs that she had trained. She won a number of prizes, and was

subsequently able to make limited social contact with other dog owners.

Since no Ph.D. program in music was available locally, Mrs. S applied to and was accepted into a program that required a round-trip commute of 160 miles, three times weekly, winter and summer. While she was in attendance, a famous composer and former music critic for the *New York Times* came to the university to conduct master classes. Mrs. S was one of three students chosen to present their work to him. Seven years after receiving her Master's degree, she was awarded her Ph.D. in composition. Her son, daughter, and several friends attended the graduation ceremony. Her unique accomplishment was recognized in a front-page story and photograph in a major local newspaper.

During the next few years, Mrs. S expanded socially in several directions. She cultivated a number of friendships with women, with whom she attended concerts and plays, and with whom she traveled out of town to major cultural events. Among these friends was the widowed mother of a three-year-old girl, for whom the patient babysat. She accompanied mother and daughter on vacation on two occasions. She also became a surrogate grandmother for a number of neighborhood children who appeared at her house almost daily. She participated in book clubs and church activities, and made new acquaintances in both settings.

Termination

I feel that the termination of this case requires special attention. On the several occasions, both formal and informal, that I have presented this case to colleagues, or when I have participated in general discussions about the analyses of aged patients, the possibility of a "genuine" termination in an older patient is inevitably greeted with skepticism. Many analysts consider it highly unlikely that an individual who has already suffered many losses in life, who has experienced diminishing capacities, who is facing mortality, and who likely has few (if any) remaining suppor-

tive relationships, will be capable of relinquishing the analytic relationship. Frequently, the benefits or symptomatic improvements achieved in analysis are attributed to the "real" relationship, or to the imagined fulfillment of a transference fantasy.[5]

Furthermore, in the case reports in the analytic literature, details of termination have not been mentioned. Although productive analytic work was demonstrated in all these patients, the analysis was either "incomplete" (Segal 1958, p. 178), interrupted by the patient's moving away (King 1980) or the patient's death (Settlage 1996), or the analysis was still in progress at the time of the report (Simburg 1985). In at least one case report, demonstrating the phenomena of termination was simply not the object of the communication (Sandler 1984). In his report of findings from a four-year clinical research study, Valenstein (2000) described termination in older patients as "so-called termination" (p. 1584), and as "not quite 'terminable' in the usual fashion"—the latter referring to "an open or swinging door" (p. 1585). While such a situation is likely to be more common in older patients, I do not consider the open-door policy to be characteristic of a particular developmental phase, nor do I consider it a modification of analytic technique. Indeed, whether explicit or implied, it is common practice for analysts to convey a sense of availability and continuing interest to their about-to-terminate analysands. In a different context, Gabbard et al. (2001) stated that "many patients, if not most, recontact their analyst for further consultation at some point after termination" (p. 669). Consequently, I offer the following condensed description of the termination of Mrs. S's analysis, in order to affirm the possibility, even if uncommon, for a conventional termination process to occur in a patient of advanced age.

As we began the eighth year of analysis, at the age of seventy-nine, Mrs. S mentioned that someday she would have to end her

[5] I do not wish to minimize the possible therapeutic effects of noninterpretive factors; they occur in all analyses. But I do not believe that they alone can account for the changes observed in this case.

treatment. She had been enjoying a good deal of symptomatic relief, and she was anticipating receipt of her doctorate in November. Each sign of progress constituted a painful threat of separation. The immediately preceding analytic work had centered around an intense, ambivalent maternal transference, as she painfully and tearfully recognized that the mother whom she loved had taken pleasure in hurting her children.

During this time, the patient frequently experienced me as uncaring, contemptuous, and just stringing her along. As she emerged from this phase, her feelings shifted to her love for me and for her father. I do not consider her reference to finishing to have been an augury of an impending termination phase; it was more likely an expression of resistance to mourning the loss of a maternal imago, as well as a resistance to exploring her incestuous paternal attachment. I believe that most analysts will have encountered such premature references to ending in their clinical work.

The work during the succeeding two years consisted of a deepening exploration of oedipal issues, with few, if any, preoedipal derivatives. The patient's presentation became much more integrated as she reexamined and tried to come to terms with much that she had previously avoided. She now saw her parents as disturbed individuals. This realization was not as much a defense against her anger and disappointment as it had been in the past.

Mrs. S also recognized and accepted the effects of her own aging. She acknowledged that she had difficulty standing upright and climbing stairs. When she looked in the mirror, she saw an old lady. She expressed fear of developing incontinence, and she was sad that she could not live forever. The latter was also a recognition that analysis would not last forever. While she was pleased that soon she was likely to receive her doctorate, she saw this as the final result of long, hard work by a person with a measure of talent, rather than as the fulfillment of magical childhood fantasies. That this paralleled her feelings about analysis seemed obvious.

During the fall of the tenth year of analysis, when Mrs. S was eighty-one, and two years after she had received her doctorate, she reported thoughts of ending analysis with increasing frequency. The analysis from then on became extremely lively and intense, with many dreams that shed new light on previously confronted conflicts.[6]

Throughout the following winter and spring, the pain of loss and the multiple meanings of our relationship were progressively and tearfully exposed. The questions Mrs. S asked were in themselves very revealing: Who would protect her? Who would manage her feelings? Would I miss her, cry for her? How could I let her go? These questions were meant primarily for me as her father, who had neither responded to nor even accepted her declarations of love.

She handled our summer break with minimal difficulty, and during our first meeting at the end of August, our fourteenth year of working together, Mrs. S once more suggested planning a termination. A phrase that she used while working with a dream that followed this proposal poignantly captured the depth of her feelings about separation. She spoke of "feeling a hole in her soul." A week after this session, she spoke of setting a final date, and in a few days, we agreed upon a particular day in November.

The patient then related a dream that included a search for her car keys and the figure *thirty cents.* The latter she immediately associated to Judas and thirty pieces of silver. The search for keys was a reference to the fact that in case she ever lost her car key, she always carried a duplicate in her wallet. It was clear from the context that, even though she believed she could manage on her own, she felt betrayed by me.

Many times during the analysis, Mrs. S had described the painful occasions during the summer months of her childhood when her father would return to their summer home on week-

[6] Orgel's (2000) vivid description of volatile mood swings engendered by anticipation of the pain of final separation applies to the last few months of this analysis (p. 730).

ends. Her mother would take the children with her to the train station to pick him up. The car ride home was dominated by her parents' quarreling, and/or her mother's detailing for her father the children's misbehavior during the preceding week. In the last month of our work together, Mrs. S added the following to this description. During the time they were gone to the train depot, the maid would usually prepare breakfast. Upon arriving home, however, her parents invariably said that they had to talk before eating. They would go up to their bedroom for an hour while the children waited. Retrospectively, Mrs. S concluded that they were probably having sex, but mostly she spoke of the neglect of the children and the lack of attention to their feelings. She now wonders if she was jealous. She easily connected this recollection to the impending analytic termination, but she grew uncomfortable as she became aware of having sexual feelings on the couch. This was a frequent experience in the closing months, which helped convince her of the reality of her childhood incestuous feelings.

One particular dream revealed with special clarity the reasons that Mrs. S felt the need for protection. In the dream, there was a man, a child abuser, recently released from prison. He had black dots on his skin, and she was reluctant to interact with him. Her initial associations to this figure were to her father, but then to both parents and the manner in which they reared their children. The black dots reminded her of an article she had recently read concerning the world's small supply of smallpox vaccine—not enough to stem an epidemic. She described smallpox as a disease that caused people to bleed inside, which was how she felt when upset. She interpreted the child abuser's release from prison as an outbreak of bad feelings, but it seemed to refer also to her release from analysis. The connections in her associations between herself and the man in the dream made it clear that she also considered herself a child abuser. This referred primarily to her obsessive thoughts early in treatment about smashing babies' heads.

To elaborate, Mrs. S feared a recurrence of her symptoms when she no longer would see me; she did not feel that she had

sufficient protection (vaccine) from her feelings of depression (bleeding inside). Furthermore, in her mind, analysis had served to control her "evil impulses." During these few months, she frequently left her sessions saying, "thank you" or "this was very helpful." A number of sessions began with "I feel very heartened." Her anguish over separation, the brief recurrence of old symptoms, the addition of details to previously related memories, her fears of independence and her hope that I would miss her, were all aspects that I would consider characteristic of an analytic termination.

Three weeks prior to our final meeting, as the patient was considering how she would fill her newfound free time, she called a local community center and offered to do volunteer work. She received a warm reception and was asked to give piano instruction to older adults, and perhaps to start a chorus. At that time, she was working on the composition of four songs that she hoped would be performed.

Reflections

The progress in this woman's external life was clearly demonstrated by her significant academic and social achievements. Since the extent of changes possible is a major motif here, a discussion of Mrs. S's internal—i.e., psychoanalytic—changes seems timely. First of all, the fact that Mrs. S experienced an abandonment or decathexis of the previously described organizing fantasy should be highlighted. She also underwent changes in her response pattern to unpleasurable affects, particularly rage; she slowly learned to become aware of what and who angered her—at first by inference or self-interpretation, but later through direct experience. The latter became increasingly available to her as we came to understand her use of rage to screen other painful affects, such as feeling hurt, discounted, ignored, or insulted. Realization of the screening function helped her to be more in touch with her feelings and with "the story behind the rage" (Krystal 1988, pp. 3-8).

Mrs. S also developed the capacity to relate to individuals as friends with whom she could enjoy a sustained libidinal attachment, rather than as competitors to be envied or as suppliers of narcissistic affirmation. Her vulnerability to the experience of interpersonal events as potential narcissistic slights was reduced, with a consequent reduction in her tendency to react with overwhelming and immobilizing rage. Her need to employ defensive grandiose fantasies was diminished, and her sexual fantasy life was altered in the direction of a reduction of sadomasochistic oedipal fantasies.

Furthermore, the patient's disturbing obsessive thoughts disappeared, her bathtub "phobia" (or delusion) was resolved, and the intensity of her harsh superego—primarily maternal introjects—was reduced. Her capacity to experience herself as a worthwhile, productive member of the human race emerged, which constituted a significant revision of her self-representation.

Of course, the above-described changes could also be the fruits of an analysis of a younger person. To my knowledge, however, such specific and extensive internal changes in an elderly patient, accompanied and followed by the finality of termination, have not yet been reported in our literature. That older patients can participate beneficially in an analysis has been well established (Panel 1986). But questions remain about differences between these analyses and those of younger patients, because of the specific challenges of what Valenstein (2000) referred to as this "final developmental crisis" (p. 1563).

I am not suggesting that the analysis of Mrs. S did not differ from our experiences with younger patients, but rather that the differences lie not in the process—e.g., working with defenses, resistances, transferences, and so on, nor in technique—but in the content. Examples in this case include her not wanting to accept the physical changes of aging (although having acknowledged them, she was able to make realistic adaptations). She spoke specifically of her fear of dying and her conception of death, in tandem with stating that she had been acting as though she could go on forever. Her concerns about diminished energy, some loss of

memory, fear of incontinence, and sadness that she could not live forever are not the usual preoccupations of younger patients in analysis. As she became less invested in her "genius boy" fantasy, she could state that "I'm an old woman," and was able to contemplate what this meant in terms of her life planning.

Another difference in the analysis of older patients is the previously mentioned feelings of the analyst toward aging and the aged.[7] One colleague, for example, in addressing this topic, referred to "analyzing ancients." The cautious manner in which I initiated treatment of Mrs. S was certainly influenced by considerations of her age.

While analytic work with older patients has revealed much about development in later life and a good deal about the factors that may determine therapeutic possibilities, I feel that we have too few cases to arrive at definitive conclusions. I am not suggesting that the course of this patient's analysis is the expectable one in most or even many older patients, but that significant changes and termination *are* achievable in some patients of advanced age.

REFERENCES

Abraham, K. (1919). The applicability of psycho-analytic treatment to patients at an advanced age. In *Selected Papers of Karl Abraham, M.D.,* ed. E. Jones. London: Hogarth, 1949, pp. 312-317.

Freud, S. (1905). On psychotherapy. *S. E.,* 7.

Gabbard, G., Peltz, M. & the COPE Study Group on Boundary Violations (2001). Speaking the unspeakable: institutional reactions to boundary violations by training analysts. *J. Amer. Psychoanal. Assn.,* 49: 659-673.

King, P. (1980). The life cycle as indicated by the nature of the transference in the psychoanalysis of the middle-aged and elderly. *Int. J. Psychoanal.*, 61:153-160.

[7] Plotkin (2000) noted that "the major challenges in work with the elderly come more from the analyst than from patients" (p. 1591). While I did not encounter the extensive or intensive reactions that Plotkin described—and I might question the use of the word *more* in this statement—I believe that the principle is valid.

KRYSTAL, H. (1988). *Integration and Self Healing.* Hillsdale, NJ: Analytic Press.

MYERS, W. A. (1984). *Dynamic Therapy of the Older Patient.* New York: Aronson.

NEMIROFF, R. A. & COLARUSSO, C. A. (1985). *The Race against Time: Psychotherapy and Psychoanalysis in the Second Half of Life.* New York: Plenum Press.

NURNBERG, H. G. & SHAPIRO, L. M. (1983). The central organizing fantasy. *Psychoanal. Rev.*, 70:493-503.

ORGEL, S. (2000). Thoughts on termination. *J. Amer. Psychoanal. Assn.*, 48: 719-738.

PANEL REPORT (1986). *J. Amer. Psychoanal. Assn.,* 34:163-177.

PLOTKIN, F. (2000). Treatment of the older adult: the impact on the psychoanalyst. *J. Amer. Psychoanal. Assn.*, 48:1591-1616.

RACKER, H. (1968). *Transference and Countertransference.* New York: Int. Univ. Press.

SADAVOY, J. & LESZCS, M. (1987). *Treating the Elderly with Psychotherapy: The Scope for Change in Later Life.* New York: Int. Univ. Press.

SANDLER, A.-M. (1984). Problems of development and adaptation in an elderly patient. *Psychoanal. Study Child,* 39:471-479.

SEGAL, H. (1958). Fear of death: notes on the analysis of an old man. *Int. J. Psychoanal.,* 39:178-181.

SETTLAGE, C. (1996). Transcending old age. *Int. J. Psychoanal.*, 77(3):549-564.

SIMBURG, E. J. (1985). Psychoanalysis of the older patient. *J. Amer. Psychoanal. Assn.,* 33:117-132.

VALENSTEIN, A. (2000). The older patient in psychoanalysis. *J. Amer. Psychoanal. Assn.,* 48:1563-1589.

2095 Bordeaux Drive
West Bloomfield, MI 48323

e-mail: Channing26@yahoo.com

Psychoanalytic Quarterly, LXXI, 2002

THE WILL TO SUCCEED—AND THE CAPACITY TO DO SO: A REVIEW ESSAY ON THE POWER OF POSITIVE IDENTIFICATIONS

BY MARTIN A. SILVERMAN, M.D.

Careful study is given to a recent memoir by Egon Balas, who survived torture and life-threatening oppression during both the Nazi period in Eastern Europe and the era of Communist rule that followed it.[1] His ability to come through his ordeals as well as he was able to is traced in large measure to the strength provided by positive identifications within his psyche, while negative identifications within him are seen as having contributed to the tendency to put himself repeatedly at serious risk. Extrapolation is made to the significance of positive and negative identifications in contributing in general to the success or failure of the psychoanalytic process in those who come for analysis.

Adam was sixteen years old when the Nazis came. An honor student, he was at the top of his class in math and in the sciences. An ambitious, competitive youngster, he was also a star player on his school's soccer team. His family was one of the most prominent and well-to-do in the area. With so many advantages, Adam's future seemed bright indeed. The invasion of his native Poland by Hitler's forces turned his world upside down, however. As Jews, Adam and the other members of his family were in mortal

[1] Balas, E. (2000). *A Will to Freedom: A Perilous Journey through Fascism and Communism.* Syracuse, NY: Syracuse Univ. Press.

danger. They scrambled to find some way to survive. A courageous gentile friend of the family, who was fond of Adam, dug a hole beneath his barn in which Adam could hide.

Adam spent the next five and a half years of his life in that hole in the ground. He had to contend with seemingly endless isolation and enforced inactivity, unbearable loneliness, malnutrition, and periodic illness. He passed the time in part by occupying himself in the interminable war he found himself waging with body lice. He spent weeks in a semidelirious, feverish state while going through a severe case of hepatitis. At one point, German soldiers were billeted in the barn for a number of weeks. Adam nearly died of thirst and starvation before his farmer friend managed to drop a few jugs of water and a sack of flour to him. He mixed flour and water together and ate it. It was the most delicious thing he had ever eaten. He vowed that, if the war ended favorably and he was still alive, the first thing on his agenda would be to have another such "feast." He actually carried this out, when he was finally released from his prison in the hole under the barn—and after he had recovered his health enough to think about eating. His hands shook with excitement as he mixed the flour and water together. He was astonished when he found that "it was paste."

Adam did his best to keep his mind active and his hopes alive while he was in the hole. He continually called up memories of his family and friends. He repeatedly went over in his mind what he had learned at school, for mental exercise and to keep from losing the academic skills he had acquired. He fought periodically against the impulse to commit suicide. To keep from going mad, he would sneak out from time to time, when there was no moon, creep up to a house, and peek into a window, "to see how human beings lived."

He was the only member of his family who survived the Nazi occupation; all the others disappeared without a trace. Adam migrated to North America and tried to rebuild his life. He found, however, that he was not able to hold a job, because his mind could no longer carry out the simplest of tasks with any consis-

tent degree of accuracy, and he could not maintain a relationship with anyone for any length of time. His life had been shattered beyond repair.

Adam was not a patient, but a friend. We met when I was serving a tour of duty in Germany as a doctor in the United States Army. Adam had come to Frankfurt, in response to pressure from his North American relatives, to apply for reparation, just before the deadline for doing so was to expire. I have worked with many survivors of the Holocaust or with their children and grandchildren, and Adam's story is only one of many such stories that I have heard. These accounts have been replete with enormous suffering, harrowing experiences, the narrowest of escapes, incredible acts of courage and of heroic sacrifice, and amazing feats of ingenuity and daring.

* * * * * * * * *

As psychoanalysts and psychotherapists, we work hard to help people who have been devastated by overwhelmingly traumatic experiences, so as to give them a chance to salvage as much as possible of their potential in life. In the course of our professional activities, we meet people who are struggling to deal with the debilitating effects, directly or transgenerationally, of what they or their parents—and at times, grandparents—have gone through. In our clinical work, we do not meet the remarkable individuals who are fortunate enough to possess the extraordinary strengths that enable them to come through terrible emotional experiences without succumbing to what Shengold (1975a; 1975b) has aptly termed "soul murder." A book like *A Will to Freedom* affords us the opportunity, however, to meet such a person; and I am grateful for having had the opportunity to read it.

Egon Blatt (later, Balas) was a 17-year-old Romanian when Hitler invaded Poland. A few months later, he graduated from school as the first in his class. Hitler transferred the northern half of Transylvania, where Egon's family lived, from Romania to Hungary. In exchange, Hungary was required to cast its lot

with Germany, both militarily and in terms of its racial policies. Stringent limits were placed on Jewish attendance in schools, but a group of Jewish teachers were permitted to start a high school for Jewish youngsters. Egon finished at the top of the class in June 1941, receiving his baccalaureate. Days later, Hitler invaded the Soviet Union. Egon felt anguish over what was happening in the world. Eight months earlier, a friend had introduced him to Marxism, and after reading it voraciously, he had allowed himself to be recruited into the Communist cause. He explains this as follows:

> Why was the message of Marxism so persuasive to the mind of an 18-year-old eastern European Jew in 1940? In the midst of the deep confusion and disorientation by the growing strength and success of Nazism and the miserable defeat of democracy on the European continent, Marxism offered a coherent theory of the development of society and the history of mankind, along with a clear direction in which the solution had to be sought. For a youngster who craved some action against the forces of darkness, some participation in the worldwide struggle against those forces, and also an opportunity to prove oneself and to perform some act of courage, Marxism offered the option of actively joining the Cause. [p. 32]

Unable, as a Jew, to attend a university to study engineering, as he would have liked to do, Egon went to work in a foundry and joined a union, in accordance with instructions given to him by the Communist Party, into which he had just been inducted. He did what little he could to thwart the Fascist regime and strengthen the Communist cause, in which he had put his hopes. When he turned twenty-one, the military age in Hungary, in the summer of 1943, he was due to be placed in a Jewish Work Battalion. He obtained false identity papers and a subsistence allowance from the Communist Party and went underground. Moving repeatedly from one hiding place to another, he eluded capture until August 1944, when a chance encounter while he was walk-

ing in the street led to his arrest. He was brutally tortured for many weeks, but unlike most of the prisoners who were tortured, he did not reveal any of the names of his Communist co-conspirators. After a swift trial, together with other prisoners, he was sentenced to fourteen years in prison. When he was transferred to a larger prison, he escaped deportation to an extermination camp by masquerading as a non-Jew whose birth certificate he had managed to obtain. The prisoner whose identity Egon took was one of several who escaped in a clever manner from the train in which they were being transported. Eventually, in 1956, this man became Prime Minister of Hungary. Egon helped plan the escape, and would have participated in it if he had not been separated from the group of prisoners who carried it out.

With the approach of the Russian army in December 1944, the prison was evacuated. Although they had been warned that they would be shot if they attempted to escape, Egon and another prisoner ran away when they saw an opportunity to do so, as they were being marched to an unknown destination. For the next few months, they eluded capture by masquerading as wounded German soldiers! They created fake health certificates, month by month, that protected them until the war ended. For a time, they joined a group of German soldiers who were laboring in a coal mine; and they even attempted to sneak across the front lines, in the midst of battle, to join the Russian army.

Egon survived the Nazi period, but the rest of his family perished at Auschwitz in late 1944 and early 1945. Only seven of his thirty extended family members were still alive at war's end. The Communist Party became his new family. He pored over the writings of Marx and Lenin, studied economics instead of the mathematics he preferred, and embarked upon a career in which he hoped to contribute to the development of a utopian, planned economy for his native Romania. In 1946, at the age of twenty-four, he met his future wife, Edith, then a 17-year-old high school student. Together with her mother, she had survived a hellish year at Auschwitz, followed by eight months at a mu-

nitions factory in Unterluss, in horrendous living and working conditions. At the end of that time, each of them weighed less than sixty pounds. The brief description provided of their experience during the final days of the war is chilling:

> One morning around mid-April 1945 the prisoners discovered that their German guards had disappeared during the night . . . . There was great joy which, however, did not last long. After a few hours of "liberty," the good citizens of Unterluss, with guns on their shoulders (a "civilian guard"?), surrounded the camp and . . . then forced the prisoners onto trucks and drove them to the not-too-distant concentration camp of Bergen-Belsen . . . [which] . . . by mid-April 1945 . . . was probably the most hellish place on Earth, Auschwitz having been liberated in January. Infested with typhus and a host of other contagious diseases, the camp was virtually a huge open-air repository of rotting corpses, which were piled up everywhere in large and small mounds . . . . Edith and her nine hundred fellow prisoners had the worst week of their lives. The conditions there are impossible to describe. It is enough to say that within a few weeks all but two hundred of the prisoners who were delivered to Bergen-Belsen from Unterluss died, even though none were shot, gassed, or killed by direct violence. [p. 183]

Egon was assigned by the postwar Romanian government to work in the Agrarian Section, although he had no real qualifications. At the end of 1947, the king of Romania was forced to resign, the Communists solidified their hold on the government, and the new minister of foreign affairs recruited Egon, who spoke English, French, and German, into the Foreign Ministry. He was assigned to the Romanian legation in London. Egon and Edith spent an enjoyable year and a quarter in London, during which Egon studied efficient Western manufacturing methods, puzzling over the advantages enjoyed by members of the British working class and over the generosity of the American Marshall Plan. Along the way, he was named first secretary of the legation.

The London sojourn ended when, in reprisal for the expulsion from Romania, after a brief show trial of two British diplomats accused of spying, Egon and another member of the Romanian legation were ordered to leave Great Britain. His expulsion by the British Foreign Office, fortuitously for him, served him well. It erased the suspicion that had been raised about him just a few months earlier of his being guilty of "bourgeois objectivism" (for having submitted an honest report about conditions in Great Britain!). His expulsion also led to his being named head of the Directorate of Economic Affairs in the Foreign Ministry of Romania and a lecturer at the Institute of Economic Studies and Planning. Such are the fortunes of (the cold) war.

Egon does not seem to have been much of a politician, but he became fluent in Russian, performed ably in his job, and proved himself both a capable economist and a very successful and popular teacher. His star ascended into the Romanian sky and shone increasingly brightly. He was soon to discover, however, that Communist totalitarianism could be just as senseless and brutal as Fascist totalitarianism.

In June 1950, North Korea invaded South Korea. The war dragged on. The "news" reported in the Romanian press, controlled by the Communist Party, conveyed what the party chose to convey, uncontaminated by facts. Romania did not send troops, but it did contribute medical personnel and supplies. When a doctor friend returned from Korea in early 1952, Egon, as curious as ever and hungry for information, pressed him to tell him what he had seen in Korea. What could be the harm? He had been a faithful wartime party member and was a director in the Foreign Ministry. Egon did not know that his office was bugged, and that his supposedly harmless conversation with his friend was being taped.

In and of itself, his indiscretion might have led to no more than a reprimand, but it happened that at that very same time, a political struggle was taking place between rivals for power within the Communist Party in Romania. As part of a campaign

against "right wing deviation," aimed at destroying certain individuals who were in the way of others seeking power at the top, a number of people were arrested. A longtime friend of Egon's was one of them. As Egon ultimately learned, in connection with Soviet fear of Titoism, the Russian NKVD was putting pressure on the countries of the Soviet bloc to hold political show trials and obtain forced convictions on charges of deviationism and collaboration with the West. In June 1952, Egon was dismissed from his job, and three months later, he was arrested.

Egon spent the next twenty-seven months in solitary confinement. The conditions in which he found himself were even worse than those inflicted upon him by his fascist tormentors. He was interrogated for endless hours at a time, after severe sleep deprivation (an hour or less a day)—-aimed at exhausting him in order to lower his ability to resist the interrogation process. He was periodically intimidated, bullied, and threatened; and he was fed a starvation diet. He was eventually so malnourished that he developed severe pain in one foot, making it almost impossible to walk. He eventually learned that he had developed severe osteoporosis as a result of the total lack of calcium in his diet and the total absence of exposure to sunlight. He exercised regularly and methodically; and he kept his mind active by mentally replaying concerts and operas he had attended, going through books he had read, reviewing courses he had given or had taken, solving mathematical problems in his head, and so on. He created a minuscule, almost invisible chess set out of tiny bits of toilet paper, straw, and bread, so that he could secretly add chess playing to his routine of mental exercise. For a while, he befriended a rat that had gained entry into his cell, although it cost him precious food to keep the rat coming. He was unremittingly urged to confess to imaginary crimes and to render false accusations against friends and other people he knew, but he was equally unyielding in his steadfast refusal to do so.

Egon naively clung to the belief that if his interrogators could not break him, he would eventually be recognized as in-

nocent and released from prison. He later realized that his life had been saved by chance events, including the death of Josef Stalin in 1953 and the subsequent conviction and execution of the Soviet NKVD Chief, Lavrenti Beria, the architects of the political show trials and purges taking place behind the Iron Curtain. One interrogator after another gave up trying to break him down, only to be replaced by another inquisitor who began the arduous process all over again from the beginning. Various additional, psychological techniques were employed in an attempt to break his spirit. Somehow, he managed to get through it all without quite cracking. His emotional strengths and his steadfast belief in himself and in the very system that, paradoxically, was trying to destroy him sustained him through his lengthy ordeal. (While in prison and afterward, he encountered people who *had* been driven insane.)

Finally, without explanation, Egon was released from prison. He returned to the world of the truly living. To his surprise, he discovered that he now had *two* children: a second daughter had been born just nine months after his imprisonment. Eventually, he learned that a former co-worker who had not been able to tolerate the torture to which he was subjected falsely accused Egon of joining with him in spying for the West while they had been stationed together in London several years earlier. Egon's accuser later retracted the charges.

Egon's need to believe in the cause that had become so vital to him as a replacement for the family he had lost during the Nazi period was so great that the horrific experience that had just been imposed upon him did not dampen his belief in the ultimate victory of Communism as the economic and political savior of mankind. What had just happened, he convinced himself, had been an aberration that did not dim the luster of Communism as the path to a better life for humankind. Denial and tunnel vision proved to be powerful indeed. The family returned to their old apartment in Bucharest, and Egon went back to his teaching duties at the Institute of Economic Science and Planning. But when he sought to have his party membership re-

activated—because, as he points out in the book, "everything in our society depended on one's party status" (p. 320)—he ran into a brick wall:

> When I was finally called before the Control Commission, a body of ten or eleven members, instead of an apology for having kept me under arrest for two years and three months under the harshest conditions without any valid reason, I got a rude dressing down for not having helped the party unmask the right-wing deviationists . . . In particular, one especially nasty member of the commission . . . said that I should be under no illusion that I had been proved innocent: what happened was simply that the comrades at the Securitate were not able to prove anything against me—which by no means implied that I was innocent. I would have to prove to the party through my future work whether I deserved to be a party member . . . . So my situation continued to be in limbo; I was a non-excluded party member who nevertheless belonged to no party organization . . . . In other words my membership status was still under investigation. [p. 321]

Encouraged by the seeming winds of change blowing from the Soviet Union under Nikita Khrushchev in early 1955, Egon worked hard, as a "Reform Communist," to utilize his economic and mathematical talents to improve the effectiveness of the Communist system in running the economy in his country. He did so enthusiastically and wholeheartedly, despite the treatment he had recently received at the party's hands. This is not to say that he or his family members were unscarred by what had happened. Egon had repeated nightmares for a very long time (in particular, on the anniversary of his arrest), in which he was either arrested and imprisoned once again, or was residing in a kind of penal colony, along with others who were politically suspect, in which "pregnant" men walked about with big bellies, which, as he realized in waking life, stood for informers having been implanted into them. His wife experienced

disorganizing flashbacks even many years later; and the daughter who had been born into an atmosphere of uncertainty and fear while her father was being held incommunicado in a political prison had to wrestle her way through a host of developmental and life problems later on.

Egon published several papers. In early 1956, encouraged by the salutary impact within the Soviet bloc of Khrushchev's open denunciation of Stalin for crimes against humanity, he went to work at the Institute of Economic Research. It was now headed by an old friend of his who had gone through his own, although less severe, encounter with the political paranoia and attendant sadism that had recently swept through the country. Once again, he eventually was done in by his starry-eyed refusal to believe his own eyes and ears in his need to idealize the system in which he had put his faith—even after a trip to the Soviet Union showed him firsthand that the claims of huge Russian economic achievements were based in part upon exaggeration, and were in part outright lies.

One would think that Egon might have learned what to expect from the Communist regime. Obviously, however, he had not. He got himself into trouble once again. Heedless of the possible consequences, he wrote first an article and then a book in which he attempted to bring the work of John Maynard Keynes to the attention of the Marxist planners and administrators of the State-run economy in Romania. The book was titled *Contributions to a Marxist Critique of Keynesianism.* In it, Egon attempted to translate Keynes's ideas into Marxist terms that would render them useful to a Communist society. He was warned that Romania was not ready for his book, and that it would only get him into serious trouble. Nevertheless, he forged ahead and had the book published.

At first, the book was well received. Shortly thereafter, however, it was viciously attacked for political reasons. Egon was stripped of his teaching position in the fall of 1958 (although he had been an extremely popular teacher—because his course was the only one in which students could obtain an accurate por-

trayal of Western economics!). Six months later, he was removed from his position at the Institute of Economic Research and expelled from the Communist Party. It was only then that he finally became disillusioned with Communism as a way of creating a better world.

Egon came to realize that he was one of many in his generation who had traversed a path from idealism to a sad confrontation with reality:

> Some of the most decent and respected intellectuals in the central and eastern Europe of the late thirties and early forties, especially if they were Jewish, turned toward the political left. Those of them who had the courage of their convictions joined the Communist Party and opposed the Nazi war effort with the means at their disposal. In so doing, they risked their lives in the service of a cause they believed in . . . . The members of this generation who were lucky enough to survive the war were caught up in an immense tragedy that engulfed their entire lives: The society of their dreams, the paradise of justice and equality that they had hoped to build, turned out to be a nightmare. The revolution they helped to bring about sacrificed them to its whims, ate them alive, and from its heroes turned them into its villains. [p. 371]

Egon's career as an economist was over. He was "categorically forbidden to publish in any economic journal" (p. 372). Although he still enjoyed a certain reputation as an economist, by now, he had finally lost his respect for Marxist economic thought. In a manner typical of him, however, he did not crumble, and he did not give up as an intellectual and as a thinker. Instead, he turned his focus and talents to a new, though related, area of interest: a new field of applied mathematics, termed "operations research," that could be utilized effectively in economic planning and implementation. He decided to study linear programming and optimization theory—although, as was pointed out to him, he was well past the age at which people usually set out to become mathematicians.

Egon searched in vain for several months for a new job. Finally, he learned that a written competition was being held for the position of design engineer in charge of economic evaluation for the timber industry in Romania, fully a third of which was covered by forests. He was the only non-engineer to take the test, but he got the job—at about sixty percent of the salary he had received in his previous job. In addition to continuing his mathematical studies, he had to study engineering concepts, as well as various aspects of the forestry and timber industry. Within a year, the district party organization congratulated the district party secretary, who had approved his being given the job, "because of the results obtained from [Egon's] linear programming approach to planning the distribution and transportation of firewood throughout the country" (p. 376).

Egon studied mathematics as assiduously as he had earlier studied Marxist economics, and was fortunate to obtain mentorship from a leading mathematician who had a safe position within the political structure. Egon came to play an instrumental role in projects involving the design of a variety of manufacturing plants in the timber and woodworking industries. In the spring of 1964, he moved from the Institute of Forestry Studies and Design to the Center of Mathematical Statistics, where he worked in the Sector of Mathematical Programming. He also consulted to other research and planning groups in Romania. Collaborating at first with a young mathematician to whom his new mentor directed him, he developed a novel and effective algorithm for solving certain practical problems of economic management, and he published a highly regarded paper—the first of about 180 he was to author or coauthor within the new field he had entered.

By now, however, Egon wanted no more of life within the Communist bloc. Learning that it had become possible for some people to emigrate to Israel, he began a long and difficult campaign to obtain permission to leave Romania. His ultimate destination was the United States. Putting himself at great personal risk, he approached one person and one channel after another

without success. It took him six years to get out, since one request after another was denied, but he was finally successful in his quest to move his family to freedom in the West. He was at last offered an opportunity to leave in exchange for becoming an informer for a period of time. When he refused, he was told that he would never be granted permission to leave Romania. Nevertheless, in October 1965, he reapplied for permission to emigrate. He was promptly fired from his job. He persisted in his efforts to leave, appealing to one official after another for assistance. He even obtained an interview with the head of the very Securitate that had imprisoned and tortured him! In the meantime, he managed to find another job, back within the timber industry.

Finally, in 1966, perhaps with some assistance from mathematicians outside of Romania who knew of his work, Egon suddenly received permission to leave the country. Why the Communist regime allowed him to depart remains a mystery. During the time in which he was trying to leave Romania, he demonstrated more than once that he was a valuable resource whom the regime should not have allowed to leave. His skill in identifying impediments to effective plant operations, and in developing approaches that could overcome them, proved invaluable when he was called upon to solve such problems. One can only surmise that the people who ran things in Romania were so preoccupied with their own self-protection and self-advancement that political intrigue dominated their view, to the exclusion of any ability to focus on what was actually of value to the economy of the nation.

After Egon and his family left Romania, they spent some time in Rome, where he obtained a research fellowship at the International Computing Center. He enrolled in doctoral programs at the Universities of Brussels and Paris, earning doctoral degrees in economics and mathematics. After short stints at the University of Toronto and Stanford University, he moved to Pittsburgh, where he joined the faculty of Carnegie-Mellon University, where he has had a long and fruitful career. In 1995, he was

awarded the John von Neumann Theory Prize, which is the highest honor anyone in his field can receive.

It was Egon's elder daughter, Anna, a psychoanalyst in New York City, who called my attention to his memoir. When I read the first two chapters, which describe his early life, I found them very factual and unexciting, and I wondered why she had urged me to read the book. When I went back and reread them, after having been so entranced by the rest of the book that it was hard to put it down—despite the understated, simple narrative style in which it was written—I now found those chapters equally interesting. What permitted Egon Balas to survive the manifold dangers he faced, the brutal torture to which he was subjected, and the utter disappointment and disillusionment in the cause in which he had placed his trust, and to which he had so wholeheartedly devoted himself? What enabled him to maintain his courage, confidence, dignity, integrity, and unflagging adherence to his principles and to beliefs, throughout the series of ordeals he endured? Unlike almost everyone else who was bullied, threatened, and tortured in the way that he was, he never gave anyone away, never bore false witness against anyone, and never agreed to become an informer. Where did he get the strength to prevail over his tormenters? What permitted him, furthermore, to repeatedly strike out in a new direction each time his world was assailed or destroyed? On the other hand, how is it that he got himself into one difficulty after another? How is it that he got into serious trouble, over and over? The import of these questions transcends the challenge to understand a single individual. It is my impression that the answers are to be found in those first two chapters.

Egon's father, we are told in those opening chapters, got himself into repeated economic difficulty, failing at one venture after another, until he finally had to declare bankruptcy. He apparently gave up after that, and never worked at anything again. Egon's mother meekly allowed herself to be forced into a marriage she did not want to a man she did not love; and she remained unhappily married to him for the rest of her life.

Neither of Egon's parents presented him with a fortunate model to follow, but in some ways, he did follow in their footsteps.

His paternal uncle, on the other hand, presented him with a very fortuitous model. He was an intelligent, shrewd, highly capable and effective man, with a knack for shifting gears and moving on to conquer new and better worlds whenever it seemed wise to do so. This uncle carried Egon's father as his business partner for a good number of years before they parted company. Egon learned some time during his childhood that his mother for a long time had been in love with his paternal uncle—and both parents led him to believe that this uncle, to whom he had always been close, was actually his biological father! *Here was an excellent model to follow!* (His parents, furthermore, even when they were in desperate financial straits and were subsisting mainly on the meager income that accrued from renting most of their house out to boarders, made personal sacrifices in order to provide the best possible education for their children.)

Egon as a youngster was ambitious, striving, and proud of his achievements; and he demonstrated from early on that he possessed the same kind of self-confidence, courage, audacity, and ability to succeed through the combination of boldness, skill, talent, and hard work that had characterized his paternal uncle. *So this is where his strengths came from! In getting into hot water time after time, he was being his parents' child; in courageously and effectively getting out of it, he was being his uncle's child. A vital key to understanding Egon Balas is to be found in his multiple identifications.* Of course this is not the only factor involved, but it appears to have been a powerful one indeed.

What can Egon's story tell us that can be of interest in our clinical work as psychoanalysts? When we evaluate someone for analysis, we are not only interested in the emotional problems that the person wishes to overcome. We are also interested in the resources at his or her disposal that can be mobilized to tackle them, and in whether the person shows signs of being able to undergo the rigors of the analytic process by means of

which those problems might be resolved. The prospective analysand's identifications with key personages from the past comprise a very important dimension of this. As Freud (1923) observed, "the character of the ego is a precipitate of abandoned object-cathexes" (p. 92). The developing child takes in aspects of the people who are raising him or her, or who in various ways exert a meaningful impact on the child's life. These aspects then become integral components of the growing child's makeup, as Walt Whitman (1855) deftly noted in his poem, "There Was a Child Went Forth":

> There was a child went forth every day,
> And the first object he look'd upon, that object he became,
> And that object became part of him for the day or a certain part of the day,
> Or for many years or stretching cycles of years . . .
>
> His own parents, he that father'd him and she that had conceived him in her womb and birth'd him,
> They gave this child more of themselves than that,
> They gave him afterward every day, they became part of him . . .
>
> These became part of that child who went forth every day, and
> Who now goes, and will always go forth every day.
>
> [p. 290]

Although largely unconscious, these externally derived—but now internal and integral—parts of the individual's own self play a powerful role in shaping the personality and in directing that individual's pathways in life (Meissner 1972; Silverman 1986), for better as well as for worse. They play a vital role as key components of each person's personal myth (Hartocollis and Graham 1991; Kris 1956), in directing the person into and out of emotional conflicts and life problems. They also play an enormous part in determining whether and how the individual will be able

to make use of psychoanalysis to resolve emotional problems and to effect changes within his or her psyche, so as to become able to avoid similar problems in the future.

* * * * * * * * *

Ms. X, for example, came for analysis because of inhibitions and self-doubts that had been interfering with the pursuit and realization of life goals for many years. On the one hand, she was burdened with a multiplicity of negative influences stemming from her family structure and childhood experiences. As the only girl in a family whose cultural heritage strongly valued sons over daughters, it was made clear to her that she was expected when she grew up to marry and raise children, and to do nothing other than that. Her brothers' education was very important to her parents, while she, like her mother before her, was not even expected to go to college, although she was an outstanding student throughout childhood and adolescence.

It was evident to Ms. X while she was growing up that her emotionally hungry mother did not like her personally, and resented whatever little attention her father paid to her. Her father had been unable to realize his boyhood ambition to become a physician because that had been reserved exclusively for his older brother, the firstborn son. He was always distant, unresponsive, and haughtily critical and lecturing in his interactions with her. Her mother had been at the top of her class in high school, but was not provided with the opportunity to have a higher education. Both parents had been narcissistically wounded while growing up in their own families, were self-absorbed in their struggle to make a place for themselves in their respective extended families, and clearly focused on Ms. X's brothers as their truly important children. Although she was near the top of her high school class, she gave little thought to her future and did not even apply to college.

On the other hand, as a little girl, Ms. X was clearly the favorite grandchild of her totally self-made, impressively successful paternal grandfather. She always felt that he loved and cherished

her—not only as his *grandchild,* but also very much as a delightful, pretty, vivacious little *girl* who captivated his interest and attention. The importance of feeling very special to and valued by her grandfather was played out dramatically in the transference once Ms. X's analysis began. She also identified with him in his having pulled himself up single-handedly from humble beginnings, without family support, in a new land and with a new language and culture, to which he had emigrated as a young man, which inspired her to make use of the new and strange world of psychoanalysis to do something similar for herself.

Another important identification that had helped Ms. X in the past, and that was to assist her in the analytic work as well, was one she had made with a trail-blazing aunt, who flamboyantly defied the family mores consigning females to a position of self-effacement, subservience, and servitude. Her aunt not only had the audacity to graduate first in her high school class, and to go on to be the first female in Ms. X's mother's or father's family to attend college, but she also struck out on her own in a career—and, at least for a while, lived an independent life, without a husband. Her aunt's outstanding record at a local college facilitated Ms. X's obtaining acceptance there, at the last possible moment, after a high school teacher expressed astonishment and consternation that she had not applied to college. After a year, Ms. X transferred to a school in another state. She did very well at both institutions, but retreated from further pursuing her ambitions for many years. When she turned her attention back to career development, after her children reached school age, she found herself anxious, inhibited, and in need of assistance. Once again, she required the intervention of a mentor to encourage her to go further. It was this mentor who referred her for analysis. Ms. X's ability to transfer her internal connection with her grandfather and with her aunt onto her analyst helped her enormously in making use of me as an assistant in the analytic work we carried out together.

During the course of her analysis, Ms. X grew in self-confidence, acquired one degree and diploma after another, and went

on to distinguish herself impressively in her chosen field. Along the way, she remained loyal to her husband (despite problems in their marriage), and was a devoted parent who fostered achievement in both her son's and her daughter's lives. She took particular delight in watching her daughter grow and flourish, both in her personal life and academically, in rapid fashion, in contrast to her own, pre-analytic halting and delay-filled course of personal development.

* * * * * * * * *

Mr. Y came for analysis because, after excelling in college and graduate school, he had used extraordinary talent and ability to rise very rapidly in his field, only to embark on a destructive and self-destructive course of action that threatened to wreck his career and destroy his marriage. He quickly recognized that it was no mere coincidence that he had set out on this downhill course the moment he became a father.

Mr. Y's childhood had been extremely sad, lonely, and impoverished, both emotionally and financially, as a result of his father's having walked out on the family to pursue an inexorable course of alcoholic deterioration and self-destruction that led to his premature demise. His mother, too, provided Mr. Y with a model for identification that revolved around self-destruction, although in her case, it was physical. Mr. Y spent his childhood and adolescence watching her progressively deteriorate because of a neurological, degenerative disease for which no effective medical treatment was available. He was full of unconscious rage at both his parents, combined with enormous oedipal and non-oedipal guilt, as he realized once the analysis began—feelings that only fueled the jet-propelled "electric (wheel)chair" (a recurrent dream image) that sped him along on the self-destructive road his parents had laid out for him to follow.

On the other hand, there were elements in Mr. Y's identification with his parents that stood him in good stead as the analytic work proceeded. His father, before he mysteriously plummeted into the alcoholic self-destructive course that ultimately led to his

early death, had been brilliant and successful. At one time, furthermore, he had had an impressive tour of duty as a military officer. Mr. Y's mother, too, showed remarkable pluck, courage, and ingenuity as she struggled to hold the family together, finding all sorts of ways to provide at least minimally for her children's material needs, and mobilizing her resources so as to maintain every shred of dignity and functionality possible as she fought her inevitably losing battle against the illness that was destroying her. Like Ms. X, Mr. Y also had had a grandparent who provided him with an important model for positive identification. His grandmother came for regular, extended visits throughout his childhood, during which she took him under her wing. She repeatedly reminded him that he came from a long line of tough, capable people who could overcome adversity and go on to accomplish impressive things. She vigorously encouraged him to appreciate his gifts and to make use of them to carve out a place for himself in the world.

Mr. Y made extremely effective use of analysis to search within his inner world, to figure out why he had set out on such a self-destructive course, and to gain control over his life. Complex transference-countertransference interactions took place, in which his intense yearning to find the idealized father of his earliest years helped enormously in facilitating his capacity to make use of the analytic process. His hunger to find a father figure whom he could like and respect, who believed in him and stood by him, and upon whom he could rely through thick and thin stood him in good stead as he weathered the difficult aspects of the analytic work. He reversed the tailspin that was destroying his life, and set out on a path in which he achieved impressive personal and financial success. Even more important to him, he became a devoted, loving husband and father for whom the highest priority in life was spending time with his children—helping with their homework, coaching their athletic teams, encouraging them to develop their talents and to realize their potentials, and, in manifold ways, fostering their development of self-confidence and self-esteem. He became for

his children the father he had wished for but had not been able to have.

* * * * * * * * *

Not every patient who comes to us demonstrates the significance of positive and negative identifications so clearly and dramatically as do Ms. X and Mr. Y, but these identifications play a critical role, in my belief, in determining the outcome of every analysis. In our preoccupation with inner struggle and conflict, it is all too easy to focus so much upon our patients' problems that we underappreciate the importance of examining their strengths. At one time, for example, it was believed on theoretical grounds that adolescents are universally wracked by emotional stress and turmoil (A. Freud 1958). Careful observation, however, indicates that this is not quite so. The majority of teenagers actually go through adolescence relatively smoothly. Of particular interest is Offer's (1969) observation that the most significant factor shaping adolescent experience is the kind of family structure within which it takes place. The adolescents who have the easiest, least conflicted, most successful time of it, he found, are those who have been growing up in intact, well-functioning family units that go back for a number of generations. The ability to identify with parents, grandparents, and other relatives who have been successful in life, and who have healthy self-esteem and clear value systems with which they can feel a sense of continuity, comes through as a key determinant of success in negotiating the adolescent process.[2]

The ability to draw upon at least partial identifications with such figures from the past is also invaluable for anyone who attempts to make use of the psychoanalytic process to resolve emotional conflicts, to replace maladaptive patterns with more realistic and effective ones, and to revise and strengthen the sense of personal identity that guides one's sense of self and one's relations with others in life. Psychoanalytic experience, like ado-

[2] See also Offer 1980; Offer and Offer 1975.

lescent experience, is a personal and interpersonal growth process that sifts and sorts through the registrations of past experience, so as to provide the opportunity to become more selective about who one wants to be and how one wants to live. The more it is possible to draw upon positive identifications within one's makeup, the more likely the outcome of the analytic work is to be positive and successful.

I began this essay by recounting the story of my friend Adam, who survived the Nazi occupation of Poland by hiding for five and one-half years in a hole under a barn, but whose ordeal left him a broken man. One of the most salient aspects of Adam's experience was that for years and years, he was almost entirely isolated and alone. In contrast, Egon Balas, the author of *A Will to Freedom,* was never alone, not even when he was in solitary confinement. He always felt the presence of an important Other, to whom he could have recourse in his darkest hour. His resourceful, successful uncle was always with him, and in identifying with his uncle, we can assume, Egon could always feel that his loving, adoring mother was with him from a distance.

It was but a simple step for Egon to extend his set of internal relationships outward onto the leaders of the Communist system, which he adopted to replace the family he had lost during the war. Even while he was threatened and tormented by the Communist regime that imprisoned him, he was able to split his perception of it, so as to maintain the illusion that he was being guarded and protected by figures upon whom he could rely to be there for him, and ultimately trust to come through for him, if he only remained loyal, true, and patient.

A similar kind of splitting mechanism is required of our analysands, who need to be able to transfer onto us their internal perceptions of the key figures from the past who they feel have disappointed, deprived, and abused them—*at the same time that they extend to us the expectation that we are there for them, and that if they are patient, we will help them attain what they are seeking.* For our analysands to be able to make use of what psycho-

analysis can offer, they require at least partial identification with positive figures from the past, to provide them with the strength, confidence, and forbearance they need to stay at the course and struggle through the difficulties they encounter en route. Accounts like that of Egon Balas's *A Will to Freedom: A Perilous Journey through Fascism and Communism* help us to appreciate all that is involved.

REFERENCES

FREUD, A. (1958). Adolescence. *Psychoanal. Study Child,* 13:255-278.

FREUD, S. (1923). The ego and the id. *S. E.,* 19.

HARTOCOLLIS, P. & GRAHAM, I. D. (1991). *The Personal Myth in Psychoanalytic Theory*. Madison, CT: Int. Univ. Press.

KRIS, E. (1956). The personal myth. *J. Amer. Psychoanal. Assn.*, 4:653-681.

MEISSNER, W. (1972). Notes on identification. III: The concept of identification. *Psychoanal. Q.,* 41:224-260.

OFFER, D. (1969). *The Psychological World of the Teenager: A Study of Normal Adolescent Boys*. New York: Basic Books.

——— (1980). Adolescent development: a normative perspective. In *The Course of Life: Psychoanalytic Contributions toward Understanding Personality Development. Vol. II: Latency, Adolescence, and Youth,* ed. S. I. Greenspan & G. H. Pollock. Washington, DC: National Institute of Mental Health, pp. 357-372.

OFFER, D. & OFFER, J. B. (1975). *From Teenage to Young Manhood*. New York: Basic Books.

SHENGOLD, L. (1975a). Soul murder. *Int. J Psychoanal. Psychother.,* 3:366-373.

——— (1975b). An attempt at soul murder: Rudyard Kipling's early life and work. *Psychoanal. Study Child,* 30:683-724.

SILVERMAN, M. A. (1986). Identification in healthy and pathological character formation. *Int. J. Psychoanal.,* 67:183-199.

WHITMAN, W. (1855). There was a child went forth. In *The Treasury of American Poetry,* ed. N. Sullivan. Garden City, NY: Doubleday, 1978, pp. 290-292.

551 Ridgewood Road
Maplewood, NJ 07040

e-mail: msilverman551@earthlink.net

BOOK REVIEWS

CHANGING CONCEPTIONS OF PSYCHOANALYSIS: THE LEGACY OF MERTON M. GILL. Edited by Doris K. Silverman, Ph.D., and David L. Wolitzky, Ph.D. Hillsdale, NJ/London: Analytic Press, 2000. 316 pp.

Merton Gill is perhaps best known for his insistence that constant interpretation of the transference is the defining characteristic of psychoanalysis. In a long and fascinating intellectual journey, he went from being an avatar of metapsychology, its codifier, in his 1963 monograph, *Topography and Systems in Psychoanalytic Theory*—describing the theory building of Hartmann and Rapaport—to a radical deconstructionist, who in his 1976 paper, *Metapsychology Is Not Psychology*, sought to demolish metapsychology. To quote Robert Wallerstein in *Changing Conceptions of Psychoanalysis*, Gill wished to "return psychoanalytic theorizing to an experience-near focus on just its special or clinical theory—as opposed to the to-be-excised general or metapsychological theory" (p. 17). The transition from being a psychoanalytic St. Augustine to becoming a Martin Luther in one lifetime is quite an achievement, especially since, in each phase of his intellectual life, Gill received homage from the general psychoanalytic community. As Wallerstein suggests:

> It has been Merton Gill's fate to be an acknowledged leader in (American) psychoanalysis almost from the beginning of his career. An uncommon percentage of his writings have been almost instantly—and justly—hailed for their critical influence at particular points in the history of analysis in America. [p. 16]

The book under review is, in essence, a well-deserved, extended eulogy to Gill's remarkable contributions. His absence of cant

and his fierce opposition to the corrupting influence of power were captured in Irwin Hoffman's tribute at his memorial service in 1995, quoted in the book as follows:

> I think we have to understand that Merton was on a mission. Something bothered him about the way psychoanalysts worked and thought about their work . . . . Although he couched his concerns in scientific, theoretical terms, I believe that Merton's impression of mainstream psychoanalytic practice violated his sense of values. He felt that analysts had a great deal of power in the analytic situation and that, all too often, they unwittingly abused that power instead of trying to reduce it and/or to exercise it in a fully responsible and helpful way. I think Merton felt that this abuse of power was thoroughly institutionalized and rationalized theoretically so that it became very difficult to bring it to light and subject it to critical scrutiny. Under the guises of the blank screen, of the transference as a simple distortion, of the rule of abstinence, of the claim of analytic neutrality, of a one-person psychology . . . what Merton found was one human being who was in a position of authority blaming another who was in a subordinate position for everything that developed in their relationship that was problematic. Whatever went wrong, the analyst could so easily come up smelling like a rose. But what Merton smelled in this scenario was a rat, a subtle form of domination. [p. 5]

Hoffman also provides a comprehensive summary of Gill's work, emphasizing his disdain for parochialism (a recurrent theme throughout the volume) and his readiness to consider multiple points of view. This likeable aspect of Gill's personality was embodied in his clinical theory. Hoffman summarizes a key element of Gill's ideas about the analytic process:

> The new experience associated with the analysis of the transference rests in part on the analyst's openness to the possibility that, wittingly or unwittingly, he or she has been the patient's accomplice in the perpetuation of the old, fixed patterns of interaction that the transference

> represents. At the very moment in which this openness is conveyed to the patient, the analyst stands a good chance of extricating himself or herself from the role of accomplice. [p. 79]

Lawrence Friedman, in a section of the book entitled "Personal Views of Gill's Paradigm," delineates Gill's seven tenets:

> (1) Psychic structure is a continuum—a continuum of ego and id, impulse and defense. (2) Psychoanalysis is distinguished from psychotherapy by the induction of regression and the resolution of the transference by interpretation alone. (3) Metapsychology is pseudobiology. (4) The resistance is mainly fear of plausible transference. (5) The analyst is never a blank screen. (6) Psychoanalysis is not distinguished from psychotherapy by its use of regression, but rather by its fearless scrutiny, especially of transference. (7) The analyst lacks authority on the relationship, and should enjoy a freer but more tentative expressiveness. [p. 31]

Friedman observes that, from a philosophical viewpoint, Gill was a nominalist:

> He did not want implacable smug abstractions to stand between him and experience—he thought that Freudian structures were too categorical. Such rigidity is not realistic, he argued, nor theoretically coherent. Mental activity is not so easily tagged. It's more like a continuum from less to more refined meanings, feelings that are more and less concealed. Mental events don't assemble under the flag of ego or id. They are ego-ish when compared to something id-ish, and id-ish when compared to something more ego-ish; impulse in relation to what's more defensive, defense in relation to what's more impulsive. [p. 31]

Gill, with his deep affinity for the give and take of Socratic dialogue, would have gained great pleasure from this book, in which many distinguished contributors acknowledge the inno-

vative nature of his evolving thought—and, just as often, take issue with him. Robert Holt's acerbic dismissal of Gill's embrace of hermeneutics is a case in point. Holt feels that Gill was drawn to hermeneutics because of its emphasis on "human meanings, longings, dreams, rationalizations, plans, and interpretations" (p. 100). But Holt believes that hermeneutics "at its heart was a repudiation of the idea [that] there might be a correct interpretation of anything, replaced by a celebration of the fecundity of human intelligence in finding many kinds of meanings" (p. 100), and thus it stands in direct opposition to the tenets of natural science.

Morris Eagle vigorously takes issue with Gill's constructivist portrayal of psychoanalysis. Eagle dismisses radical constructivism because, in his view, it discounts or minimizes the constraints of reality on our constructions. He acknowledges, however, the usefulness of Gill's contention that "no analyst can be simply a blank screen, but is rather always emitting cues . . . . Hence the patient's transference reactions are never simply a distortion; rather they constitute more or less plausible interpretations of cues emitted by the analyst" (p. 133). Nonetheless, Eagle doubts "whether the concept of constructivism is really necessary or even especially relevant to this much more realistic and commonsensical view of transference" (p. 133).

As noted above, Gill's emphasis on the constant interpretation of the transference, within the conceptual framework of a two-person psychology at work in the clinical situation, remains his most enduring legacy. Bird (1972) observed that Freud wrote sparingly about transference, and felt that, with one or two exceptions, Freud's writings on the subject were of a lesser quality than his other work.[1] One of those exceptions, however, was his postscript to the Dora case, which in Bird's opinion contains one of Freud's most profound thoughts—namely, the idea that within the transference, "new editions" of a neurosis are created, and that these consist of a special class of mental structures.

[1] See Bird, B. (1972). Notes on transference. *J. Amer. Psychoanal. Assn.*, 20:267-301.

Strangely, Freud retreated from these radical ideas, and came to regard transference merely and simplistically as a technical matter to be managed within the analysis. Bird suggested that this withdrawal and abandonment of his own more original ideas was a reflection of the complex and frequently troubled transference situations that Freud was recurrently involved with in his personal life. (One could similarly speculate that Gill's repudiation of and distaste for metapsychology following Rapaport's death had their own transference implications.) Bird lamented that, since the time of Freud, clinical and theoretical commentary on transference had been woefully inadequate; Bird felt that transference was a universal mental function that might well be the basis of all human relationships, but one that had never been satisfactorily explained.

Bird's paper was probably the most important post-Freudian contribution to the subject until Gill turned his attention to this phenomenon. Steven Cooper's essay in *Changing Conceptions of Psychoanalysis* suggests that, for Gill, transference was, in Winnicottian terms, a form of play:

> I always felt the way he worked with transference captured the notion of transference as a psychical region located between reality and fantasy. He always seemed to be "probing" the object, looking for a way to play, a modality through which interpretive play and observation could be developed. [p. 29]

We should be grateful to the editors of this book for providing a rich, complex, and multifaceted exegesis of Merton Gill's gripping intellectual odyssey—an odyssey that, in Henry Smith's words, "took him from the most classical of positions to an integration of the interpersonal, the hermeneutic, and the constructivist into psychoanalysis" (p. 37). Thus, Gill was a harbinger of almost all the elements that constitute the current ferment in our field.

PETER J. BUCKLEY (NEW YORK)

LIFE DRIVE & DEATH DRIVE—LIBIDO & LETHE: A FORMALIZED CONSISTENT MODEL OF PSYCHOANALYTIC DRIVE AND STRUCTURE THEORY. By Cordelia Schmidt-Hellerau, Ph.D. New York: Other Press, 2001. 324 pp.

Dr. Bass's Review

Why does Cordelia Schmidt-Hellerau think that psychoanalysis needs a formalized, consistent model of drive and structure theory? In other words, why does she think that metapsychology is vital to the future of psychoanalysis? To answer such questions is to encounter a basic contradiction: the view of science that mostly informed Freud's thinking has changed, but there is still no model of the psyche more comprehensive than his. Therefore, Schmidt-Hellerau urges us to "unleash the creative potential of the metapsychology," though not to cling to it literally (p. 6).

Schmidt-Hellerau looks at two main strands of criticism in her comprehensive and fair-minded survey of the major objections to metapsychology. One says that, as a human science, psychoanalysis should free itself from reductive, mechanistic thinking and adopt the methods of the humanities. The other says that psychoanalysis should be purged of unacceptable metaphysical, anthropomorphic, metaphoric elements so that it can unite with biology, neurophysiology, information theory, and systems theory. The problem is that the metapsychology "contains and unites both positions" (p. 9), so that each side can justifiably claim to continue Freud's work, but without noticing the introduction of a "split" into the theory (p. 10).

In order to revise and renew metapsychology without such splitting, Schmidt-Hellerau extends Freud's idea of the drive as a concept on the boundary of the psychic and the somatic. It is only as a rigorously conceived boundary discipline that metapsychological thinking can avoid certain basic pitfalls. Any psychic phenomenon, she says, can be conceived in clinical terms (e.g., the Oedipus complex, compromise formation) or metapsychological ones (e.g., drives, defenses, notions of structure formation), but neither the clinical nor the metapsychological con-

cepts occur concretely within the phenomenon itself. We are always obliged to distinguish levels and to be clear about the language appropriate to each (p. 17). On its own level, metapsychology is "a supraordinate boundary theory, formulated in terms straddling the boundary between the psychic and the somatic" (p. 26). To support this view, Schmidt-Hellerau cites another great Freudian scholar, Ilse Grubrich-Simitis, who stated that "among the undying Freudian achievements" is the discovery of the "in-between area" on the boundary of mind and body (p. 40n).

The essential task of psychoanalytic theory, then, is to develop a consistent metapsychology whose terms are situated at this boundary, which is equally the boundary between the humanities and the sciences. Our clinical theory teaches us that there is no overcoming of splitting without anxiety about integration. Schmidt-Hellerau's attempt to overcome theoretical splitting, while maintaining the integrative tension of a boundary discipline, is bound to provoke analogous anxieties in her readers. This is one of the book's great strengths.

Its method is historical and critical. Via a detailed analysis of all Freud's metapsychological writings, Schmidt-Hellerau demonstrates how drive and repression function as the smallest unit of psychic structure, out of which an all-encompassing theory (covering ego and superego development, object relations, narcissism, affects, aggression, learning, and adaptation, among other factors) inevitably grows. On the way, she is trenchant about the errors and inconsistencies in Freud's theory. For example, she states that Freud's definition of the drive as an urge to restore an earlier state is wrong: a drive is simply an urge, not an intelligent entity that knows what it wants and remembers. A system's memory, she says, is in its structures, not in its drives (p. 182). To return to her subtitle, however, the entire book is an attempt to demonstrate how the drive-defense model is the key to understanding psychic structure.

Schmidt-Hellerau finds a relation between energy and structure at the very beginning of Freud's work, in the *Project*. His

quasi-physicalist assumption is that conduction of energy creates differentiation in the protoplasm, producing improved conductive capacity. "This interesting point in his theory must not be underestimated . . . . *the process of conduction itself is structure-forming: the energetic activity of the system leads to the formation of structure*" (p. 76, italics in original). Agreeing with Freud that all structures have to maintain homeostasis, she sees repression as the drive's antagonist. Without such an antagonist, there simply would be no structure. To this basic drive-repression dualism, Schmidt-Hellerau adds an "introversion-extroversion" dualism to account for homeostasis and directionality within the subject–object dimension. She says that "an introversive, subject-directed drive impulse is always matched by an extroversive repression, while an extroversive, object-directed drive tendency is balanced by an introversive repression" (pp. 89-90). Psychic structure itself arises where a drive tendency switches over into a repression tendency; structure represents a reciprocal relation between the two (p. 102). The maintenance of homeostasis and the development of structure is a dynamic *process*. Metapsychology itself, the author insists throughout, is as much a process theory as it is a boundary theory.

Schmidt-Hellerau's formalized model starts with Freud's early view that all psychic events have drive, perceptual, and motor components, which become for her the D-P-M systems. At the "base" of D system are the two antagonistic drives; at the "base" of the P system are the drive sources, the biogenic and erotogenic zones; at the base of the M system are the motor images and patterns of specific action (p. 136). But Schmidt-Hellerau makes these systems much more complex than Freud did by viewing them in unconscious, preconscious, and conscious interaction, and by seeing every drive-repression unity as intrinsically linked to an (introversive) self and (extroversive) object representation and an affect (p. 139). Every drive-repression process operates on all components and on every tier of the D, P, and M systems (p. 145). Drive vicissitudes, then, are fundamental to understanding

the psychic apparatus, its structure, and its functioning. Freud's model of the psyche, based upon nothing but the two drives and the hierarchically arranged structures, embodies scientific parsimony (p. 153).

Schmidt-Hellerau's insistence on situating concepts on the correct theoretical level leads her to state that in formal terms, Freud always thought of a plus and a minus drive. Thus, she says, there is no formal difficulty in linking the initial opposition of the sexual and ego drives to the later opposition of the life and death drives. Freud himself, she believes, was led astray by the semantic implications of the word *death*. The death drive has nothing to do with a wish to die; it is rather the necessary antagonist of the life drive. Furthermore, Schmidt-Hellerau thinks that Freud failed to distinguish adequately between the death drive as a formal, metapsychological inference and aggression itself. A drive to destruction is already a combination of the two antagonistic drives, a drive-repression unity involving the entire D-P-M system (pp. 188-189). Thus, there is no aggressive drive per se, but rather aggression as an affective action having the purpose of self-preservation or operating in the service of sexuality (p. 190). This is a return to Freud's original view, which rejected a specific aggressive drive, and sought to determine how each drive (sexual, self-preservative) became aggressive. It jibes nicely with his second conception of aggression, in which aggression and its affect, hate, are bound up with the self-preservative drive (p. 191).

The word *lethe* in the book's title is Schmidt-Hellerau's attempt to find a term for the negative energy of the death drive. Freud, she thinks, was right about the muteness and quietistic tendency of the death drive. Despite confusions around the clamor of aggression, the death drive is the minus drive his thought always implied (p. 196). *Lethe* is its never properly named energy: lethe as forgetting, as the inward direction of the minus drive, as a flow (the river Lethe), as movement of life to death (p. 197).

> *Lethe* is consistent with the language of metapsychology, as there is no objection to speaking of a *lethic cathexis* (as the antithesis of a libidinal cathexis) or a *lethic tendency*; and, last but not least, *lethe* is used in everyday language in precisely our sense: we call someone's behavior *lethargic*, and we speak of *lethargy*, of a *deleterious* condition, and of a *lethal* dose . . . [p. 198, italics in original]

Eloquently, Schmidt-Hellerau writes that alongside the clamor of libido, in general, there is always a more silent, mute form of drive activity:

> . . . a lethic trend that learns concern and care and preservation . . . a trend that contributes just as much to the formation of structure and identity as do the libidinal identifications and object cathexes with which we are familiar . . . . In this process, lethic positions are marked on both the subject and object tracks, and indeed . . . lethic development always accompanies and counterbalances libidinal development, even if—or precisely because—it forms a branch of its own on the subject–object track. [p. 231]

Note the paradox built into the theory: as a minus drive, *lethe* is as much about the lowering of tension levels as it is about care, concern, and preservation.

Although I have not done justice to the complexity and richness of Schmidt-Hellerau's arguments, I will branch off here to a series of questions. What does the psychoanalytic clinician gain from this revival of metapsychology? Is the author's thinking internally consistent? Are there issues she leaves out? To answer the first question, I think that the clinician gains a better understanding of therapeutic action from Schmidt-Hellerau's work. Relying on the basic Freudian principle that the passage of energy promotes structuralization, she reminds us that the learning and adaptation implicit to psychic change depend upon the storage of excitation (p. 179). Drive and structure are interrelated precisely because the drives "increase systemic equilibrium

by increasing modification of the switch tension" (pp. 203-204). But every increase of system tension to create a new equilibrium generates unpleasure (pp. 203-204). Therapeutic change as increase in structuralization would have to be tension provoking to a certain degree. However, precisely because structure formation depends upon such interactions of internal and external, no matter how much one might criticize Freud's theory as a "one-person," "closed" system, it is actually an open system (p. 210). In metapsychological terms, then, analytic interpretation would have therapeutic effect because the open system of the psyche is intrinsically capable of undergoing an unpleasurable, tension-raising process of structuralization.

This clinical/metapsychological point is related to the question of internal consistency. Schmidt-Hellerau does extremely well to remind us of the "mental short circuit" (p. 17) that dismisses metapsychology because of the failure to grasp it as a formal model. Freud himself was often guilty of this shortcoming, as in his confusions about the death drive. Schmidt-Hellerau consistently links the lowering of tension, care, concern, and self and object preservation to the minus drive on this formal level. However, this leaves me perplexed. Freud conceived the *plus* drive, Eros, as an acting together of libido and self-preservation. In *Beyond the Pleasure Principle,* he implicitly began to link Eros to the very possibility of structuralization that Schmidt-Hellerau describes: the tension-raising, differentiating interaction between internal and external.[1] I think that, although Schmidt-Hellerau is perfectly aware of this conception of Freud's, she misses its implications because of her integration of the ego and death drives as the *minus* drive.

In section two of "The Therapeutic Action of Psychoanalysis," Loewald made a similar point: because Eros was Freud's first conception of a drive in terms of raised, rather than lowered, tension levels, it represents the unconscious possibility of increased structuralization.[2] What Loewald did not say, however,

[1] Freud, S. (1920). Beyond the pleasure principle. *S. E.*, 18, p. 55.

[2] Loewald, H. (1980). *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press.

is precisely what Schmidt-Hellerau does say: that as a process of tension increase, structuralization must be linked to unpleasure. But neither Loewald nor Schmidt-Hellerau, I believe, has addressed a critical question: given drive antagonism, given an open unconscious, would not defense as tension reduction be an attempt to close what is open? Would not defense intrinsically and paradoxically work against Eros and against structuralizing interactions between internal and external? On both the formal and clinical levels, this is a vital question.

Is there anything important that Schmidt-Hellerau leaves out? I believe so. Here I am speaking very much on the basis of my own work on Freud. Schmidt-Hellerau bases her entire edifice on Freud's often-stated assumption that repression is the cornerstone of psychoanalysis, and that the basic psychic unit is drive-repression. However, it is clear that in his very late writings, Freud was beginning to change his mind about the centrality of repression, and to elaborate a theory in which disavowal is the model defense. In the disavowal model, the basic plus-minus unit is registration and repudiation of reality.[3] This idea has repercussions on every level examined by Schmidt-Hellerau, and particularly on an aspect of her thinking that I find quite compelling. She finds it metapsychologically necessary to conceive of what she calls the "preunconscious," which is the area of extremely microscopic, "nanopsychic" (p. 113n) processes related to the intrinsic openness and "differentiability" (p. 158) of the unconscious. It is my conviction that the disavowal model can be read in terms of the "nanopsychic" process of registration and repudiation of differentiability. This would lead to clinical and metapsychological questions very much related to Schmidt-Hellerau's, but not at all considered by her in this book.

I raise such questions in a spirit of enormous respect for what Schmidt-Hellerau has achieved in *Life Drive & Death Drive —Libido & Lethe*. She convinces the reader that Freud's meta-

[3] Bass, A. (2000). *Difference and Disavowal: The Trauma of Eros.* Stanford, CA: Stanford Univ. Press.

psychology, critically and synthetically approached, contains more creative potential than anything else yet produced in psychoanalysis. Her own extraordinary capacities as a psychoanalytic scholar and passionately creative thinker have given us a Freud for the future.

ALAN BASS (NEW YORK)

Dr. Michels's Review

Freud borrowed the term *metapsychology* from the metaphysics of philosophy, while philosophers had based it on Aristotle's untitled chapter that followed the chapter on physics in the corpus of his teachings. Metapsychological issues once occupied a central place in psychoanalytic discourse. A few decades ago, they were largely replaced by critiques of metapsychology and challenges to its relevance. More recently, metapsychology has almost disappeared from psychoanalysis, at least in the United States, largely relegated to discussions of the history of psychoanalytic theories and of Freud's thinking. Most contemporary analysts think of it as reflecting Freud's largely unsuccessful attempt to ground his findings in models derived from nineteenth-century neuroscience. They believe that Freud's clinical findings and insights have grown and flourished, but that they have done so in spite of, not because of, metapsychology. They agree with Freud's 1895 decision to set aside his *Project for a Scientific Psychology*, which was never to be published in his lifetime.

The author of *Life Drive & Death Drive—Libido & Lethe*, Cordelia Schmidt-Hellerau, represents a strikingly different position. She combines the unquestioning acceptance of the importance of metapsychology that marked the earlier era with a contemporary enthusiasm for its possible role as a bridge to neuroscience. She is aware of the controversies of the intermediate period, but dismisses them as an American response to the "coolness of Hartmannian thought" (p. 5). A training and supervising analyst in the Swiss Psychoanalytical Society before she moved to Boston in 2000, she views the post-Hartmann contro-

versy from a European perspective. Schmidt-Hellerau describes the antimetapsychology forces as comprising two camps, one advocating humanistic and hermeneutic models, the other wanting a more precise scientific reformulation. To me, this avoids the central critique—not that it was "wrong" or sloppy, but that it proved to be sterile—generating neither new insights into mental life or development, nor new strategies of validation, nor new methods of treatment, but rather offering only ever more complex and cumbersome ways of reformulating ideas or methods that had been generated elsewhere. Metapsychology was not destroyed by humanistic or scientific attacks; it withered away because it was boring.

Schmidt-Hellerau does not discuss this view, and obviously does not agree with it. She is an unbridled enthusiast: "Freud's metapsychology has thus to this day remained for me a storehouse of ideas and indications, a vastly rich scientific treasure trove, the mining of which for the purpose of developing something new . . . remains as exciting as it is challenging" (p. 7). This is presented as an axiom—those who concur will proceed with her on her exploration of the theory; those who do not (and this would include the majority of analysts in the United States) will find nothing here to change their minds, and will read the book as a historical review and logical analysis of theories that they find largely irrelevant. Schmidt-Hellerau makes clear that Freud himself was not particularly concerned with the logical consistency of his metapsychological structure building, that he was frequently distracted from formal considerations by matters of content, and that his first and most extensive effort went unpublished, but she makes no inferences from these facts.

Her starting point is the contradiction between Freud's conception of a death drive (the *lethe* of the book's title) and its association with aggression. The exploration of this issue takes her back to the *Project* of 1895, Chapter VII of *The Interpretation of Dreams,* and the *Three Essays*, striving always for the "deep structure," a "formalized model of psychoanalytic thinking" (p. 40) that brings out "the conceptual unity and logical consistency" (p.

37) of the theory. She does, in effect, what the faculty of a modern psychology department would have forced the graduate student Freud to do, had he worked in such a setting (and, paradoxically, what her nemesis Hartmann did in great part). She goes on to discuss structure, repression, narcissism, and the metapsychological papers, and then finally the final version of drive theory and structure, along with *Beyond the Pleasure Principle* and *The Ego and the Id*.

The author's commitment to formal abstract purity and logical coherence is evident throughout, and often makes the going difficult. There is almost nothing included about the content of psychoanalysis—people, subjective experience, the clinical process. Instead, there are flow charts, schematic diagrams, and sentences such as:

> In relation both to the general principle of regulation of the psychical apparatus and to the nanolevel of the model (a hypothetically isolated elementary switch), we can therefore formulate Freud's postulate as follows: the excitation of a drive (the input variable) is registered by the structure (controller) as "tension" (deviation from a set ratio of the excitation values of the two drives) and leads to a compensating measure, which is the specific activation of whichever drive is the antagonist in the individual case (the output variable). [p. 172]

And:

> The property of having an obverse and a reverse, one of which contains the drive representation and the other the repression representation, possessed by an individual idea (a duplicated *D-P-M* unity), is shared by the entire subject track (that is to say, the principle of construction in this model is everywhere the same): the various groups of ideas in the upper part of the subject track, which are hierarchically arranged, organized with different degrees of complexity, and controlled *predominantly by the self-preservative drive* (i.e., the *mature self*), find their *counterpart*, their "repression representation," in the

> group of ideas cathected predominantly with *narcissistic libido* in the lower part of the subject track (*the primitive [self]object*). [p. 127, italics in original]

The book concludes with a discussion of metapsychology as a potential bridge between psychoanalysis and contemporary cognitive neuroscience (represented by Luria). This is the goal that has led to some rebirth of enthusiasm for metapsychology in the last few years, and is really an update of Freud's nineteenth-century *Project*. The question to me is whether, and when, each field has interesting facts or theories that might enrich the other. The metapsychological question has more often been: Does contemporary neuroscience offer some kind of confirmation of Freud's earlier speculations, or perhaps the possibility of congruence with an abstract general model based on Freud? It is this latter inquiry that Schmidt-Hellerau pursues here.

Ptolemaic astronomy was able to describe all of the phenomena that Copernicus redescribed. Its only problem was that it became increasingly complex, clumsy, inelegant, and eventually uninteresting. However, its story occupies a vital place in the history of science, and it would be possible to refine and update its equations. I believe that the same is true of metapsychology. Schmidt-Hellerau describes its history in great detail, and revises the theory so that we see it polished to perfection. However, its value in clinical work or in psychological investigation remains uncertain.

ROBERT MICHELS (NEW YORK)

PSYCHODYNAMIC PSYCHOTHERAPY: THE SUPERVISORY PROCESS. Edited by Rosemary Balsam, M.D. Madison, CT: Int. Univ. Press, 2001. 336 pp.

Supervision, too often viewed as the neglected component of our tripartite model of psychoanalytic training, is the fortunate beneficiary of this book's attention. Unlike a number of other recent offerings on the subject, this enjoyable volume does not

focus on the process of psychoanalytic supervision. Edited by Rosemary Balsam, it instead offers a wide-ranging collection of essays, broadly focused on the subject of psychodynamically oriented supervision conducted in varied settings, and with an array of treatments derived from psychoanalysis.

All the contributing authors are members of a discussion group for clinical supervisors at the Western New England Psychoanalytic Society, a group that met on an ongoing, regular basis in 1992-1993. All members are on the faculty at the Yale Department of Psychiatry, representing the disciplines of psychiatry, psychology, and social work. They are obviously devoted to a scholarly examination of the supervisory process, as well as to an expansion of psychoanalytically derived supervision beyond the traditional analytic situation. Balsam succeeds well in her editorial efforts, presenting a work that not only surveys the current state of the supervisory art, but also challenges us to consider a vast, widening scope for analytic supervision in the contemporary world of mental health care.

One can understand most scholarly works from a number of different viewpoints. As I perused this volume, I found that two major perspectives emerged. The first is a straightforward examination of each contribution as the individual author's consideration of different components of supervision. The second perspective—more challenging for this reviewer—is a view of these essays as a collective reflection upon just how psychoanalysis interrelates with the broad, diverse, and often inhospitable world of contemporary mental health care (at the very least, a world inhospitable to psychoanalysis and to intensive psychotherapy). I will say a bit more about my ideas concerning both of these perspectives, but in overview, from the first perspective alone, the book succeeds admirably, offering valuable and stimulating scholarship, while generally reassuring us about enduring psychoanalytic ideals and approaches. From the second perspective, the volume offers us a snapshot of just what kind of innovative outreach efforts may be needed to expand psychoanalytic thinking, "to take it out of the box," so that the book is

lively and relevant to a broad array of mental health professionals who practice in a number of vastly divergent settings.

The contributions make it clear just how dramatically both psychoanalysis and the work done by analysts have changed in the recent era. It is also clear that considerable adaptation is required of our field if we wish to remain viable in the broader mental health community. While our outreach efforts were once primarily educative, aimed at better informing a somewhat psychoanalytically unsophisticated mental health community, they are now a crucially important strategic effort toward our continued survival, directed at a very diverse mental health community possessed of widely variant skills and expertise.

Psychodynamic Psychotherapy: The Supervisory Process is divided into two segments. The first seven chapters deal with the setting, and traditional ones at that—i.e., the residency training program and the psychiatric hospital. These chapters set a tone of foreboding, for a number of good reasons that these authors outline. Psychoanalysis as it has been known historically is increasingly at substantial risk in these traditional venues. The following thirteen chapters focus directly upon doing supervision. In both these sections, the changing face of the mental health world is clearly outlined.

In the opening chapter, Fleck, a senior analyst, offers a supervisory perspective covering fifty years and mostly embracing a relatively traditional perspective. While Fleck sets a familiar tone early on in this volume with his endorsement of the values of listening, directness, and privacy, he also strikes an apprehensive chord by suggesting that "psychotherapy as a career and major portion of clinical practice will be limited if the current health care reforms proposed so far prevail" (p. 20). This somewhat cloudy tone of voice and outlook recurs throughout the volume.

The focus then shifts, with subsequent chapters dealing with the day hospital, emergency interventions, and hospitalization. This latter chapter is a minor masterpiece, a didactic tour de force. The author, Munich, offers a succinct review of a broad range

of psychoanalytic theoretical frameworks, and adroitly applies them to the treatment of so-called primitive or regressed patients in the hospital setting. A very interesting and creative use of charts and diagrams is utilized here to show how the major analytic theories both converge and then diverge from each other. These schematic offerings are, in my view, excellent pedagogic stimuli. This chapter by itself could serve as a primer and as a starting point for any mental health professional undertaking the psychoanalytic treatment of more regressed patients—many of whom constitute today's widening scope, and represent an integral part of our field's future.

Another contribution deals with today's psychiatric residency programs, which are often proudly touted by educators as broadly based, but it is frequently a base that, unfortunately, includes only the most rudimentary exposure to psychoanalytic thinking. A chapter by Sledge clearly establishes the challenges inherent in this major paradigm shift in residency programs, and also in the treatment approaches and treatment algorithms induced by managed care. Sledge, too, ponders whether or not psychotherapy by psychiatrists has a future.

Perhaps the most unsettling of this first set of chapters is a contribution by Pitsenbarger, a psychiatric resident, who bluntly questions "whether or not supervision will remain useful in the training of psychiatrists in the future" (p. 121). I suspect that here he is specifically referring to the supervision of psychodynamic psychotherapy, but it is intriguing that he uses the word in this generic way, apparently referring to only one specialized form of supervision. While we may be surprised—even astonished—by his question, it is, unfortunately, pertinent.

Among the thirteen chapters concerned with doing supervision, many focus upon settings that are not traditionally psychoanalytic. In these chapters, the foreboding undercurrent lifts, and a measure of optimism, indeed, even one of excitement, enters. There may be a message here about where our most fruitful applications of psychodynamic psychotherapy will occur in the future. One gets a sense in these chapters of the ingenuity of

many of these authors in finding creative new ways to utilize psychoanalytic skills. Two chapters focus specifically on managed care, and interestingly, both were written by nonphysicians: one author is a Ph.D. psychologist, the other an M.S.W. One of these chapters deals with couples therapy, while the other addresses supervision of the treatment of children—and specifically, with young children, who are rarely the focus of attention by contemporary analytic authors. This is a refreshing and reassuring inclusion.

A very stimulating and somewhat unorthodox chapter by Altshul deals with one supervisor's attempt to use supervision, in his own words, as "subversion," in order to play a role in undermining the current emphasis in psychiatric residency training on the descriptive-based and disease-oriented nature of DSM-IV. He justifies his "subversion" as a necessary step to provide residents with experience in a way of thinking aimed at uncovering and containing, as opposed to the pervasive utilization of rapid covering over and controlling in today's cost-containing ambience. (I should mention that Altshul reassures us that his enthusiasm for provocation of his program's administration is "under good control" [p. 182].) While we might take issue with the idea of being subversive, the author's point about finding a way to get his viewpoint across is compelling, as is his very need to be subversive in doing so. He criticizes modern psychiatric phenomenologic diagnostic criteria, particularly those regarding personality disorders, for their emphasis on a pessimistic and fixed "psychostasis" (p. 182), rather than on a more optimistic, open, and evolving idea of personality as fluid, constantly developing and progressing. He makes an excellent argument for expressing ourselves with the "power and richness" of the subjunctive rather than the "pallid, linear, drained of nuance" (p. 185) mode of the indicative, the preferred language of the modern psychiatrist.

Another very interesting chapter is a kind of dialogue between Kovel and Robertson, a supervisor and supervisee, written after the completion of the supervision. Interestingly, both of

these authors are women (there is a relative male/female parity among the twenty-three authors included, which also reflects the changing nature of the psychoanalytic and mental health worlds). Reassuringly, their dialogue conveys that what is most valued in supervision continues to reflect many of our core-held notions about it, such as: the concept of a mentoring relationship, and the importance of identification, as well as of certain kinds of attitudes—those about listening, accepting, and tolerating ambiguity; about a sense of a space in which to work; and about patients themselves. The content of what is taught is perhaps of less importance than the transmission and ultimate grasping of these values and attitudes. The importance of supervision and of the supervisor as supportive is emphasized, with "supportive" here connoting "growth promoting." The view of supervision as a developmental process is also discussed.

A chapter by Meyer deals with psychoanalysis "hitting the streets," and exemplifies one analyst's involvement in a mentoring program for disadvantaged adolescents. This is obviously a drastic departure from the usual analytic milieu! In an interesting final chapter, Arnstein and Balsam focus on the importance of a supervisory peer group, and then touch on an increasingly sensitive but also very timely topic, namely, how to deal with the very senior and perhaps impaired supervisor. As a profession, we have not done well in finding appropriate, sensitive yet responsible ways to approach the problem of the declining analyst. As our profession ages and "grays"—indeed, even goes "white"—this could well prove to be an increasingly challenging problem.

Many of the individual authors of *Psychodynamic Psychotherapy: The Supervisory Process* are, to be quite frank, courageous colleagues, putting their psychoanalytic beliefs on the line in settings quite alien and even antithetical to analytic thought. In a prior era, their loyalty to our profession might have been questioned, but in today's world, they are situated on an extremely important cutting edge.

I hope I have conveyed some of the excitement this book can generate. It very starkly brings home the message that our

field faces major challenges, and that we need to be flexible, creative, and maybe even willing to take analytic ideas into different settings—into the street, if need be—if we wish them to have continued relevance and import in the broader mental health community. It is also reassuring to see that central psychoanalytic values are being upheld in traditional analytic settings, while simultaneously being much more widely applied. Excellent practitioners and theorists are available, both for "splendid isolation" and for the widening scope. While one may well be optimistic about our future, based on the talent and creativity of the authors chosen for these chapters, it is also quite clear that the task for our profession is a decidedly uphill one.

I enthusiastically recommend *Psychodynamic Psychotherapy: The Supervisory Process* to any colleague involved with psychodynamic supervision in any form that maintains fealty to the fundamentals of psychoanalysis. Obviously, this represents a wide audience.

WARREN R. PROCCI (PASADENA, CA)

STORMS IN HER HEAD: FREUD AND THE CONSTRUCTION OF HYSTERIA. Edited by Muriel Dimen, Ph.D., and Adrienne Harris, Ph.D. New York: Other Press, 2001. 400 pp.

This volume grew out of a New York University interdisciplinary conference held on May 4 and 5, 1995, to celebrate the centennial of Breuer and Freud's monumental *Studies on Hysteria* (1895). It is refreshing to have a volume on the early history of psychoanalysis that introduces social and historical perspectives on the subject of hysteria, and whose contributors have endeavored to bring the freshness of contemporary concerns to bear on a seminal work.

Although the seventeen contributors approach their subject from varying vantage points, the editors seek in their introduction to provide a guiding vision through an emphasis on feminist and interpersonal themes. The editors write, "We foreground

the tension between the figures of patients and analysts in an attempt to dislodge the hegemonic and patriarchal aspects of the story" (p. 3). They stress the notion that hysteria and its treatment are jointly constructed by therapist and patient, an idea reflected in the book's title.

In a way, the editors' introduction to this volume does not do adequate justice to the variety of contributions, which embrace many critical approaches to the subject. Clearly, the historical and cultural context of *Studies on Hysteria*, as well as its place in contemporary psychoanalytic theory and training, are of central importance for psychoanalysis. It is altogether relevant to our contemporary concerns to ask: How was hysteria experienced at that time by both analysts and patients? How was it "used" in both transference and countertransference? What were the contexts of the debates about the nature and function of hysteria in the last decades of the nineteenth century? How did the definition and recommended treatment of hysteria shift in Freud's mind as the notions of a dynamic unconscious were brought to bear, as well as fresh perspectives on the nature and function of memory?

Jessica Benjamin questions the role of authority and countertransference in Freud's notions of curative identifications, adding her own ideas about the "construction of femininity" (p. 58). Jody Messler Davies discusses Freud's case history of Katharina, and in so doing, highlights her view of the relational unconscious. André Green, focusing more specifically on *Studies on Hysteria* and the explication of Freud's world, throws into relief important themes such as "double conscience," knowing and not knowing at the same time, "the blindness of the seeing eye," and resistance as both a "psychical force" (p. 81) and as "the core of the riddle" (p. 68).

Rita Frankiel, bringing together various perspectives on the life of Anna O, reexamines this patient's treatment in the light of contemporary clinical practice, with an emphasis on its obstacles. Roy Schafer, focusing on Freud's account of his treatment of Elisabeth von R, asks both how Freud might have treated the

case forty years later, and how the case might be approached technically today. Philip Bromberg comments that Frau Emmy von N's "need to maintain the dissociative structure of her mind was her way of protecting herself against trauma that had already occurred" (p. 138)—an observation that continues Freud's lines of investigation into memories of pain ("mnemic symbols") as an important source of psychic pain. Summarizing, Bromberg writes:

> We do not treat patients such as Emmy to cure them of something that was done to them in the past; rather, we are trying to cure them of what they still do to themselves and to others in order to *cope* with what was done to them in the past. [p. 138, italics in original]

Paola Mieli makes clinical use of the *Studies* to focus on contemporary theories of trauma, and appropriately emphasizes how cumulative are the effects of trauma. In the process, she links Freud's ideas in the *Studies* with current clinical notions of trauma and sexual abuse (how one instance of abuse can conceal the preceding one, like the sign in the Paris metro: *"Attention, un train peut en cacher un autre").* Steven Mitchell's contribution (which, like that of Bromberg, was previously published in *Psychoanalytic Dialogues)* deals primarily with his theories of the degradation of romance. Martin Bergmann zeroes in on the leap from the *Studies* to *The Interpretation of Dreams,* calling attention to the crucial roles of dreams and Freud's self-analysis, which "became possible when he replaced hypnosis by free association" (p. 346). Lewis Aron emphasizes the various conflicts within Freud's own mind between hypnotism and suggestion, on the one hand, and free association on the other, paying particular attention to the importance of the relationship between these.

Two historians among the book's contributors add their perspectives. Jan Goldstein uses the early-nineteenth-century case of Nanette Leroux to make interesting points about the historical context of hysteria. Most suggestively, she points to a shift from the public nature of mental illness, from the role of spectator-

ship, to private treatment. Michael Roth underscores the importance of Freud's recognition that his directives to Frau Emmy von N were futile, and that he had best "fall in" with her and let her tell him what she had to say (p. 129). (The editors note on p. 15 that this patient was both a formidable intellect and the second richest woman in Europe at the time.) In so doing, Freud was "falling into psychoanalysis and falling away from Charcot, Bernheim, and . . . Janet" (p. 180), as Roth notes. Roth focuses on the *Studies* as exemplifying a particular problem in the representation of the past and of memory, as he sees it, in nineteenth-century historiography.

"It is impossible to revisit these cases and these essays without acrimony" (p. 19), write Dimen and Harris. (Why "acrimony"?) They note that it is "a risky business returning to a classic" (p. 30). Ann D'Ercole and Barbara Waxenberg suggest that this is risky because "Freud's values cast a shadow over his analysis of Elisabeth von R" (p. 320), an observation that sets up the *Studies* as a target for packaged polemics. Does not agenda-driven fervor about trying to correct history contain its own risks of distortion? Surely, our own values necessarily "cast shadows," too. However risky the task of revisiting the *Studies* may be, whatever acrimony the contributors may sometimes feel, and whatever distortions current perspectives may bring, this volume is ample testament to the need to return to classics. Reviewing it sent this reviewer scurrying back to the original *Studies*, where he was delighted by the vividness of the case histories, the engaging tone and humor of Freud's masterful expositions, and the riveting sense of red-hot inquiry and the suspense of questions in *status nascendi*.

For those who are not familiar with the *Studies* or with the literature on them, it would have been helpful, given the emphasis on social context, for the editors to have provided a chapter of short biographies of all patients whose treatment is chronicled in the *Studies*. For example, the information on Anna O (Berthe Pappenheim) is scattered, and therefore cannot properly guide the uninformed reader. It is useful to be reminded that when

she entered treatment, Pappenheim had lost her native German, so that she and Breuer had to communicate in English. In adult life, Pappenheim was not only a prominent German activist and social worker, but also the founder of a pioneering Jewish feminist organization (the *Judisches Frauerbund JFB)* and the writer of fiction, drama, and political commentary. Her prominent family could trace their ancestry back to Heinrich Heine.

Storms in Her Head usefully leaves many questions unanswered. For example, how did hysteria confound physicalist assumptions by pointing to the importance of fantasy, memory, and unconscious motivation? Might Freud's shift from hypnotism to free association still have come about, had he been studying borderline disorders rather than hysterics? Is hysteria an illness of memory more than are other disorders? What was the role of male hysteria at the time of the *Studies?*

Overall, then, the editors are to be congratulated for having provided us with perspectives on the *Studies* that reflect the current state of psychoanalytic theory and technique, even though the result is sometimes untidy. In a way, however, the very untidiness of the book can be seen as suggestive. While the themes of feminism, the critique of male authoritarianism in nineteenth-century Vienna, and the importance of a constructed relationship in analytic treatment are particularly prominent, the book opens up many other vistas as well, for which readers may indeed be grateful.

BENJAMIN KILBORNE (WEST STOCKBRIDGE, MA)

WHAT I HEARD IN THE SILENCE: ROLE REVERSAL, TRAUMA, AND CREATIVITY IN THE LIVES OF WOMEN. By Maria V. Bergmann. Madison CT: Int. Univ. Press, 2000. 238 pp.

The cover of this updated collection displays a sculpture entitled *Three People on Four Benches*, by George Segal. The vacant

place and the isolated postures of the people echo the hollowness of Bergmann's traumatized women patients. In a preface, Chasseguet-Smirgel describes most of these patients as *borderline*. Several were self-mutilating; several suffered from eating disorders. All feared abandonment, and were preoccupied with their relationships with their mothers. The absorbing case histories demonstrate the author's clinical sensitivity. Bergmann introduces her work with a glimpse of her own professional development, which was "unofficial" (p. 2) at a time when Freud was idealized, and when most psychoanalysts in the United States were male physicians. As clinical psychoanalysis has evolved, particularly in the realm of female psychosexual development, she has felt the need to revise her thinking.

The first of the four loosely connected sections discusses the struggle of women who have suffered the trauma of role reversal in early relationships with depressed and withdrawn mothers. The patients were each the oldest or only child. As adults, most were perceived as responsible women, and often as caregivers. As little girls, they had been considered precocious, having learned that their needy mothers were able to respond to being mothered. This mother–daughter role reversal helped the girl ward off feelings of abandonment. However, the reversal also had pathological implications for the girl's relationship with her father. A sexualized oedipal tie was prevalent, especially when the father participated in the nurturing. Later on, adult love relationships became suffused with idealizations and incestuous overtones; and both feminine and bisexual identities were stifled. Several patients remained unmarried, and came to analysis near or at the end of their childbearing years, although they consciously longed for marriage and children.

After highlighting the dynamics involved in role reversal, the author discusses Green's concept of the "dead" mother. She concludes the section with a presentation of the analysis of a patient called Emma, who first came to treatment at age thirty-one with an androgynous appearance, mood swings, anorexia/bulimia,

anxiety attacks, and fear of dying. Emma's parents had fought frequently, and she had feared that her loving but frequently absent father would abandon her to her nonmaternal mother. When she was twenty, she discovered that he had had a mistress for many years. She soon began a seven-year affair with a man in his forties. When she was twenty-two, she had her fallopian tubes tied, with her mother's encouragement. In her analysis, she discovered that the sterilization had reinforced the role reversal, as she had truly made her mother her only child. The transference was characterized by periods of silence and distance, followed by depression and submission to a sense of engulfment. Ultimately, Emma was able to mourn her losses, marry, and become a creative artist.

The second section begins with an overview of the evolution of ideas about the Oedipus complex, with an emphasis on the female version, which I found particularly useful. Mahler's work on separation-individuation is discussed, and references are made to the contributions of Kestenberg, Stoller, Roiphe and Galenson, Blum, Lax, Clower, Chasseguet-Smirgel, and Halberstadt-Freud, among others. Bergmann currently thinks of the Oedipus complex as a psychic organizer, with an admixture of preoedipal and oedipal issues remaining throughout life. This contrasts with a view that sharply distinguishes preoedipal and oedipal stages, while maintaining a goal of resolution and dissolution of oedipal conflicts. Bergmann emphasizes the need for a strong maternal identification, with a preponderance of libido over aggression, if a young girl is to successfully move from the dyadic to the triadic phases of development. The maternal identification is also crucial to the achievement of a clear sense of gender identity that includes both maternal and sexual roles.

The two analyses of a patient named Maureen illustrate the author's concept of the Oedipus complex as a psychic organizer. In the first analysis, Maureen's idealizing transference was analyzed. Reconstructions were made to early defensive grandiosity, which prevented successful navigation of the rapproche-

ment phase. Early forced feeding, toilet-training problems, paternal nudity, and exposure to the primal scene were elucidated. Maureen made progress and terminated her analysis. She eventually returned to analysis because of anxiety about her plans to marry. This time, Bergmann focused on Maureen's pathological oedipal organization. A perverse oedipal fantasy was revealed, in which Maureen imagined "stealing the sexual organs of one parent and using them in intercourse with the other" (p. 116). She enacted this fantasy in a masturbation activity in which she set a "stage" with mirrors and pretended she was first one parent and then the other.

In the third section of the book, the focus shifts to trauma in general. There is a chapter about superego pathology in Holocaust survivors and their children. Here the author discusses the traumatic development of the "replacement" child, who has the mission to make up for past losses. This child is considered special, and is both idealized and treated punitively when he or she fails to live up to projected expectations. The superego that develops under these circumstances is externalized and becomes concretized. For the parents, the child born after the Holocaust becomes a vehicle for the avoidance of mourning. For the child, survivor guilt becomes a core psychic organizer. Success in achieving personal goals is often equated with becoming a Nazi, and potentially with murdering the parents, who have imposed the replacement destiny. The goal of analysis with such individuals is reintegration of the superego.

The other chapters in this section address the issue of retraumatization. A patient is presented who had repressed the memory of her beloved father's manic-depressive episode when she was five years old. Unexpectedly, toward the end of the analysis, the patient's son became bipolar. This event caused a retraumatization, and the patient regressed to a sense of fusion with her son, blaming the analyst for not rescuing them. Analysis of this negative transference became the vehicle for recovery of memories revealing her identification with her father and her anger at her mother. She was thus able to work through

and resolve a long dormant trauma. Two other cases are presented, one of which is of the only male patient presented in the book. These cases illustrate the defensive utilization of negative therapeutic reaction to defend against fear of retraumatization.

The final section of the book comprises a chapter on creativity and work inhibition. Creativity is conceptualized as a dialogue with an internalized parental object; and hostile imagoes lead to inhibition and conflict, as the creative product is infused with aggression. Edvard Munch and Michelangelo are offered as examples of artists who abused or destroyed their work. A therapeutic alliance helps such individuals to overcome creative blocks. It permits them to differentiate the analyst from their ambivalently cathected intrapsychic objects. Three cases are presented of women who had felt rejected, criticized, and humiliated, under a variety of circumstances, during childhood. The author describes how she attended a rehearsal to observe the acting of one, and invited another to bring her musical composition to a session. She states that her real involvement with the creative products of these women allowed them to gain distance from conflict and inhibition, and ultimately succeeded in freeing their creativity.

Versions of many of the chapters have been published and presented previously. Collecting clinically focused work on several topics under a single heading is a challenging task, and Bergmann has combined several themes under the title of *What I Heard in the Silence*, with the result being an enticing introduction to her thinking in a variety of clinical situations. However, the weakness of this collection as a book is the absence of a cohesive frame to bind the papers together. Role reversal, trauma, and creativity are distinct topics. To find the common denominators requires more theoretical material than is offered here.

The first two sections are much more comprehensive than the latter three. In the first section, on role reversal, a good developmental perspective is provided. In the second section, the valuable overview of the Oedipus complex and the description of the pathological oedipal constellation provide a framework

to think about the two analyses of Maureen. However, the interesting material on Holocaust survivors, in the third section, is too distinct from the emphasis on female trauma in the rest of the volume; and the discussions in the final two sections are quite sketchy. For example, in the section on creativity, I would have liked to learn more about Bergmann's thinking about whether and how modeling the benign object resulted in intrapsychic change and permanent relief in her creatively inhibited patients.

Despite its shortcomings, this work is a valuable contribution for its presentation of the developmental trauma of role reversal, its emphasis on the female perspective, its attention to superego pathology in Holocaust survivors, and its ideas about the nature of creativity. I would also recommend this work for its insightful sharing of the clinical experience of a particularly sensitive listener.

SYBIL A. GINSBURG (ATLANTA, GA)

DISSOCIATION OF TRAUMA: THEORY, PHENOMENOLOGY, AND TECHNIQUE. By Ira Brenner, M.D. Madison, CT: Int. Univ. Press, 2001. 270 pp.

Ira Brenner guides us along a path that is unfamiliar to most psychoanalysts. Relatively few analysts have seen a case of multiple personality disorder (now officially termed *dissociative identity disorder,* or DID), and even fewer have actually treated a case. Brenner has written so skillfully that his book serves both as an introduction for those who are barely familiar with this disorder and as an informative, thought-provoking text for those who are well informed.

Brenner has been studying and treating these patients with an intensive, analytically based approach for over twenty years. He states that he has evaluated or treated more than 300 patients with DID. He presents his seasoned ideas about many aspects of dissociative disorders, well supported by clinical data. His

case histories are detailed, extensive, and vivid, enabling the reader to obtain a clear sense of the presenting clinical picture, the genetic background, Brenner's dynamic formulations, and the actual interpretations and techniques that he has employed.

The central focus of this book is the phenomenon of dissociation. Brenner characterizes it as "a defensive altered state of consciousness due to autohypnosis, augmenting repression or splitting" (p. 36). It develops originally as a response to external traumata, but later may be employed against internal dangers posed by intolerable affects and instinctual strivings. The threats of aggressive and sexual drives, particularly various forms of perverse sexuality, play a definitive role in the development of dissociative disorders.

Brenner believes that individuals who develop dissociative disorders form a continuum of various levels of character pathology. At one end of the spectrum are some fairly well-integrated persons who utilize dissociation only intermittently and experience only minor disturbances of identity. At the other end, there are people with severe disorganization who employ dissociation as the predominant mechanism of defense—for example, a patient described as having "an exceedingly complex inner system of over a hundred selves" (p. 183).

In the controversy about whether DID represents state or trait—that is, a transient condition or an enduring personality characteristic—Brenner clearly favors the latter formulation. He considers DID "a unique characterological entity, i.e., the dissociative character" (p. 38). Furthermore, he characterizes some very disturbed patients, those with many alters who disown the mental contents attributed to those alters, as possessing an "it's not me!" self (p. 126).

The case histories are sometimes startling. The large number and variety of alters that a patient may exhibit sometimes test the limits of credibility and are matched only by the nearly unbelievable abuse inflicted on these people as children. Brenner believes that virtually all patients with multiple personalities were subjected early in life to severe, repetitive traumata, including

rape, incest, perverse sexual practices, beatings, and torture. These repeated painful and humiliating events mobilized intense aggression, which the victims had much difficulty containing, leading to the defense of dissociation and the formation of multiple personalities.

Brenner's treatment method is based on analytic understanding but extends beyond classical or neoclassical approaches to encompass theories based on object relations, self psychology, and intersubjectivity. It also includes the judicious use of medications for the amelioration of depression and anxiety. Brenner is flexible in his approach, gearing it to the needs of these very disturbed patients. Carefully explaining his use of medications and other treatment parameters, he declares his guiding principle: "In my view, the question that such cases raise is how much of analytic experience can be made available to the patient, rather than 'is it really analysis?'" (p. 164). This viewpoint is entirely reasonable and should require no justification. What stands out is Brenner's emphasis on the steadfast interpretation of the defenses and the transferences. Maintaining this emphasis often proves to be a daunting task, since patients may switch rapidly from one alter to another, and each alter may present a different transference to the analyst.

In addition, these patients often act out in a markedly disruptive manner, with promiscuous behavior, suicide attempts, and violent attacks toward others. They may thwart the best efforts of the analyst by "every diversionary tactic, ruse, and resistance" (p. xii). Just when the analyst appears to have made progress, the patient may find another means of undoing it. Sometimes the therapy has the appearance of a pitched battle with maneuvers and countermaneuvers. The contest, as it were, tries the emotions of both the analyst and the patient, requiring constant monitoring of both the transference and the countertransference. Brenner shows admirable fortitude and perseverance, as well as wisdom, as he weaves the individualized, intricate pattern of treatment for each patient.

The ultimate goal is the patient's integration of the multiple aspects of his or her personality. To achieve this goal, the patient

must recover painful memories of traumatic events that had been repressed and split off and, in addition, must synthesize those experiences into a coherent representation of self.

Some patients are so disorganized, manifesting psychotic episodes and uncontrollable behavior, that they require admission to a hospital, where Brenner generally sees them five times per week in an analytically informed psychotherapy. He sometimes employs novel approaches—e.g., compelling a restrained patient to watch videotapes of various ego-dystonic alters of herself to foster integration. Another technique that he utilizes is the two-minute warning, allowing the patient to regain his or her psychological equilibrium before leaving a session. He delegates most administrative decisions to other members of the treatment team. Although one can understand the apportionment of responsibilities because of time limitations, one might wonder about the advisability of splitting the treatment of patients who already are splitting object- and self-representations in a severely pathological manner.

Besides the specific topics related to treatment, the author ventures into some broader issues, often presenting controversial points of view. For example, he revives the old debate about the death instinct. Many of the patients he encounters are so self-destructive in their behavior and psychosomatic symptoms that he postulates an underlying biological force impelling them toward death. He is "struck by the profound amount of internalized aggression, self-destructive behavior, repetitive trauma, and preoccupation with death" (p. 107) in severe cases of DID. Although he grants that the concept of the death instinct cannot be proven, he feels that "at the very least . . . [it] has metaphorical value in conceptualizing the personified inner battle between life and death forces in these patients" (p. xi).

Brenner expresses another debatable viewpoint in his discussion of paranormal phenomena, also called *psi* phenomena. He states that well over fifty percent of traumatized patients report these phenomena, which include clairvoyance, out-of-body experiences, precognition, and telepathy. He acknowledges that, to a

considerable degree, these uncanny occurrences can be explained by unconscious communication between patient and analyst. However, he finds that explanation alone to be insufficient and, in an ambiguous manner, refers to energy of a special nature. He contends that just as analysts are not willing to accept the special energy posited by the death instinct, "we are not ready to contemplate the vicissitudes of any other 'far out' energy . . . which may be invoked to explain psi phenomena" (p. 200). In that statement, he hedges his opinion by utilizing negation, but he actually seems to be lending credence to the idea of a special energy.

In still another area, the author takes us by surprise with an unusual idea. In an interesting chapter on dreams of the traumatized patient, he revives interest in the almost forgotten "functional phenomenon" (p. 77) of Silberer. Brenner believes that the ego has the capacity "to symbolically represent its own various states of consciousness or functioning" (p. 77). Different personages in dreams may indicate an array of levels of awareness in the patient.

It is beyond the scope of this review to discuss the numerous pro and con arguments regarding the death instinct, paranormal phenomena, and the functional phenomenon. Brenner presents his viewpoints on these topics in a detailed and thoughtful manner, but they are not necessary for his basic argument. His fundamental concepts concerning dissociation and DID stand on the evidence of his extensive clinical material and carefully wrought formulations. They are not bolstered by these speculative concepts.

Notwithstanding these few reservations, I find this to be an appealing and rewarding book. With a fine writing style, Brenner is able to engage us with dramatic, emotionally moving accounts of his patients and to stimulate us with his well-reasoned and sometimes provocative ideas. The wide scope of issues explored, the abundance of relevant clinical data, and the comprehensive scholarly presentation make this book a valuable contribution. I highly recommend it for all clinicians who wish to enlarge their understanding of trauma and dissociative phenomena.

ROBERT S. GRAYSON (NEW YORK)

THE WAYS WE LOVE: A DEVELOPMENTAL APPROACH TO TREATING COUPLES. By Sheila A. Sharpe, Ph.D. New York: Guilford, 2000. 356 pp.

Given that most people in psychotherapy are struggling with their primary love relationship or lack of one, it seems surprising that psychoanalytic theory has paid scant attention to understanding adult love relationships. I am delighted to report that this deficit has been significantly rectified by Sheila Sharpe's book, *The Ways We Love: A Developmental Approach to Treating Couples*. This book provides us with the first comprehensive theory of the normal development of love relationships and an associated treatment approach. The formidable size and complexity of this endeavor, as well as the book's object relations orientation, is reminiscent of Henry Dicks's seminal contribution to this field.[1] Sharpe acknowledges her indebtedness to Dicks and other object relations theorists (notably Mahler, Sandler, and Kernberg), incorporating and building upon many of their concepts. Because the writing is so clear and devoid of jargon, I consider this book essential reading not only for all clinicians who work with love relationships (whether on an individual or conjoint basis), but to anyone interested in better understanding relationships between couples.

Sharpe's formulation takes into account the multifaceted nature of this challenge by conceptualizing more than one line of development. She identifies seven central patterns of intimate relating, each having its own developmental sequence that interconnects with all the others. These central patterns are organized around the two main poles of relational development—connection and separateness. She defines the major patterns of connection as nurturing, merging, and idealizing, and the major patterns of separateness as devaluing, controlling, competing for superiority, and competing in love triangles. She views these patterns as developing interdependently over the life of a rela-

[1] Dicks, H. (1967). *Marital Tensions*. New York: Basic Books.

tionship, like "weaving a tapestry that's never completed, but always evolving" (p. 3).

In emphasizing the importance of the interplay between patterns of connection and separateness throughout development, her formulation avoids the common pitfall of isolating only one of these themes as the all-important process. She candidly notes that a more narrow-minded focus on separation-individuation, derived from Mahler's conceptualization, was a limitation of her earlier model. In working with couples for over thirty years, Sharpe has found that partners are more responsive to an approach that takes into account their need for connection, as well as their need to evolve as individuals within the relationship. In this aspect, Sharpe's work is a companion to the contribution of Blatt and Blass,[2] who charted the dialectic between attachment and separateness throughout the life cycle of the individual.

For each of the seven patterns of relating, Sharpe systematically traces its normal development and considers normative and pathogenic factors that may evoke a temporary stall or long-term derailment of a couple's development. To further elucidate her model, she provides seven charts that summarize the development of each pattern—detailing the phases, with their associated tasks (both for the couple, and as a guide for the therapist), along with common points of regression and derailment associated with each phase. Her entire schema is also organized into an impressive chart that captures the complexity and interrelationships among all the patterns. I am particularly fond of a flow chart she created that delightfully illustrates how we fall in and out of love. These charts are helpful aids for the reader, can be used effectively in teaching, and provide the clarity and precision necessary for the design of validating research.

Another important aspect of Sharpe's formulation that has significant ramifications for treatment is her assessment of a cou-

[2] Blatt, S. J. & Blass, R. B. (1990). Attachment and separateness: a dialectic model of the products and processes of development throughout the life cycle. *Psychoanal. Study Child,* 45:107-127.

ple first through the lens of normal development. In her many years of experience, she has found that couple interactions that have so often been viewed as pathological are more helpfully understood as attempts to cope with the major difficulties inherent in normal development. Through conveying this understanding to the couple, she creates a more accepting, empathic holding environment than the majority of approaches, which tend to be oriented toward finding pathology and what is wrong with the couple. The clinical advantages of Sharpe's nonpathologizing approach are nicely illustrated in her description of differing attitudes toward the commonly observed behavior of mind reading.

The author suggests that most therapists (herself included, in the past) tend to view a partner's mind-reading communication as a symptom of pathological fusion or symbiosis. This perception often provokes the therapist to directly or indirectly convey his or her disapproval of this behavior, often resulting in the couple's feeling criticized. The therapist may then directly encourage the partners to verbally clarify their needs, wishes, or expectations; and the partners may overtly or covertly resist this intervention, or they may try to give up mind reading to please the therapist. Unfortunately, such compliance does not usually indicate a developmental step forward, though the therapist may think he or she has made progress. This kind of intervention reflects approaches that foster separation-individuation without taking into account a couple's attachment needs.

In contrast, Sharpe begins with the view that mind reading and merging are universal, normal ways in which couples relate to each other. These patterns are fundamental to feeling deeply and empathically connected, and are essential features of romantic love. She states that "partners often reveal that mind reading and other forms of merging are felt to be necessary to keep them safely attached, rather than feeling abandoned and alone. They preserve fantasies of oneness that seem vital to feeling loved" (p. 5). If, however, in Sharpe's assessment, the couple's relationship is dominated by these modes of connecting well

beyond the romantic phase, she would likely consider that a disruption in development has occurred, and these patterns have possibly become defensive. In terms of assessment and treatment, Sharpe would then

> . . . initially seek to understand with a couple the wishes and fears (often unconscious) that motivate their mind reading. When these needs and fears are understood and worked with to whatever depth is necessary, couples can usually move forward developmentally and change the dysfunctional aspects of these patterns, while improving the functional aspects. [p. 5]

I have found Sharpe's model to be a tremendous aid in assessing and treating couples. Identifying which pattern or patterns are causing the most difficulty, and establishing at what point in development the couple is stalled or derailed, enables the therapist to determine where, when, and how to focus interventions. Treatment length and level of difficulty can also be predicted with some reliability.

For couples who are only temporarily stalled, Sharpe suggests that treatment can often be short-term; the partners are likely to be significantly helped by an understanding of the vicissitudes of normal development, along with where and why they have gotten stuck. In her descriptions of the normal development of each pattern, she presents a case example of a couple whose difficulties stem primarily from problems intrinsic to normal development.

In a subsequent chapter, the author presents the case example of a more severely disrupted couple, whose development was derailed in the early phases. Longer-term treatment is usually needed to successfully treat such a case. Of great help to the clinician in working with these difficult cases is Sharpe's delineation of certain kinds of rigidified role relationships formed by the partners in order to cope with their deficits and conflicts associated with one or more relationship patterns. Couples with entrenched devaluing and blaming interactions often present

with the collusive role relationship of "the judgmental parent and guilty child," while a common collusion reflecting entrenchment in the area of idealizing is "the adoring parent and the adorable child." Couples who present with battles for control in the foreground frequently exhibit the collusive dovetail of "the controlling parent and the oppositional child" (p. 262).

In working with these collusive relationships, the author makes use of the concept of projective identification, in which each partner induces the other to act out a complementary role in the enactment of their often-shared unconscious fantasies, wishes, and fears. She adds to the body of theory in this area by identifying commonly encountered collusive systems and the kind of countertransference reactions they are likely to evoke in the treating therapist. Sharpe beautifully describes her experiences of being drawn into a couple's system, and then the ways in which she utilizes her experience to intervene more effectively. She is refreshingly candid about her anxious or angry reactions to certain couples, and about her mistakes. A major strength of the book is the vivid clinical writing and the detailing of her treatment of very difficult couples.

My review to this point captures the serious side of *The Ways We Love*. But for all its theoretical weight and profound clinical contributions, this book is wonderfully written and reads like a collection of entertaining stories. The author's discussion of development is enriched by her inclusion of cultural attitudes and myths, and she illustrates many of her points by bringing in current movies, literature, songs, and other expressions of popular culture. One of Sharpe's greatest assets as a therapist and writer is her superb use of humor. There are many points at which I laughed out loud, along with her couples, when she found a way to use humor to break through a stalemate or to provide some much-needed fun in the hard, often painful work of love relationships and psychotherapy.

HAIG KOSHKARIAN (SAN DIEGO, CA)

DERACINATION: HISTORICITY, HIROSHIMA, AND THE TRAGIC IMPERATIVE. By Walter A. Davis, Ph.D. Albany, NY: SUNY Press, 2001. 300 pp.

In his recent book, *Deracination: Historicity, Hiroshima, and the Tragic Imperative*, Walter A. Davis delivers a persuasive yet melancholic account of human nature that questions the very veracity of history through a psychoanalytic hermeneutics of Hiroshima. Without equivocation, this is a brilliant exploration into the throes of human horror that defines collective Western mentality, showing supple forays into psychic reality through interdisciplinary breadth among fields as diverse as history, psychoanalysis, philosophy, aesthetics, and literature. Developing a new theory of the tragic, and consequently of the dynamics of the psyche, Davis offers an existential analysis of unconscious defense as a failure to internalize our true humanity and face the responsibility incumbent in our historicity.

This book is broadly focused on history, psychology, and aesthetic ontology, but an important undercurrent is the unconscious primacy of negativity that saturates conscious experience in relation to the atomic nuclear invasion of Japan—although this work could be easily interpreted as both a political and ethical treatise on such events. Davis pulls no punches: he cogently argues how United States justification of the bombing of the Japanese was pathologically driven. His critique is austere and provocative: it challenges the reader to confront the "system of guarantees" that structures the collective psyche and protects it from facing its illusory justification. In addition to his exposure of the dismal portrait of human aggression motivated by Thanatos as a narrative force in history, the subject matter itself is further disturbing, thus adding to the evocation of defense that is likely to color one's reading of the text—a text that may be interpreted by some as radically nihilistic, bleak, and paranoiac. As a result, the reader is likely to feel internal resistance, if not upheaval, provoked by this assault on the psychic integrity that typically accompanies a belief in the legitimacy surrounding this period in history.

What may be of most interest to a psychoanalytic audience is Davis's treatment of what he calls "The Psyche That Dropped the Bomb." Covering theorists from Klein to Fairbairn and Lacan, Davis eradicates our defenses and tears open fear, anxiety, conflict, and dread by journeying into the interior of "the crypt"—necessary consequences of a liberated ego, but one that nevertheless suffers. Not only through philosophical rigor, but also through his affective confrontation with the subject matter, he offers a phenomenology of the defensive maneuvers of the inner ego, maneuvers that attempt to protect it from a truth it does not wish to acknowledge, a desire not to know. In his Kleinian analysis of the ego's need to destroy, flee, rejoice, then anguish and yet ultimately justify the "Deed," Davis offers a hermeneutics of culture that is superbly original—rich, subtle, sophisticated.

This book is an invitation to the unconscious—*our* unconscious, that which we wish would remain untouched, hence unknown. Some readers may resent the emotional tumult, if not feel disdain for the confrontation Davis forces through his controversial engagement of this issue. I believe this is part of the author's intention—to unsettle our sense of safety, our resolution, to upset our values—to *deracinate* our guarantees, like the dropping of the "Bomb." His message is clear: nothing is sacred. His critique offers us no consolation.

If there are criticisms of this work, they may stem partly from the fact that it makes great demands on the reader, both in terms of scholarship and the psychological work it pressures the reader to undertake. For example, if one is unfamiliar with the tradition that grew out of late modern philosophy, such as that of Kant's third *Critique* or Hegel's dialectic of *Geist*, then many sections of the book will be tedious. The same may be said for the author's copious references to literary figures of historical repute. Those who are more intellectually challenged by his barrage of erudition may in all likelihood scratch their heads and quietly close the cover, silently brooding over their own shortcomings. Likewise, if the reader is invested in holding onto pet

theories that justify the bombing of Hiroshima, then he or she will be frustrated and harbor contempt.

One of Davis's main theses is that justification for the Bomb is a perverted denial in the service of collective identity or group narcissism, one that protects the dominant culture from confronting the immorality of the "Act." His exposition of the historical contingencies surrounding Hiroshima further forces one to acknowledge the phenomenology of the victims' suffering, and thus to construct an empathic identification with the Other's pain that overshadows the manic flight into the distortions of reason governed by political ideology. Most Americans cannot look at pictures of the aftermath in Hiroshima without confronting the need for justification to cover over the horror of the Deed. No one will look at these pictures in the same way after reading this book.

Davis vacillates between a descriptive and prescriptive critique of what happened in Hiroshima. This is one of the beauties of this type of provocation: it requires the reader to undergo deep intellectual work—from reason to desire—and thus aims at transformation on a more profound level, that which the intellect can hardly evoke alone. As a result, this book may be accused of being too abstruse—perhaps too ambitious—with too many agendas packed into one project. It could easily be three separate volumes: a hermeneutics of history, a psychoanalytic interpretation of the events in Hiroshima, and the dialectics of aesthetic experience.

In the end, Davis's conclusion has an exposing, pervasively unsettling resonance: he tears down all defenses and leaves us naked to our own interior constitution—man's secret horror. But this takes place in the service of making us aware of greater truths that exist behind the veil of appearances, and I ultimately believe that the author orchestrates this reaction in the service of emancipating us from self-enslaved denial: we can be free only through knowledge. The valuation of justification is displaced for the stark facticity of the overdetermined motivations that dropped the Bomb. And like the bomb, it leaves an

unsavory, devastating aftermath. In our existential tumult, we grope for resolve amongst our humility, perhaps even absolution, for there is a poignant echo in the pages of this text: Can we not find meaning and purpose in these events?

I find this project a refreshing return to the question of universals in a postmodern age that negates individuality as well as collective subjectivity, where everything boils down to language or empirical science, or is eclipsed by cultural ontology. What is even more impressive here is that Davis truly engages and expatiates the rudiments of human motivation, namely, the unconscious dynamics that fuel and sustain conscious experience, a proper return to the psychoanalytic task.

Writing in dark yet beautiful prose (perhaps not surprisingly, given that Davis is a professor of English), the author reveals a passion for his subject matter, as was also evinced by his previously produced and published stage production, *The Holocaust Memorial: A Play about Hiroshima*. This book, his magnum opus, is a mature and effulgent work born of a lifetime of edification and insights into the human condition, none other than a culmination of wisdom.

JON MILLS (AJAX, ONTARIO, CANADA)

ABSTRACTS

CANADIAN JOURNAL OF PSYCHOANALYSIS.

Abstracted by William Butler, Ph.D.

VII, 1, Spring 1999

Psychoanalysis and Freedom. Julia Kristeva (trans. Charles Levin). Pp. 1-21.

In this article, the author discusses freedom and the psychoanalytic process. She first highlights some points from "Civilization and its Discontents," in which Freud indicated that "the energy of desire . . . engenders its own censorship" (p. 4). In other words, there is no external commandment limiting freedom, but rather an internal one based on Eros, whose purpose of unity opposes the death instinct. While Freud denied knowing why this was, the author proposes that there is an answer in Freud's work. She posits that through "the emergence of thinking as realized in a shared language" (p. 4), we increase our ability to put ourselves in the place of the other and to accept the death of the other and the self.

Kristeva discusses how Freud's view suggests an "interiority" like that found in stoicism and Christianity. She briefly notes the responses of Nietzsche and Heidigger to these early views, and details Lacan's "antinormative" perspective on the "desire for death," which raises the issue of the ethics of psychoanalysis (p. 7). The author asks us to wonder: "Does psychoanalysis restore to humankind the savagery of its desires, for which there remains nothing but Redemption, which would turn psychoanalysis into a kind of 'Christocentrism,' or is it atheistic and reinstating of 'communal bonds'?" (p. 8).

The author states that in practice, the analyst's job is not to repress or release, but to allow elaboration and working through in a freedom that paradoxically is actualized in the bond of the analytic relationship (p. 9). The many facets of this bond help create an "enlarged mentality," in which the place of the other can be experienced (p. 7). However, this increased freedom is limited by the analyst's way of listening.

Kristeva notes several implications of the fact that this freedom is realized in a relational bond. Most interesting is her use of Winnicott's proposal that at birth, there is an "autonomy of biopsychological life" that serves as the foundation of the internal world, what Winnicott considered to be "the most precious and mysterious" human freedom (p. 10). This freedom is also found in the analytic relationship, when a "native interiority" can be recovered and the false self undone (p. 11). Following from this, the author observes that this freedom allows one to then encounter others as others, and to choose wisely in life. She emphasizes that psychoanalysis is perhaps the only modern experience that offers such a possibility of a "new beginning" (p. 12). This new beginning, this freedom, is achieved through the "revelation of self in the presence of the other through speech" (p. 14). A consequence of this new freedom is ongoing revolt and rebirth, a questioning that is "neither faith nor a nihilism," a way of being that is distant from a "moralistic or beatifying kind of humanism" (p. 15).

VII, 2, Fall 1999

Psychoanalytic Time: A Developmental Perspective. William Butler. Pp. 303-319.

The author reviews the literature on the development of the sense of time. He also illustrates how the psychoanalytic setting is ideally suited to promote an understanding of difficulties with time.

Based on the literature, Butler describes two senses of time: time as duration—as it is felt, and time as perspective—a concept. Time as duration is thought to develop first, perhaps even in utero, while time as a concept develops out of the sense of time as duration, perhaps in late infancy. The author describes how a number of investigators believe that time sense develops out of the perception of sequential bodily functions, such as the sleep-wake cycle, sucking at the breast, cathexis by the perceptual system, gratification-frustration, and the self-synchrony of limb movements. The sense of a core self and a self in interaction with others in a temporal medium then develops, along with the sense of time as perspective. The author discusses and illustrates how "patients experience and use time in the timeless but time-honouring analytic setting" (p. 317).

The Struggle for Dominance in the Oedipus Situation. John Steiner. Pp. 161-177.

In discussing resolution of the oedipal conflict, this author notes that even in the best situations, the oedipal child is confronted with "helplessness in a context of unequal power" (p. 162). Thus, differences in "age, size, gender, or any quality whatever" can lead to "feelings of exploitation and injustice" (p. 174), "insatiable hatred," and a "desire for revenge" (p. 162).

The author argues that the classical model of oedipal resolution via identification does not eliminate the child's lingering grievance at this "unfair" situation, and is thus more compromise than resolution. He proposes an additional oedipal model in which the child faces helplessness, hatred, and desire for revenge toward both parents. Experiencing these feelings leads to "remorse, guilt, and despair" (p. 166), as well as to attempts at reparation, all promoting psychic growth.

The fundamental problem behind the oedipal crisis, according to Steiner, may be a primal envy of the mother's femininity. This envy may be expressed and defended against by oedipal rivalries. The author provides clinical material in support of his arguments.

VIII, 1, Spring 2000

Long Analyses: Theoretical and Clinical Questions. Konstantinos Arvanitakis, Eva P. Lester, Rose-Marie Richard-Jodoin, and Brian Robertson. Pp. 27-37.

In this short paper, the authors discuss long analyses, defined as those with the same analyst lasting ten or more years at a minimum frequency of three times per week. They differentiate long analyses from interminable analyses, about which more has been written.

The authors describe several common dynamics seen in long analyses. These include the development of an omnipotent idealization of the analyst in some borderline cases, where the defensive idealization is maintained in order to avoid an ending that is equated with death, destruction, and non-existence. The analyst is maintained (and maintains him- or herself) as a real external object, thus interfering with the internalization of the analyst as containing object, and lengthening the analysis.

Another common dynamic described occurs in obsessional cases in which the analysand longs for intimacy but does not believe it is available. He or she then concludes that it should not be wished for. This belief can slow the development of the analytic process. Fear of dependence on a less than perfect object can also keep such analysands from engaging in the analytic process, thereby leading to a long analysis.

The authors also outline a problem seen in some narcissistic analysands. In these cases, primitive vulnerabilities and fears of destructiveness are defended against by the maintenance of the analyst as an idealized object. The authors report some typical countertransference responses to these dynamics, including withdrawal into defensive, "analytic" detachment; compensation for the analysand's deprivation via "support"; angry reactions; and reactions based on the analyst's excitement.

In closing, the authors briefly note the possible role of the "analyst as narrator" in prolonged analyses. They propose that

the analyst/narrator's unconscious urge "for narrative closure of the case" may lead the analyst to try to end the story with "little unsaid" (p. 36), leading to a lengthy analysis.

VIII, 2, Fall 2000

Dream and Identity. Michel de M'Uzan. Pp. 131-146.

The author presents some beginning thoughts on the relationship between identity and dreams. He proposes that the newborn finds an identity in part by inventing "a double, an authentic twin" (p. 138). The author emphasizes that this is a "non-libidinal cathexis" (p. 138). Identity is then partially maintained through non-libidinal dreams. These "identity" or "actual" dreams also keepsake deep memory, a necessary part of identity, without which "oblivion ensues" (p. 142). The author provides clinical examples to illustrate his ideas.

The Unlikely Fate of the Ideal. Arthur Leonoff. Pp. 153-166.

The loss of the image of self-contained perfection, the ideal of infantile narcissism, and the development of substitute symbols of the ideal may be necessary as a "buffer against the narcissistic rebuffs of life" (p. 155), according to the author of this article.

Leonoff describes how early repression and disavowal create a space for illusion, for mental creation. Citing Winnicott and Green, he notes that the mother's tolerable absences create a space for ego development, as exemplified by the transitional object and imaginary companion. Such a bridge to the object is maintained, the author posits, with the help of "something in the form of the ideal" (p. 155), "an indestructible good thing" that protects against "total absence" and provides "the promise of refinding a perfect existence" (p. 156). However, the author notes, when absences are traumatic, the space may be filled with a fetish —a symbol of the refusal to acknowledge lack, of a complete self that does not need the other. This objectless fetishistic state exists

in contrast to the object-connected state of the symbolized ideal. In a fetishistic state, there is an ego split in which the ideal is not used as a transitional tool, but is instead escaped into as a sort of alternative reality, often at great cost. The author provides clinical examples involving escapes into a magical, ideal alter-self and into pornography.

IX, 1, Spring 2001

Progressive Crisis: An Outline. N. Ronald Aldous. Pp. 39-61.

Many patients seek help in the midst of what the author of this article calls a "progressive crisis," set off by already initiated or accomplished, self-defined progress in life (p. 40). This progress, according to the author, is a response to the "press of life," and represents "the product of synergy between certain internal strivings for a fuller life and the consequences of living in a socio-economic environment of liberal democracy," leading to "an expansion of the range of individual personal experience" (p. 44).

There are some common themes, the author notes, in how the internal "press of life" affects the individual in such a context. These include the compulsion to try again, the pursuit of a sense of true self, and the closely related movement toward the depressive/historic position.

The author argues that treatment, "rather than facilitating new experience and personal growth," "usually and optimally" works to "catch up with the implications and consequences of changes that have already taken place," and to "resolve the complex emotional fallout from these developments" (p. 49). Such fallout usually occurs in the form of "complex grief" (p. 49). The author notes that in his experience, the more one focuses on such grief, "the less one need concern oneself with matters of splitting and projection" (p. 52). In this way, he says, one aims more toward consolidation of growth and prevention of symptomatic regression than toward the promotion of growth.

The author considers the patient's "curiosity about his life" to be the mainspring of treatment (p. 52). "Explanation, interpreta-

tion, and reconstruction" must be subservient to this curiosity, and the therapeutic relationship is the context, not the conceptual center, of the work, according to the author (p. 52). In fact, he proposes that transference is not so much about the "reactivation of fears" as it is about the "fear that the analyst will trample on or try to appropriate autonomy and initiative" (p. 6). The author describes how such fears can play out in the transference.

IX, 2, Fall 2001

A Necessary Illusion: Projective Identification and the Containing Function. Louis Brunet and Dianne Casoni. Pp. 137-163.

In this article, the authors argue that some analysands must rely on an unconscious fantasy of an omnipotent analyst in order to regress to dependence and to experience containment by the analyst. In support of this argument, they first briefly review the concepts of identification, projective identification, and the containing function. They then detail issues related to the use of the term *projective identification,* and provide a clinical example that supports their central thesis.

Brunet and Casoni emphasize Freud's view that identification occurs with what is imagined about the other, not with the other's unconscious. They point out how Klein's concept of projective identification uses the idea of identification, emphasizing identification with what is projected. Next, the authors describe how Bion's idea of the container follows from Klein's work, elaborating on what happens to what is projected.

Noting some problems in the diverse definitions of *projective identification,* the authors propose three usages they find helpful. First is the omnipotent defensive fantasy of *intrusive projective identification,* in which an internal object is projected onto an external object, which is then perceived as attacked and controlled by it. Second is *communicative projective identification,* a "non-pathological type of projective identification aimed at communication" (p. 145), involving the fantasy that the other can

contain the projection and return it in tolerable form. The third usage is *empathic projective identification,* based on empathy—that is, on experiencing one's own reactions as one strongly identifies with the other. The authors describe this as an adequate response to communicative projective identification.

Brunet and Casoni detail problems related to some writers' descriptions of projective identification as an invasion of the analyst's mind by the projection. The authors note that it is more metapsychologically correct to describe this process as one in which the analyst's identification with the analysand leads to an invasion of the analyst's ego by component drive derivatives. This description emphasizes both the analysand's and the analyst's contributions to what the analyst experiences, avoiding the illusion of the objective analyst.

The authors argue that, rather than the reality of the analysand putting something into the analyst, what is needed is for the analysand to believe that he or she can place something into the analyst and that the analyst can contain it. The counterpart to this is that the analyst accepts the role of container via the process of identification, and is eventually able to contain and handle what is felt without engaging in counterprojection.

The authors present a case in which a critical component of the treatment was the analysand's ability, in fantasy, to project an idealized, omnipotent object onto the analyst in order to deal with intense, destructive feelings. In counterpoint, the analyst was able to identify with the analysand's internal turmoil and idealization. This is an example of communicative projective identification and empathic projective identification.

Furthermore, Brunet and Casoni argue, these projections allow the analysand to put him- or herself in a position of actual dependence on the idealized, omnipotent analyst. The authors consider such projection of omnipotence onto the analyst to be a necessary illusion for some analysands to be able to tolerate actual dependence. Over the course of time, the authors note, through gradual disillusionment, the analysand is able to tolerate dependence on the de-idealized other.