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LISTENING FOR RHETORICAL TRUTH

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Associations are rarely as free as theory assumes; at the same time, they may tell us more than what appears on the surface. Memories, on the other hand, are rarely as reliable as they might appear. We are overtrained to listen to the unfolding story and to the narrative truth of the moment; much harder to capture is what might be called its rhetorical truth. *Learning to listen for sequence, repetition, and co-occurrence tends to minimize the importance of the narrative thread and clarify instead the more suppressed meanings. In rare cases, we can even sense something of what the analysand is saying before it comes into awareness.*

Fonagy (2002) recently reminded us that free association can be seen as a "residue of an outmoded one-person psychoanalytic psychology" and does not take enough account of the ever-present two-person context:

> What the patient says is bounded by the deeply ingrained parameters for the rules of ordinary conversation . . . . To be truly free, not to be constrained by the need to keep the mind of one's conversational partner in mind, would ultimately mean being autistic or psychotic. [p. 1]

How can Freud's traditional metaphors of speaking one's mind and his underlying conception of the Basic Rule be reconfigured so that they are more responsive to the requirements and implications of a two-person psychology? How can our under-

standing of the central analytic interchange be reconciled with the standing rules of a two-person conversation?

THE ANALYSAND AS TRAVELER

In one of his more famous similes, Freud (1913, pp. 134-135) compared the free-associating analysand to a traveler in a railway carriage who was describing the passing scene to his seatmate. What is noteworthy about this analogy is the passivity of the passenger/analysand: he simply "reads off" what appears in the train window (or in his mind's eye). Spacal (1990) reminded us of free association's origins in introspection, but added that, if our emphasis turns to the therapeutic nature of the analytic relationship, "the fundamental rule has necessarily had to adapt itself to the methodological needs of a relational kind" (p. 432). The patient is not only viewing the passing scene, but is also expected to roam over a much broader landscape. The patient can break off in the middle of a thought, circle back to something said the day before, or search another part of his or her context of consciousness, if alerted to approaching trouble or if he or she picks up a sense of what the analyst wants to hear. Doing this kind of analytic work may require quite a different model —and a different mode of listening.

Where Freud's simile may be giving us too narrow a view of the associative process, thereby leading us to underestimate the degree of freedom available to the analysand, it has the advantage of calling attention to the stream of images being reported, to the importance of sequence in decoding meaning, and it may help us capture the rush of sensations experienced by the freely associating analysand. In so doing, the simile emphasizes the rhetorical trope of *metonymy*—the substitution of one word by another, with the link usually obvious but sometimes disguised. Typically, the name of an attribute is substituted for the thing itself —thus, *the stage* stands for the theatrical profession, *the crown* for the monarchy, or *the sign* for the signified, as in

> O thou my lovely boy, who in thy power
> Dost hold Time's fickle glass, his sickle, hour; . . .
> [Shakespeare 1609, p. 533]

Sometimes, the link, though conventional, is partly concealed, as in cockney rhyming slang, where *apples and pears* stands for *stairs* and *tea leaf* for *thief*. Or it may be entirely secret and a product of private language. Here is where metonymy becomes of interest to the analyst. Many patients protect themselves from saying (and thereby thinking) certain thoughts by using benign substitutions, and clues to these substitutions can often be discovered by keeping careful track of the sequence of associations. Close study of the sequence can often reveal the "hidden subtext of salient issues" (Wilson and Weinstein 1992, p. 740), thus allowing us to share the patient's context of consciousness.

In this way of viewing the railroad metaphor, the patient/passenger is not simply reporting what is seen, but is using the rhetorical trope of metonymy to disguise his or her thoughts. As the analyst becomes more attuned to this private language, the monologue can turn into a dialogue (even though only one person is speaking). Close analysis of a patient's associations over time, with particular attention to their sequence, can often reveal places where such substitutions take place in order to lessen the impact or to restrict the connotations of the surface meaning of a phrase or thought stream. In the following clinical fragment,[1] notice that we are never told what is being talked about, either during the hour (when it might be overheard), or, in the past, with the patient's father at the dinner table; she focuses on the action of talking and not its content.

[1] I am indebted to Dr. Hartvig Dahl for providing me with selected transcripts from the case of Mrs. C, a six-year recorded analysis which was conducted five days a week for a total of 1,114 sessions (detailed descriptions can be found in Dahl 1988). This case has inspired a wide range of studies of psychoanalytic process and is largely responsible for the growth and development of this field of research.

> But it seems like, right now what I recall, was mainly wanting to hear my father talk. And then of course I, um, would use his ideas, his words, in, in other situations where I would be asked what I thought. And it makes me think of yesterday, how I was sorry to be leaving talking with that fellow out there. And yet it was in contrast to probably wishing that I had that kind of relationship with you, where you would talk and tell me your ideas, your opinions. And, um, I don't know, it's just that I had that memory of it. It was always at the dinner ta—, at some meal, anyway, probably mostly at dinner, that I remember doing this with my father. And, um, the words, his words, did seem to replace some other thing that I'd wanted in our relationship. And I don't know, it could be several things, because it seems like there was a lot missing. But, um, that was the only way I felt close with him. [Hour 942]

This fragment, along with later material from the same hour, makes it clear that *talk* for this patient is a substitute for *intimacy*. When she is with someone who is continuously talking (her father or her husband), she feels close and intimate, and it becomes clear that the word *talk* is the safer way of introducing and discussing these topics. We begin to see how close attention to the sequence of words or ideas can often help to break the metonymic code being used, giving both analyst and analysand a window on what may sound like uninteresting or trivial material. As the analyst begins to understand the disguise, he or she necessarily becomes more involved in the patient/passenger's report. What began as a monologue now turns into much more of a shared conversation.

Not only is the patient not merely reporting what is seen through the window (the mind's eye), but he or she may also have the fantasy that the analyst knows what the patient knows and that, as a result, the patient's private language needs no explanation. In the hour just sampled, the patient used the word *intimate* once and the word *talk* eleven times. This ratio could be seen as a sign that she still feels uncomfortable using the more re-

vealing word. But the fact that this hour takes place fairly far into the analysis suggests the more likely possibility that we are dealing with a sample of what Vygotsky has called inner speech.[2] One of its features is not only that frequently used words take on private meanings (as in *talk = intimacy),* but also that the patient often, if not always, assumes that his or her meaning is known to the analyst. Inner speech, in Vygotsky's view, can be contrasted with social speech, where the otherness of the listener is uppermost in the speaker's mind. In inner speech, there is much less concern about this otherness; the speaker's thoughts and feelings may even be projected onto the listener; and the importance of what linguists call the *given-new contrast* is greatly minimized.[3]

If we now go back to Freud's passenger on the train, we might argue that his description of the passing scene should not always be believed, or, to change the metaphor slightly, the more prominent features of the passing scene are either blurred by speed, too dark to see, or—as in wartime—have been camouflaged and possibly replaced by misleading signs (think of England after Dunkirk). The apparently passive patient has become what Booth (1983) called the unreliable narrator, whose reports are partly true but who, as the analysis proceeds, makes increasing use of a private language—sometimes transparent and sometimes not.

In the following excerpt from Mrs. C, we begin to see the patient in the moment of forming a metonymy:

> When she came into the room, she noticed an odor that made her think of cat urine. She has the fantasy that somehow cats have gotten in and urinated on the couch —although she knows that must be impossible—and then

[2] See Wilson and Weinstein 1992, pp. 743-753, for an extended discussion and further references.

[3] New material in a text or conversation is usually marked to alert the listener that unknown information has been introduced. Such markings might include locutions such as "You probably didn't know that . . ." or "Since I last saw you . . ." These cautions are absent in inner speech because speaker and listener are merged.

> she has to lie in it. The other thing she was thinking, which seems to her more likely, is that the material on the couch has somehow gotten damp; it has that kind of smell. She says that perhaps she started thinking about cats to avoid thinking about someone having been on the couch just before her and what they might have done. She has the idea of that person sweating profusely and making the material damp. [Bucci 1997, pp. 177-178]

Ms. C tells the analyst that her associations about cats are intended to take her mind off the idea of a sweating patient, but we might wonder whether urine and sweat are also metonymic covers in their own right, standing, possibly, for such other bodily fluids as semen or menstrual blood. In other words, has cat urine become a substitute for something more sexual, a fleeting thought that may never come into awareness? The patient may even be assuming (following the rules of inner speech) that the analyst also understands these new equations, that she does not need to be too explicit, and that the code can be maintained throughout the remainder of the hour.

Notice that this way of listening would suggest that any attempt to decode the patient's language would probably be felt as intrusive and impolite, a violation of an unspoken agreement (and, in a certain sense, an important part of the code). The two-person dimension of this mode of listening helps to determine whether or not the analyst will intervene or remain silent.

In this view of the passenger on the train, the analyst, even though largely silent, is all the time listening empathically and making whatever substitutions are needed to decode the patient's associations and to gain further access to her context of consciousness. And the landscape being described is always being embellished with connotations that are constantly being discovered during the course of the analysis, a sometimes secret language that allows patient and analyst to discuss pain, suffering, ecstasy, and despair with a fairly mundane and conventional vocabulary, which all the time plays down the traumatic features of what is being discussed.

THE ANALYST AS ARCHEOLOGIST

We have noted that Freud's train metaphor tends to stress the patient's passivity; it may also send the message that we can never revisit a piece of the past or take another look at a vague memory once we have moved on to a new scene or context of consciousness. Perhaps Freud found his archeological metaphor appealing because it gave him the freedom to revisit a striking scene or doubtful memory and take another look; to replace, in other words, the two-dimensional train window with a three-dimensional excavation.

Also worth noting is the fact that at about this time in his career, Freud had become acquainted with a number of leading archeologists and was being constantly reminded, by way of scientific meetings in Vienna and frequent newspaper headlines, of the startling discoveries being made in all parts of the Middle East. The new science of archeology was seen as

> . . . the supreme combination of art and science and exerted a special fascination upon him throughout his career. And that career, we need hardly remind ourselves, spanned a golden age of archeological discovery: Schliemann was unearthing his many-layered Troy at Hissarlik during Freud's school and university years; Evans was exploring and then excavating Knossos during the period of Freud's self-analysis . . . Freud was writing *The Ego and the Id* in the year Carnarvon and Carter discovered the tomb of Tutankhamen, and *The Future of an Illusion* and *Civilization and Its Discontents* during Woolley's excavation of Sumerian Ur. [Bowie 1987, p. 18]

What carried particular significance for Freud was the fact that here was an established science that could serve as a metaphor for the work of psychoanalysis. He recognized that "acts of excavation, in their systematic retrieval of material evidence, were capable of representing early experiences, objects, and places either long forgotten or thought not to have actually existed" (O'Donoghue 2003, p. 3). This claim would be an abid-

ing source of connection for Freud. At the end of his life, he would evoke Schliemann and his peers as compatriots in a shared quest for the meanings of prehistory. He continued to cherish this metaphor throughout the course of his career, and in one of his last papers, he came back to this theme. The task of the analyst, he told us,

> . . . is to make out what has been forgotten from the traces which [have been] left behind . . . . His work of construction resembles to a great extent an archeologist's excavation of some dwelling-place that has been destroyed and buried or some ancient edifice . . . . But just as the archeologist builds up the walls of the building from the foundations that have remained standing, determines the number and position of the columns from depressions in the floor and reconstructs the mural decorations and painting from the remains found in the debris, so does the analyst proceed when he draws his inferences from the fragments of memories, from the associations and from the behavior of the subject of the analysis. [1937, pp. 258-259]

But where this metaphor places a much-needed emphasis on freedom of choice and moves us from two to three dimensions, it is still burdened with the mistaken assumption that memories are safely stored in the mind, accessible to recall when the moment permits, and preserved in such a way that they remain intact from one time to the next. Even though the memories may only be fragments, they are still taken as reliable clues to one or more actual events, laid down like the stones of a foundation. It is assumed that they can be trusted to give us truthful glimpses of the past and should be thought of as the archival repository of a distant time.

The greater appeal of archeology as a metaphor and its ever-growing standing as an established science may have blinded Freud to other aspects of memory that he had discovered and thought about earlier in his career. For a brief interval, he also found himself thinking that memories might be changeable

and subject to constant rewriting. In a letter to Fliess, he sketched out the germ of the process we now call *Nachtraglichkeit:*

> As you know, I am working on the assumption that our psychical mechanism has come into being by a process of stratification: the material present in the form of memory traces being subjected from time to time to a *rearrangement* in accordance with fresh circumstances—to a *retranscription.* [Freud quoted in Masson 1985, p. 207, italics in original]

But this view was quickly superseded by the archeological metaphor. Freud much preferred the idea that memories could be seen as fixed relics of the past that could be treated as the remains of earlier happenings. By using this analogy, he could borrow from the solidity of the new science a tone and status that he hoped would put psychoanalysis on firmer footing. "Would not the best proof of psychoanalysis be for it to become a collection of simple whole things, preserved from time and destruction, a self-explaining world, a semantic and epistemological plenum . . . like Pompeii?" (Bowie 1987, p. 20). Perhaps the uncertainty of rearrangement and retranscription (and maybe the lack of a convenient metaphor) doomed *Nachtraglichkeit* from the start.

After more than 100 years of research on memory, specialists are now largely convinced that memories are anything but reliable, do not necessarily open windows to the past, and that Freud's early musings about *Nachtraglichkeit* were probably much closer to the truth and to the view of memory that has developed over the last century in nonclinical settings. This conception was inspired initially by the work of Bartlett and his followers, and was carried forward by such experimentalists as Neisser (1982), Loftus (1979), and Schachter (2001). This view of remembering makes it clear that reports of the past or present are not simply read off from an image in the mind's eye (the view from the train window or the broken columns in an excavation), but are actively constructed each time they appear. This

activity accounts for the common observation that each telling of a familiar memory tends to be slightly different from the one before. Rather than thinking of memory as a well-preserved engram that never changes, the newer view hypothesizes that in the act of remembering, the original scene is probably never recaptured; in its place, we bring to life a well-rehearsed template. Each time the template appears in consciousness, its tissue is fleshed out with a mixture of familiar furnishings and (possibly) one or more newer details. This composite becomes the memory and is taken as completely true; in actuality, of course, it may be largely or completely false. "The stories we tell of our lives are as much about meanings as they are about facts. In the subjective and selective telling of the past, our histories are not just recalled, but reconstructed. History is not recounted, but remade" (Jacobs 2002, p. 1261).

The template view of memory is nicely illustrated in experiments on the so-called tip-of-the-tongue phenomenon. In a classic study by Brown and McNeill (1966), subjects were given definitions of unfamiliar words *(sextant, nepotism, apse,* etc.) and asked for their best guesses when they could not remember the word itself. The guesses in 57% of the cases contained the same first letter as the target word, often the same last letter, and often the same number of syllables.

Suppose subjects had been given the following definition: "A navigational instrument used in measuring angular distance, especially the altitude of sun, moon, and stars at sea." If the intended word *(sextant)* was not remembered, the guesses of similar sound might include *secant, sextet,* or *sexton.* Guesses were also influenced by meaning; if *sextant* was not recalled, the subject might offer such words as *astrolabe, compass, divider,* or *protractor.* Of particular interest are the sound-alike guesses. The frame of the word—length, first and last letters, and number of syllables—seems to have been stored more or less intact, and at the time of recall, is retrieved and filled out with whatever letters are needed to make it meaningful.

Another piece of evidence that seems to support the template model of memory comes from a study by Linton (1982)

on recall in everyday life. Each day, over a period of six years, she would write down brief descriptions of events from her life (e.g., "I go to New York for the first time"). Once a month, items were drawn semirandomly from the accumulating pool and she would try and estimate their chronological order and reconstruct each item's date. She quickly found that "a fairly small number of general schemes provide the basic framework for storing episodic information. These schemes organize the event in terms of actors, action, location, and the like" (p. 81). Episodic memories (specific happenings, rooted in a particular time and place) gradually turned into semantic memories (general knowledge). "Increased experience with any particular event class increases semantic (or general) knowledge about the event and its context. Increased experience with similar events, however, makes specific episodic knowledge increasingly confusable, and ultimately, episodes cannot be distinguished" (Linton 1982, p. 79).

The mental work that takes place between the recall of a template and filling the frame with details has been little studied, but it seems clear that this transition must occur over and over again in the course of a well-conducted analysis. As associations become more familiar and more automatic, the patient may frequently find an unfamiliar scene coming to mind, or perhaps become aware of new details in a well-rehearsed memory. Suppose the details are still vague. Does the patient report a mixture of clear edge and blurred outline, does he or she remain at an abstract level, or rush toward a specific construction, hoping, perhaps, that this kind of "evidence" will please the analyst?

In making this jump, we can frequently sense a shift from free to forced associations; now the singer is taking over from the song and finding ways to organize the stream of associations. But this shift in mode may also signal a drop-off in reliability; the hard-edged memory or image may be less likely to be true and less rooted in the past than its vague beginnings. Analysands have much to tell us about the interval between vague awareness and detailed recall, and in the thousands of published case re-

ports, there is probably an accumulating body of evidence that speaks to these very issues. A careful study of these moments might teach us important insights into the way images and memories are constructed (as opposed to discovered), and we have the opportunity to build up a database that could easily nourish a more general model of memory.

For an example of how memories may change as a function of subtle variations in the transference, consider the following three accounts of the same early memory (Coleman, unpublished, pp. 13-14).[4] The patient was a 42-year-old man who had entered analysis after finding that his wife had had an affair; the memory under consideration was a representation of his circumcision at the age of seven and the events leading up to this moment. He told the analyst three different versions of this event. In the first account, he remembered being "tenderly taken by his mother to the doctor's office. The all-knowing, kind doctor examined the patient" and carried out the circumcision. The second memory took place during a time in the analysis when he experienced the analyst as a cold and vindictive father. In this context, he remembered being taken to the doctor "for hygienic reasons . . . [his mother] wanted the redness and irritation around his glans penis to be taken care of. The doctor was rather harsh in his demeanor. He seemed to be viciously delighting in hurting the patient."

The third memory emerged after a session in which the analyst had been a few minutes hasty in announcing the end of the hour. The patient returned the next day to say that the analyst had cut him off (sic). Later in the hour, he retold the story of his circumcision. In this memory, the patient "somehow knew that his mother knew that he was masturbating. In order to 'show him' the consequences of such a vile practice, she grabbed him by the arm and dragged him to the doctor's office. She 'ordered' the doctor to perform a circumcision, which the doctor did."

[4] I am indebted to Dr. Coleman for giving me access to his case material.

The patient, in telling the story, grabbed his genitals and writhed in pain as he relived the painful healing period. For three years in the analysis, he had "not seen" the paper towels folded and stacked near the head of the couch. He had recently asked whether they had been there all along. He imagined that they might be diapers or bandages, bloody bandages that he now remembered painfully.

On first hearing these three accounts, our attention is drawn to the narrative details, how the stories differ, and the question of which one is the true version. Much more important may be the *way* they are told, the choice of language and sequence of words, and how each version resonates with the analytic here and now.[5] The analysand may be talking with a more or less conscious awareness of the transference parallels, assuming that the analyst is also making the same translation (slipping, in other words, into the rules of inner speech). To explore the different versions on this level is a way of bringing the traditional archeological metaphor into a two-person world. At these moments, medium may be more important than message; knowing that memory is fallible, we have all the more reason to focus on how the story is told instead of what is being said.

NEGATIVE CAPABILITY

How can we learn to shift our attention away from the narrative, our natural interest in what happened, and whether it really happened as described, and focus instead on sequence, repetition, assonance, and other rhetorical features of language? How can we best let the past speak for itself, often in bits and pieces, without the need to turn it into a story?

One particularly happy description of this stance can be found in Keats and his famous concept of negative capability (first described in a letter to his brothers dated December 21,

[5] See Arlow (1979) for the importance of word choice and metaphor selection in disclosing the analysand's unconscious meanings.

1817). He told of having been to a dinner party where everyone talked in clichés, and on his way home,

> It struck me what quality went to form a Man of Achievement, especially in Literature, and which Shakespeare possessed so enormously—I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason. [Hirsch 2001, p. 492]

Wordsworth (1798) may have read Keats's letter when he composed "Tintern Abbey" and wrote the following lines:

> . . . For I have learned
> To look on nature, not as in the hour
> Of thoughtless youth; but hearing oftentimes
> The still, sad music of humanity,
> Nor harsh nor grating, though of ample power
> To chasten and subdue. And I have felt
> A presence that disturbs me with the joy
> Of elevated thoughts . . . [p. 360]

And Keats (1819) demonstrates its workings in his "Ode to a Nightingale." The "light-winged Dryad of the trees" who "sings of summer in full-throated ease" makes Keats remember that "for many a time/I have been half in love with easeful Death."

> Now more than ever seems it rich to die,
> To cease upon the midnight with no pain,
> While thou art pouring forth thy soul abroad
> In such an ecstasy! [p. 56]

A lesser poet might have sung the nightingale's praises and celebrated its unending tunefulness; Keats shows his ability to avoid the cliché and use the bird's singing as an entrée into a darker mood. By complicating the associations, he enriches the image and gives us a clearer sense of a world where pleasure is almost always mixed with pain.

This moment of irritably "reaching after fact and reason" often accompanies that moment when we analysts move from a general sense of what happened (semantic memory) to an attempt to fill in those particulars of time and place (episodic memory) that are often needed to tell a story and to enable the listener to understand it. But when reason and planning take over, the analysand has left the realm of free association, and by paying close attention to this shift in discourse, we may be able to sense when a boundary is being crossed. The narrative may become clearer, but in the process, we may have lost important turns of phrase, favorite metaphors, and other derivatives that helped orchestrate the earlier vague impressions.

In his discussion of negative capability, Keats was clearly thinking of the poet in the act of writing verse, but what applies to literature and its creation may also apply to the process of free association. We can identify two axes of interest: the range of detail from vague to hard edged, and the range of choice from associative freedom ("say whatever comes to mind") to a more logical, secondary-process form of discourse that values complete sentences and organized paragraphs. With respect to the first axis, there are some patients who feel comfortable in reporting abstract, template-like (semantic) memories that describe a certain theme, while either leaving out particulars of time and place or replacing them (as in metonymy) with private language or banal descriptors. Blurred recollections of this kind may be especially tempting at moments when the patient feels embarrassed by the memory and chooses to share only part of it. Other patients, by contrast, may feel uncomfortable with this loss of detail, believing, perhaps, that vagueness may be a mark of the unlikely; they emphasize detail in an effort to make their associations more believable.

On the second axis, there are some patients who feel they have no choice but to describe, in fairly predictable language, everything that "appears before them," whereas others may choose to assume a more active and logical stance, selecting the best evidence and ignoring anything that seems irrelevant. Patients

who choose to remain vague and who select details at random are probably, without knowing it, practicing Keats's negative capability. They show an ability to pursue unusual lines of thought, to find pieces of the past that they had never visited before, and to find new ways of talking about familiar memories. By contrast, patients who are uncomfortable with vagueness and feel the need to supply hard-edged detail may also feel compelled to make their memories interesting to the analyst, and it is in this connection that transference vicissitudes may influence what is reported. (One or more of the three circumcision memories cited above may show evidence of this effect.)

The same set of demand characteristics very likely applies to analysts as well. We can easily imagine variability in analysts' tolerance for vague and nonsequential accounts, with some analysts permitting the patient to say whatever comes to mind, no matter how disconnected, and others famous for their interruptions. The first group would find favor with Keats; the second group he would probably scold for their "irritable reaching after fact and reason."[6] It seems likely that the best analysts practice both. Pressing for detail may help the patient name things for what they are, whereas a toleration for vagueness may make the analyst more aware of hidden rhetorical truths (more on this will follow in the final section of this paper).

THE UNTHOUGHT KNOWN

In contrast to deliberate acts of remembering, we also find our patients recovering information with no awareness that new material is emerging (to interpret this material is, according to Arlow [1979], "one of the principal functions of the analyst" [p. 363]). They give us, without knowing it, a fragment of what Bollas (1987) has called the unthought known. These moments seem most likely when associations follow freely and the analysand makes no attempts at control or direction. This mode of experi-

[6] See Phillips (2001) for a fuller discussion of this issue.

ence was widely celebrated around the end of the nineteenth century; for an example, consider this excerpt from "The Resident Patient" (Doyle 1894), one of the lesser-known Sherlock Holmes stories:

> Finding that Holmes was too absorbed for conversation, I had tossed aside the barren paper, and, leaning back in my chair, I fell into a brown study. Suddenly my companion's voice broke in upon my thoughts.
>
> "You are right, Watson," said he. "It does seem a very preposterous way of settling a dispute."
>
> "Most preposterous!" I exclaimed, and then, suddenly realizing how he had echoed the inmost thought of my soul, I sat up in my chair and stared at him in blank amazement. [p. 168]

Holmes proceeds to explain how this feat of mind reading was accomplished:

> After throwing down your paper, which was the action which drew my attention to you, you sat for half a minute with a vacant expression. Then your eyes fixed themselves upon your newly framed picture of General Gordon, and I saw by the alteration in your face that a train of thought had been started. But it did not lead very far. Your eyes turned across to the unframed portrait of Henry Ward Beecher which stands upon the top of your books. You then glanced up at the wall, and of course your meaning was obvious. You were thinking that if the portrait were framed, it would just cover that bare space and correspond with Gordon's picture over there. [p. 169]

Holmes goes on to connect Beecher with the Civil War and its unnecessary waste of life. He notices that Watson's hand slid toward his old war wound, that he began to smile, and concludes that he must be ruefully deciding that war was a ridiculous way to settle disputes. At this point, he breaks in on Watson's thoughts with the comment that it is preposterous.

Free associations may also reveal something apart from what the analysand is intending. Consider the following vignette from Kris (1982):

> On the following day, after speaking of several matters at work, he came upon a thought he did not want to tell. The day he had made the telephone call to his wife that had led to the fear of her infidelity, he had seen a patient of mine in passing, as he was leaving a meeting. He had noted that this man shared a characteristic with him and with his father. I said that this encounter must be the source of the fear of infidelity. He asked, "Do you mean that I felt you were unfaithful to me in seeing other patients?" Ridiculous, he thought.
>
> I ventured a suggestion that unconscious meanings be given some attention. His associations led him to denigrate two other men whom he then connected with my other patient . . . . Rapidly he gained a sense of conviction about the transference meaning of his fear of his wife's infidelity. There was a subdued state of amazement and a sense of relief. [p. 87]

The patient is telling more than he knows, and the analyst (perhaps in the service of Keats's negative capability) is able to sense the larger meaning and interpret it to the patient.

What form do these hidden meanings take? In an earlier study (Spence 1980), I showed that they can be carried in figures of speech (particularly metaphor, a finding that Arlow [1979] might have predicted). In this investigation, women at risk for cervical cancer had been referred by their private physician for cone biopsy. They were interviewed by a researcher with no knowledge of the biopsy (the patients were also unaware of their diagnosis). The patients were told that the purpose of the interview was to understand the relation between feelings and cancer. The interviews were transcribed and the data analysis focused on the distribution of three marker words: *death, cancer,* and *died.* The word *death* was the single best predictor of the results of the patient's cone biopsy; what is more, it appeared as a metaphor

in thirty out of fifty usages, and in all but three of these, it appeared in the speech of patients who showed a positive cone biopsy. As noted at the time:

> These data suggest that metaphor provides a particularly useful hiding place for the expression of taboo information. Some of the expressions used by positive cancer patients include the following:
>
> I was scared to *death*.
> He worried himself to *death*.
> Any length of time seems like *death*.
> I love them to *death*.
> I almost froze to *death*.
>
> The first, second, and fifth metaphors are good examples of the way in which figures of speech can function as a disguise. The conventional meaning in each case has little or nothing to do with death, and certainly nothing to do with death in the sense that patients in a hospital are concerned about dying. We tend to listen to such expressions in a deliberately figurative manner . . . . Yet because these expressions require the word *death* by convention, they provide useful vehicles for the expression of preconscious motives . . . [Spence 1980, p. 122]

The unwitting use of the word *death* by cancer patients would seem to suggest the emergence of Bollas's (1987) unthought known. How can these breakthroughs be explained? Once again, the template hypothesis seems appropriate. In the course of their interviews, the women in this study were concentrating on communicating certain target ideas, while being more or less unaware of how they were expressed. We can think of the intended idea as another kind of template, which is being filled out with whatever words, phrases, or expressions happen to come to mind at the moment. Lexical choice may come under both

> . . . the local control of the sentence—it must be semantically and syntactically correct—and the more distant constraint of an underlying theme . . . . The metaphor provides

> the appropriate verbal frame [and] . . . allows language to emerge in a semiprotected fashion. [Spence 1980, pp. 127-128]

But even despite its metaphoric disguise, the word *death* did not go unnoticed; we found a significant negative correlation between a particular patient's use of *death* and the interviewer's use of *cancer* (if the patient used *death*, the interviewer would *not* use *cancer).* The interviewer was apparently sensitive to the use of *death,* even when disguised as a metaphor, and modified his own language accordingly.

Additional appearances of the unthought known can be found in the case of Mrs. C. We can begin with an example from an early hour:

> And I think, unconsciously, when I knew he had a fever I probably thought to myself, well, I'm safe tonight, he won't want to have intercourse. But I wasn't aware of doing that. And then later in the evening—he'd been reading a book that, from what I gather, is quite erotic. And later on in the evening he did want to have intercourse, which I just couldn't *conceive*, since he was so sick as he had said he was earlier. [Hour 91]

The patient is here using the word *conceive* in the sense of *imagine, ideate, envisage,* or *conceptualize,* but we might suspect that word choice was strongly influenced by her earlier thoughts around the impending threat of intercourse. Our suspicions are greatly strengthened by this passage from the next hour:

> But instead I remembered something else that, I think, when it happened disturbed me very much because it somehow again seemed to be, well, I ha—, wrong, I guess. I had some kind of guilt feelings about it. And this was, um, when I was probably in my early teens or younger. And I don't think, I think it was right before I knew exactly what happened to *conceive* babies and how they were born and everything. And I just remember having dreams that sort of made it, they weren't that specific, as far as I

> remember but when I did find out exactly what happened, it seemed like I'd already, I knew it already. [Hour 92]

And two hours later:

> And I had to accept I was because I looked too much like both of them, but otherwise it would have been very easy to believe I'd been adopted. Because I couldn't understand how they had intercourse even one time in order to *conceive* me and certainly not four times. [Silence.] [Hour 94]

Here is suggestive evidence that the other sense of *conceive* had been close to awareness in Hour 91, and we might hypothesize that using it first in an unrelated sense (envisage, imagine) made it easier to use it in a different sense in the following session and two sessions later.

Mrs. C's ambivalence about conceiving a baby was gradually resolved as the analysis progressed, and toward the end of the third year of treatment, she became pregnant. The period of her pregnancy (especially its early weeks) offers a convenient window into her preconscious processes and provides fascinating glimpses of ways in which unconscious ideas may be unwittingly expressed. Her wish to conceive might produce clusters of key words, and repeated patterns of these clusters might provide evidence that she was pregnant, even before the idea became fully conscious. To that end, I searched for the co-occurrence of the two words *life* and *baby* across my sample of 178 analytic hours, and found them coming together (that is, no more than fifteen words apart) in only four sessions: three of these occurred during her pregnancy and one five days after the birth of her baby.[7] No other hours showed this co-occurrence, nor did the words co-occur in the speech of the analyst.

Of particular interest is the following co-occurrence, which must have taken place within days of conception:

[7] All co-occurrences in this study were discovered by the use of ZyIndex, a search engine developed by ZyLAB in Buffalo Grove, Illinois.

> [Silence] Oh, I have several thoughts when you ask that and [clears throat] one wa—, the first one was, in terms of, I don't know, more my admitting it to myself that it's very important to me right now is that I was talking last week of wanting a *baby* from you and it just seems to be part of that. And then anyway I was just thinking about how all through my *life* there have been times when I've had dreams of having a *baby* or, I don't know, had an urge to, felt very strongly I'd like to have one. [Hour 316]

Of interest here is the fact that Mrs. C's wish to give life to a baby may have contributed to her bringing these two words together in the same sentence. Notice also that the two words are used in contexts that help disguise their linked meaning—the word *life* has a connotation unrelated to the idea of giving birth. But if we listen associatively to these two words and give special weight to their co-occurrence, we can hear them joining in another context—namely, the patient has now given life to a baby and is actually pregnant.

The next co-occurrence appears some months later. By this time, Mrs. C is conscious of being pregnant and is making plans for her baby. Nevertheless, the connotations of the word *life* still belong to another frame of reference:

> It's kind of, as if, I have set the deadline of when I have the *baby,* then I'll have to make a decision, then I'll know how my *life* is shaping, yet it could; I mean it could shape a way I wouldn't want. [Hour 372]

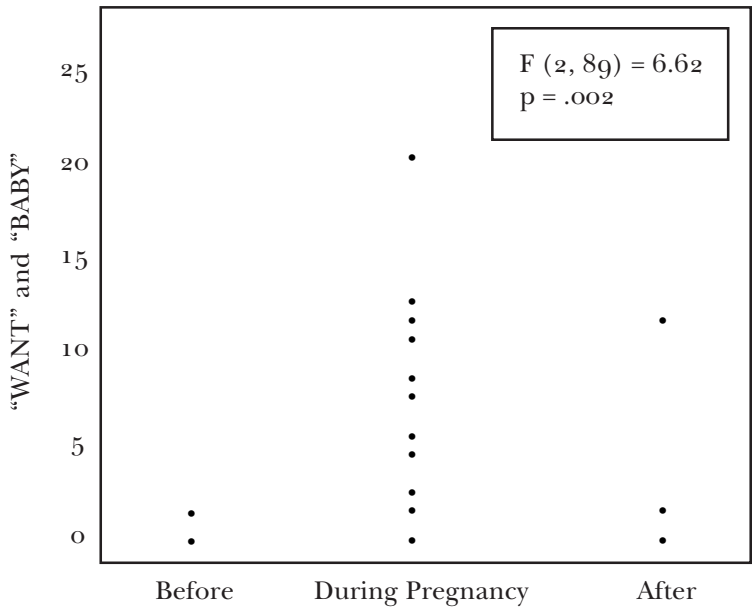
This co-occurrence recurs in two more hours and then, as noted, disappears from our sample of 178 hours. The distribution of this pair of words would seem to provide some evidence that the cluster is controlled both by the immediate thought being expressed and by the patient's oncoming pregnancy.

A similar pattern was found when I searched for the co-occurrence of the two words *want* and *baby.* In this search (to control for the high frequency of the marker words), I looked at a more

limited sample of hours—three blocks of thirty hours *before, during,* and *after* pregnancy. As can be seen in Figure 1, the target co-occurrence came up most often during the hours that Mrs. C was pregnant, and much less often in the other two blocks of hours *(before* and *after).* The earliest co-occurrence during pregnancy appears in a session that begins with thoughts about whether or not she might be pregnant.

Figure 1

Co-Occurrence of the Words "WANT" and "BABY"



Some minutes later, we find the following fragment:

> I guess I was thinking again on how can I feel a feeling that I can barely admit that I *want* a *baby* from you, and does it have anything to do with that other feeling of wanting to be a mother. [Pause] [Hour 316]

This thought was quickly followed by another co-occurrence:

> I don't know, the next image that comes to my mind is I keep assuming that I must have felt this way with my father if I'm feeling this way with you. And the, what picture comes to my mind is that would, if I had a *baby* from my father, which I'd *want* under these circumstances, then I would effectively be doing what my mother did, and being in her role cutting her out. [Pause] [Hour 316]

In these two fragments, the same context clearly joins the two marker words, but in the next fragment, ten days later, the verb *want* is unrelated to its object, *baby:*

> Because that's the way a child would feel it, too, when another *baby's* born or just what. But it seems odd that both of us could feel that. [Pause] I don't know, for some reason, I *want* to know what I thought it was like to be nursing. [Hour 326]

Six sessions later, there is a similar disjunction:

> Because sometimes it seems like I'm feeling I really would *want* to be still coming, even when I have a *baby,* and that would just make everything easier for me, and that was the way I'm looking at it. [Hour 332]

Here the verb is attached to the idea of coming to sessions after the baby is born, not part of the thought that "I want a baby." Mrs. C is both saying and not saying that she wants a baby, disguising the thought by keeping the verb in a separate context from the object. Listening for sense and sentence meaning, we would probably not be aware of the linkage; only by listening associatively and paying attention to preconscious clusters can this theme be detected.

LEARNING HOW TO LISTEN

It seems possible that patients who are capable of not "reaching after fact and reason," to again use Keats's phrase, may be more likely to speak with many voices and, in the process, enrich their asso-

ciations with preconscious and unconscious themes. We can begin to see a lawfulness in their expressions, and the underlying logic may be particularly evident to analysts who are able to follow Keats's suggestion and assume a stance of negative capability. It also helps to know something about the logic of the unthought known (Bollas 1987).

Both the disguised uses of *death* in the cervical cancer study and Mrs. C's hidden uses of *conceive* can be described as variants of the classical rhetorical figure of *syllepsis.* In this expression, a second meaning is conveyed without repeating the word (e.g., "He lost his hat and his temper" or "The new member of Congress took his oath and his seat"); as a result, two quite different senses of the target word can be present in the same sentence. In the case of Mrs. C, only one sense is stated (e.g., "I could also *conceive* the possibility . . ."), but another, more visceral sense might be evoked, especially if we are aware of her pregnancy. We see the same rule operating in the cervical cancer subjects: the connotations of "scared to *death"* are not exactly life threatening, but in knowing (or suspecting) the patient's diagnosis, we hear the word *death* in a different sense.

Both metonymy and syllepsis can be seen to be forms of displacement, a mechanism that has been described as one of Freud's original primary processes.[8] The two figures operate, however, in quite different ways. Whereas in metonymy, the offending word is replaced by something more trivial and less likely to attract attention, in syllepsis, the actual word is used (e.g., *conceive),* but embedded in a context that plays on one of its more benign senses, making it harder to recapture the more significant connotation.

Because the context of the average sentence tends to highlight one meaning of a word and suppress the others, if we listen to the relevant meaning, we are usually unaware of peripheral usages. But as we have seen, the crucial tenor of a passage can often be expressed in one or more of its marginal meanings. An impor-

[8] See Holt (2002, p. 461).

tant aspect of negative capability may consist in learning to listen to these suppressed meanings. Listening in this mode gives us a greater chance to sense something of what the patient is saying before it comes into awareness.

The use of syllepsis allows the analysand the chance to give lip service to a preconscious theme without taking responsibility for it; the use of metonymy alludes to the target word without bringing it into awareness. The prototype of this disguise was first recognized by Freud (1900), and one of his clearest examples appears in his discussion of the "Botanical Monograph" dream. Indifferent day residue, he had discovered, might often stand in for more distressing thoughts. Remembering that *Cyclamen* was his wife's favorite flower, he associated to his dissertation on the *coca-plant,* to an accidental meeting with Professor *Gartner* and his wife, and to the moment when he congratulated her on her *blooming* looks; these botanical associations led to the memory of walking home with Dr. Königstein and talking about "a matter which never fails to excite my feelings" (Dr. Königstein had operated on his father). Freud (1900) recognized that "my recollection of the monograph on the genus Cyclamen would thus serve the purpose of being an *allusion* to the conversation with my friend [Dr. Königstein]" (p. 175, italics in original). More generally, he realized that "indifferent impressions" (p. 176), gathered throughout the day, could serve as cover for latent, more disturbing dream thoughts (metonymy).

Closer inspection of Mrs. C's use of the word *conceive* also tells us something about its defensive function. Throughout the analysis, she used the target word in both its two main senses, but during the time she was pregnant, she *always* used it in the sense of *imagine* or *envisage.* Thus, she uttered a word often associated with pregnancy, but disguised this meaning by embedding it in a different context. The following sequence gives us a clue to how one displacement takes place:

> And I imagine if I added everything up that didn't take up very much space, but that I might want, I might pos-

> sibly want, although I can—I could also *conceive* the possibility I wouldn't, it's probably about half of what I have. [Hour 363]

About twenty lines later, as she continues to talk about throwing things out, she is reminded

> . . . of the feeling yesterday. I was thinking when I talked about reading the book *Thank you, Dr. Lamaze,* I didn't seem to be feeling it then, but today I spoke to a friend who s—um—well, she thought she was due in July . . . .

We can speculate that the first use of *conceive* served as a bridge to the theme of pregnancy and the Lamaze natural childbirth program. Its use in a more benign context may have served to discharge the cluster of feelings associated with being pregnant and delivering a baby. It is also possible (going back to the rules of inner speech) that the patient had the impression that the analyst would hear the word in both senses, and no further discussion would be needed.

SUMMARY

In conclusion, it would seem that negative capability has much in common with free-floating attention. Both approaches are modes of listening that sensitize us to the unspoken echoes of the patient's words and to what might be called the chord structure supporting the melody. By paying less than full attention to surface meanings, we also learn to hear the underlying harmonics—to supply alternative contexts for repeated expressions and more troubling substitutes for everyday speech. By treating memories with a kind of benign suspicion, we are better able to sense the intrusion of the here and now and the transition from discovery to construction. Another kind of transition occurs when the patient shifts to inner speech and assumes we hear what he or she is thinking—the moment when personal meanings are transparent and we are inside the patient's mind and in tune with his

or her thoughts—the "still, sad music of humanity," to again quote Wordsworth (1798).

It was almost fifty years ago that Loewenstein (1956) reminded us of Freud's advice to listen to "the patient's words while trying, at the same time, to understand a second, a kind of coded message conveyed by them" (p. 465). Advances in computer search engines and text-based software since that time have enabled us to look more systematically for co-occurrences, serial sequences, multiple connotations, and a wide range of similar patterns. Each new advance helps to break open the code that lies below the surface and to gradually build a comprehensive method for reading between the lines, allowing us to appreciate the value of rhetorical truth.

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PERVERSE MODES OF THOUGHT

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Subtle, nonpsychotic disturbances in thinking may cause significant impairment of intellectual functioning and interfere with a patient's capacity to make use of psychoanalytic treatment. As these come under interpretive scrutiny, the intellectual exchange between patient and analyst may emerge as a theater for the enactment of perverse sexual fantasies. In this paper, the author describes these disturbances in thinking and proposes a model that explains their underlying structure and their link to the associated fantasies. Interpretation and working through of the condensed part-object and whole-object transferences that emerge in the analysis of these forms of thinking may lead to some measure of clinical improvement.

PERVERSE MODES OF THOUGHT: CLINICAL FEATURES

In my clinical work, I have been struck by a group of patients whose style of thinking gets them into trouble. These patients are not psychotic, and the forms of thinking I have observed in them would not qualify as formal thought disorders. Nonetheless, the impairment of functioning associated with these forms of thinking can be severe, and performance in work or school is often far below what would be expected, given the patient's intelligence.

In their initial clinical presentation, these patients seem somewhat unintelligent, despite a personal history that suggests the contrary. In presenting their difficulties, they adopt either

an intellectually passive attitude toward the analyst, awaiting the analyst's thoughts with an air of unquestioning acceptance, or, alternatively, a contentious attitude in which their thoughts are presented as finished products, with the analyst's contributions subtly dismissed as unwelcome intrusions, or met with a false air of full comprehension and appropriation.

The effect on the analyst of these patients, unlike that of the pseudostupid hysteric, is more to frustrate than to charm. Further, these patients are more pained by their intellectual limitations. They try to think through a problem, but the efforts are unproductive, often leaving the analyst feeling frustrated and with the impulse to think for them. At other times, they may proudly present thinking that seems to the analyst to be inadequate or fails to take into account some obvious aspect of reality.

When I have the opportunity to analyze such patients, I find that these forms of thinking become intensified. They are mobilized as a vehicle for the enactment of a series of specific fantasies in relation to the analyst and the contents of his or her mind. Paranoid and magical idealizing transferences emerge. Primitive projective and introjective mechanisms become a salient part of the clinical picture; these may evoke intense and painful countertransference responses. As these mechanisms are elaborated, the intellectual exchange between patient and analyst emerges as the playing out of a perverse sexual fantasy, with the patient attempting to engage the analyst's participation in its enactment. The primitive projective and introjective mechanisms serve simultaneously both to ward off the perverse fantasies and as the structural underpinnings of those fantasies. As the fantasies yield to interpretation, the capacity to think in a more logical way gradually emerges, and in this context, higher-level sexual fantasies about well-elaborated whole objects, and the anxieties associated with such fantasies, may come to the fore.

THE STRUCTURE OF PERVERSE MODES OF THOUGHT

The mental activities I am calling *perverse modes of thought* are pathological psychic structures mobilized by certain patients to

replace goal-directed, reality-oriented thinking when there is a failure in such thinking, due either to dynamic inhibition or to constitutional weakness. These forms of thinking serve both to reduce anxiety and to compensate for gaps in understanding caused by the evasion of reality-oriented thought; they are often more prominent clinically than are the focal failures in reality-oriented thought that they mask.

Freud (1911) described two discrete mental processes, primary and secondary process. The primary process, rooted in the pleasure principle, seeks instant gratification of needs through hallucinatory wish fulfillment. Freud saw the secondary process as developing out of primary process; as a result of the repeated failure of hallucinatory wish fulfillment to bring lasting satisfaction, the infant would attempt to form some conception of external reality, and to alter that reality in such a way as to summon forth gratification from the external world, rather than the internal one.

Klein (1952) also saw the infant as developmentally driven toward a growing understanding of external reality and a gradual relinquishment of more fantastic modes of relating to it, but saw the latter as structured by primitive, somatically experienced fantasies centered around projective and introjective mechanisms. For Klein, the focus of early mental activity is the object from which the gratification flows rather than the gratification itself, and the impetus driving development is the wish to avoid the anxiety stirred by aggression, either toward the object or the self, arising spontaneously or in response to frustration. Though Klein saw the "object" toward which these fantasies are directed as literally a body part—the breast—I would tend to agree more with Jacobson (1964) that the experience of the breast comes to represent a wide variety of early experiences of caretaking at the hands of the external world. In them, the object may represent the whole of external reality, aspects of the somatic experience of caretaking, or any of a variety of functions performed by the object—containing, mediating with reality, and so on. When I speak in this paper of the relation with the

primal object, I am speaking of the aggregate of these early experiences.

Certainly, all forms of thinking encountered by the analyst in clinical practice contain an admixture of primitive fantastic thought and more reality-oriented thought, of primary and secondary process, but the way in which this admixture is structured and organized varies. In 1911, Freud was seeking to understand a level of psychopathology which by current clinical standards seems quite benign—that is, a symptom neurosis in an individual in which conscious thought processes are dominated by secondary-process thinking, and in which remnants of the primary process, driven underground by secondary process and the reality principle, find covert and symbolic expression in symptom, fantasy, and dream. This is basically the model of an admixture organized around repression. Though Freud did not specifically contemplate forms of thought beyond the primary and secondary processes, he noted (1911) that the establishment of the dominance of secondary over primary process rests on the development of other ego functions, and implicitly raised questions as to the impact of derangements in development of those ego functions on the development of the capacity for secondary-process thinking.

Green (1986) described varying forms of thought beyond primary and secondary processes and the ordinary modes of thought that analysts are used to encountering, and suggested that such forms of thought can be understood as arising from the predominance of lower-level defensive operations or from pathological early object relations. For example, he described a "logic of despair" (p. 22), found in patients with severe negative therapeutic reactions in which the early object is experienced primarily as a source of frustration rather than of gratification. The operation of the pleasure principle and the aims of the reality principle would be very different in such an individual; and a very different style of thinking would result.

The forms of thought I am discussing are organized around a split in the ego rather than around repression. In this split, one

part of the ego embraces the reality principle and is capable, within its circumscribed purview, of mental activity that takes into account external reality and the limitations inherent in the ego's relation with it. The other part of the ego rejects some piece of external reality and its own limited capacity to control and understand it. In so doing, it reverts to a primitive form of mental activity in which somatically represented projective and introjective fantasies regressively substitute for reality-oriented thinking. Klein (1930, 1931) saw such fantasies as the earliest form of thought. In this form of mental activity, thoughts are experienced as concrete contents of the body of the object, can be magically introjected whole from the object, and can be the repository of projected omnipotent or intensely aggressive fantasies.

The manifest thinking processes observed in the patient's verbal productions represent an artful compromise, rather than a true integration, between these two modes of mental activity, in which efforts to understand external reality by means of the latter, more primitive mode of thought predominate, at least in circumscribed areas, but are "dressed up" in the language or superficial, formal aspects of goal-directed, reality-oriented thinking. In the analytic situation, the patient appears to be thinking, but is actually only going through the motions of thought while attempting to extract and appropriate the analyst's thoughts (which have been imbued with the patient's projected omnipotence), or, alternatively, to fend off invasion by the analyst's thoughts, which are experienced as persecutory by virtue of the patient's projected aggression. A simple, if not paradigmatic, example might be a patient who fruitlessly ruminates about a topic (or pompously expounds in an overly abstract and ultimately unproductive way), and then pounces on the analyst's resulting intervention in such a way as to triumphantly incorporate it, without understanding, into his or her own discourse. In this example, the rumination or pompous exposition is the formal imitation of secondary-process thinking, while the appropriation of the analyst's idea as a concrete thing, without real understanding, is the regressive introjective fantasy.

I call these modes of thought *perverse* for a variety of reasons. Clinically, even in patients without manifest perversions, when the object relations underlying these forms of thinking are brought into the transference in the course of analysis, they coalesce into the enactment with the analyst of specific, perverse sexual fantasies; further, these forms of thinking are often quite prominent in the clinical picture of patients with manifest perversions. Theoretically, I believe that this mechanism—that is, the splitting of the ego into progressive and regressive parts and the establishment of a false integration between these parts—is a fundamental mechanism of perverse psychic structure, one that, from a developmental point of view, most probably precedes and contributes to the intense castration anxiety that typically characterizes perverse structure. At its inception, this mechanism serves as a mode of defense against primitive anxieties having to do with the dangers of aggression toward the object. In terms of the organization of thought, which is concerned with the basic relation to external reality, the primitive anxieties against which this mechanism defends are more central than castration anxiety, though the latter ultimately plays an important role in the consolidation of perverse structure and in shaping the sexual fantasies in which these forms of thought and the relations with objects that underlie them ultimately find representation.

CLINICAL EXAMPLE: MR. C

Mr. C, a real estate developer in his late thirties, presented with complaints of depression, an inability to trust his judgment in interpersonal situations, and increasing social isolation over the course of several years. As a child, he had difficulty concentrating, poor reading comprehension, and a pattern of truancy that contributed to repeated academic failure, culminating in his dropping out of school in the tenth grade. Despite a chaotic emotional life, he had managed to build his own successful business by virtue of his keen business sense and considerable personal charm.

Mr. C had had a close childhood friend, N, whose mother was a psychoanalyst. She had shown great kindness to Mr. C, and he had envied the apparent stability and nurturing tone of N's family. During his troubled adolescence, Mr. C began to read Freud in an effort to refind the sense of security he had felt in N's home, and he remained an avid reader of the analytic literature through adulthood, retaining a somewhat naive faith in the curative powers of psychoanalysis. After a brief period of preparatory psychotherapy, he was eager to begin an analysis, and we agreed to meet four times a week, later adding a fifth weekly session.

Although he was articulate, reflective, and worked well with transference material during the preparatory therapy, there was a dramatic change in Mr. C's ability to work productively soon after he began on the couch. He started to experience himself as a pupil overwhelmed by difficult studies. He feared that new concepts would be introduced too rapidly and that he would fall hopelessly behind. He would anxiously leap to concepts from his reading, bypassing any effort to free-associate or elaborate on his feelings. These leaps had the quality of wild guesses, as if he were taking a multiple-choice test. "Is this castration anxiety? Or maybe it's connected with toilet training—?"

At other times, he would propose interpretations that seemed to be a jumble of psychobabble, and try to get me to confirm these interpretations or to experience them as if I had made them. "Could it be that I submit masochistically in order to ward off my feeling that I can't give to myself? Could it be as simple as that? Is that what you were trying to say to me?" There was often confusion about who had said what, and many sessions were spent in reviewing the previous day's session, clarifying which had been the patient's thoughts and which had been mine.

At the same time, the events of his daily life, an important focus in his psychotherapy, began to feel to him only like a mere distraction from the "real work" of analysis, and he was annoyed when these events stirred him sufficiently to "intrude" on

his thoughts in his sessions with me. I sensed that Mr. C was expressing his anxiety about our work together, but I felt distracted in my efforts to better understand this anxiety or to formulate an intervention, due to his bombarding me with questions that forced me to focus on his empty theorizing—in such a way that my only choices seemed to be to go along with his thinking or to disagree in a way that he was certain to experience as humiliating and contemptuous of his intellectual efforts.

This state seemed to me to condense primitive transference elements with more well-elaborated, historical transferences. Clearly, Mr. C's experience of himself as a bewildered student was a powerful affective memory of his painful school experiences. But the organization of his thought itself (which had undoubtedly played a part in his academic problems) hearkened back to more primitive fantasies. For example, when I questioned him about what it was in the analysis that he feared might be "disrupted," what emerged was a sense of the analysis as an idyllic relation between us, in which the external world was shut out and in which we participated in a smooth, intellectual exchange from which he would emerge filled with my wisdom and understanding. The disruption of this idyll by his aggression, should my wisdom fail to protect him from frustration in his external life, was avoided by declaring such events irrelevant to the analysis.

As I directed more attention to the split in the transference that seemed to underlie Mr. C's sharp division of his experience into the analytically relevant and irrelevant, his mood became more labile. He would feel elated when I made an interpretation that made him feel understood, but sullen and angry if I failed to make a satisfying one. A good interpretation, he explained, assured him of my emotional availability. His associations were to his mother, who oscillated from emotionally distant to dependently demanding to violent, and then to his concerns about his own distant relationship with his young son, D. When forced to spend time alone with D, Mr. C would become with-

drawn and resentful. He would have intrusive fantasies about harming D, but could not connect these with any conscious feelings he had toward him. At this point in his associations, he reverted to his jumbled psychobabble, again trying to get me to confirm his empty interpretations as my own. "I must feel competitive in the triadic relationship with my father and my son. Then those thoughts come into my head to cover the feelings of helplessness I've learned to have in such situations. Don't you think that's part of what's going on? Isn't that how it works?"

In the several moments of silence that followed this statement, there was a palpable feeling of mutual discomfort between Mr. C and me. Though it was couched in psychoanalytic jargon and sounded almost plausible as an intellectual construct, I found Mr. C's statement confusing, and it seemed to bear little relation to the feelings he had just been describing. I also had a strong sense that he was attempting to seize control of my thinking, so as to coerce me into a false intellectual collaboration of his own design.

"I think that with D and now with me," I responded, "you get angry when you try to communicate and it doesn't give you that feeling of cozy connectedness. Then you withdraw, or at any rate you become less genuine, and you relate in a sort of false, hyped-up, wooden way, like you did just now. But that only makes you feel more disconnected and frustrated, and, I think, angrier."

To my surprise, Mr. C. responded with relief to this interpretation. "It's true. I think that when I try to put words into your mouth, I'm trying to get reconnected, but I can only do that if the words I'm putting there are the thoughts you're already thinking, so I'm not actually free to think my own thoughts. It actually reminds me of how I would be with my mother when she was depressed—I would try to figure out what she was thinking and say it for her; and that would work, we would reconnect for a minute, but the idea that she might do the same thing for me was out of the question." After this session, Mr. C noted

a dramatic increase in his ability to think clearly about his work and to take pleasure in his capacity for thought.

Here, as the specter was raised of having to deal with both his aggression toward his son and his identification with hated aspects of his mother, the patient felt the threat of a disruption in our harmonious, idyllic connection. His desperate efforts to regain this idyll led him to elaborate a fantasy about my thought processes. While trying to force me to conform to this fantasy, he simultaneously felt enslaved by having to operate within its confines.

When I made my interpretation about Mr. C's frustration and anger at the disruption of his feeling of idyllic oneness, his sigh of relief was all too familiar; I felt that, once again, he was experiencing relief by virtue of having simply received an interpretation from me that he imbued with magical powers, irrespective of his understanding of what I had said. But there was something new here—Mr. C had further elaborated on my interpretation with a related idea *of his own:* "When I try to put words into your mouth, I'm trying to get reconnected." Though in fact the ensuing increased clarity of his thought was short-lived, in the analysis Mr. C kept coming back to the issue of wanting to have the same thoughts that he imagined I had, and the constricting effect this had on his thinking. There would be repeated bursts of clear thinking as he began to work over this material in more detail. Mr. C now began to talk more about his childhood difficulties in thinking autonomously and the associated feelings of humiliation and rage; much of this humiliation and rage occurred in the context of competition with his older, academically more successful sister. He recalled childhood masturbation fantasies of aggressive sexual intercourse with the sister and his guilty reactions to these fantasies.

Mr. C's relationship with his sister, his sexual fantasies about her, and the relation between these fantasies and his regressive style of thought were further elucidated in a series of sessions several months later. A transference toward me as the sister had begun to emerge. Mr. C had successfully negotiated a complica-

ted business situation, but in his reports of it, he focused on small ways in which the results were disappointing. I pointed this out, and he acknowledged that he felt he had to play down the satisfactory outcome because successful activity might endanger his relationship with me. He remembered that, as a child, he had felt a need to appear incompetent in order to preserve his relationship with his sister, who wished to maintain her position of supremacy.

When I suggested, however, that we look more closely at what it was that he felt endangered his attachment to me and to her, the patient experienced me as hostile and critical, and complained that I was moving along too quickly with the intellectual content of the analysis. In his next session, he reported a dream; he was making an important business presentation to a woman whose name was the same as his sister's. She was silent; he felt criticized. He yelled at her, then realized he had spoiled his presentation and burned his bridges. In the session, his associations were that, like his sister, I was supposed to be on his side but seemed to be turning on him. As a child, he had needed his sister's approval for everything he did, and if he did not get it, he felt frustrated, furious, and out of control. This gave her great power over him. In some ways, he felt the same about me.

The following day, Mr. C began his session by reporting that further promising business developments had occurred the previous afternoon. Then, that night, he had another dream, in which he and I were leaving a meeting together. In the dream, he asked me about my work. I told him I might not be doing it forever. He was very upset. In the session, his associations were to the business developments of the previous day. Were the negotiations to prove successful, he would have to leave me behind, because I would feel angry at his becoming so powerful and would retaliate by declaring his treatment successfully completed, abandoning him. His sister always became angry if he succeeded, and then he could not feel successful in the face of her anger. As with her, he felt best if he were able to maintain

a relationship with me that was totally free of conflict. He saw that he was unable to think independently in the context of such a relation, but was loath to give up the pleasure and excitement of it.

During Mr. C's childhood, this kind of pleasure and excitement with his sister had gotten mixed up with sexual excitement, and now he remembered that he would sometimes dress up in his sister's underwear and experience sexual excitement at the idea of being so close to her that he was inside her skin and became her. Then he would realize this made him into a girl, and he would feel castrated and humiliated. I interpreted to him that, in the same way, when he was able to establish a situation in which he and I seemed to be thinking the same thoughts, it was exciting to him to feel as if he had entered into my body and become me, but then he felt castrated by the feeling of not being able to think independently. Following this session, he had another burst of clarity of thought, and was able to make an impromptu speech at a business meeting; he was thrilled by the enthusiastic reception his ideas met, as well as by his capacity to "think and talk at the same time."

Mr. C's fear of his analysis being disrupted by his daily life grew out of the wish to preserve an idyllic, aggression-free relationship with an object perceived as omniscient and capable of filling him with understanding, as though it were a concrete thing. Mr. C would extrude his own thoughts into the object and then reintroject them in an effort to create the illusion both of receiving the omniscience of the object and of being one with it. This served to ward off the aggression stirred by the disappointing object.

This relation with the primal object had both colored the patient's experience of his "empathic" relationship with his depressed mother and formed the basis of a later relation of cognitive dependence on his older sister. In this latter relationship, thoughts lacked a sense of validity for Mr. C unless they were confirmed and shared by the sister. The appropriation of her perceived omniscience occurred through projective and in-

trojective mechanisms modeled on those in the relation with the primal object and variously represented as aggressive phallic intrusions into the sister's body and as intrusion into and occupation of her body by Mr. C's whole body, which later found expression in the masturbatory activity of dressing in her underwear.

In the transference, these intrusions were played out in Mr. C's efforts to intrude into, control, and appropriate my thought processes. The reestablishment of a sense of separateness found representation in the sense of being castrated. Enactment of these various fantasies stirred powerful countertransferences in the analyst, such as the feeling of having to choose between being coercively occupied by the patient's mental contents or castrating him, should I reclaim ownership and control of my own thinking by disagreeing with him.

SPLITTING OF THE EGO IN PERVERSE STRUCTURE AND THOUGHT

In its relationship with reality, perverse psychic structure is characterized by a split in the ego in which one part accepts an unpleasant or frightening aspect of reality, while another part simultaneously disavows the same reality, mobilizing a host of other defensive maneuvers, including displacement, distraction, idealization, and counterphobic enactment, in order to bolster this disavowal. This split, with its associated supporting defenses, and the manifest disturbances in thinking that result, have been described by Grossman (1993). The mechanism was first described by Freud (1927) in his classical paper on fetishism, in which he saw the split as the result of intolerable castration anxiety (castration shock) at the sight of the female genital. Freud also noted in this paper that this mechanism is not limited to patients with manifest sexual perversions (p. 156), and Arlow (1971) described specific character traits associated with the defensive structures of specific perversions in the absence of manifest perversion. Others—notably, Payne (1939) and Greenacre

(1968)—added that the split in the ego in response to castration shock serves only to consolidate perverse structure in an ego already weakened constitutionally or by early trauma.

I would emphasize the contribution of earlier, more primitive splits to the weakness of the ego; these splits predispose the ego to both intense castration anxiety and the use of further splitting as a means of defense against it. These earlier splits concern a relation to the primal object as representative of external reality, as container of projections, or, at a somewhat higher level of organization, as mediator with or interpreter of external reality. Goldberg (1995), in his discussion of the use of splitting in patients with manifest perversion from the point of view of self psychology, emphasizes that the split in the self occurs in relation to the selfobject as mediator with external reality, but emphasizes the contribution of the actual parent to the establishment of the split. Though this contribution cannot be neglected, I believe that the importance of distortion of the parental image through defensive splitting should not be underestimated.

Splitting varies in its clinical manifestations at different levels of psychic organization—from the earliest split of the primal object into good and bad breast, through the splitting of the ego in response to castration anxiety, as described by Freud. Steiner (1993) catalogs a series of painful realities specific to different stages of psychic development, around which the ego is particularly prone to splitting. At all levels of psychic organization, splitting involves a split of both the object and the ego in relation to the object. The ego compromised by early splits continues its efforts at integration and elaborates whole-object images of some complexity, but ego functions—particularly, the modulation of affect, the sense of reality, and the ability to tolerate anxiety and frustration—remain compromised. This makes the ego vulnerable to crisis when faced with new developmental tasks, and with a propensity to respond to these crises by further splitting. Thus, although splits in the ego can appear to occur in relation to complexly elaborated

whole objects, the images of these objects tend to be colored by splits at a more primitive level; that is to say, they are viewed alternately as idealized, omnipotent, degraded, powerless, or persecutory, and may retain a part-object quality, with a focus on a particular function of the object at the expense of the object as a whole.

Splits in the ego manifest in various ways in the analytic situation. Patients with such splits may appear to work well in analysis while making no changes in their day-to-day lives. There may be dramatic shifts in the patient's affective experience of the analysis as he or she leaves and enters the analyst's office. Whole areas of the patient's life may remain conspicuously absent from his or her associations. At times, what appears to be a piece of fruitful analytic work is seamlessly followed by a statement that negates the work; the patient appears to be totally unaware of the contradiction.

With persistent interpretive focus on these splits, the underlying split transference emerges. Analyst and analysis are both idealized—with the analyst's capacity for thought and understanding imbued with magical curative powers—and simultaneously angrily devalued, with the analyst's thoughts experienced as empty puffery, utterly useless or even destructive as applied to the real-life problems the patient faces, particularly those beyond the analyst's presumably very limited range of expertise. The analyst's physical presence serves to bolster the idealization, which crumbles when the patient leaves the consulting room or during breaks in the analysis, leaving the patient feeling that he or she has nothing of value to aid in coping with reality, and desperately awaiting the next healing contact with the magical analyst.

Renik (1992) emphasizes the importance of the analyst's physical presence in enabling the patient to maintain an illusion of merger with the analyst, who is seen as providing a missing part of the patient, necessary for the capacity to think; this illusion supports a split in the ego wherein the patient simultaneously recognizes and disavows reality. Some patients (like Mr. C) may

experience their entire lives outside the analysis as merely an irritating distraction from the analysis itself, which is idealized by the patient, but which seems to the analyst to be devoid of content. Or the analyst may view such an analysis as a caricature, with minute, generally ego syntonic manifestations of the transference dwelt upon at length and linked in a rapid and intellectualized fashion to historical events in the patient's life, but with little evidence of struggle in the here and now.

In an alternative version of the split, the analyst's physical presence mobilizes the negative side of the split. The analyst and his or her interpretations are devalued and rejected in the sessions. Arrangements regarding time and money, no matter how accommodating the analyst may be, are viewed as extremely burdensome; any suggestion of renegotiation of hours or fee at the analyst's initiative is refused, and leads to associations calling into question the value of the analysis. These patients squirrel away bits of rejected interpretations, elaborate them outside the analysis, and idealize their clandestine work with the appropriated interpretations; they then experience a sense of triumph over the analyst if he or she agrees with their insights, and a sense of humiliating defeat if the analyst fails to respond with the expected excitement. At times, some valuable insights are attained in this way. In such situations, the analyst may be tempted to avoid the negative transference and allow the patient to work in his or her "own way," although I have found consistently addressing the split to be far more helpful in such cases.

Although these transferences, as they evolve, often replicate relationships with relatively well-elaborated whole objects in the patient's childhood, they bear the distinct stamp of a much earlier relationship with the primal object as the representative of external reality or as interpreter of that reality. These patients feel secretly dependent on the thought processes of others; as adults in the workplace, they may work well as members of groups, as "right-hand" associates, or even as charismatic leaders, but are fearful of independent intellectual activity. Childhood

memories evoked in association to early transference manifestations reveal an age-inappropriate surrender of functions of thought, judgment, and reality-testing to the object; the world is seen through the eyes of the other, whether out of a spirit of idealization, of resentful masochistic submission, or of a paranoid sense of being influenced and coerced by the thoughts of the other.

In its most regressed form, the whole-object quality of the transference recedes. As the embodiment of external reality, the analyst is reviled for pointing out unpleasant aspects of reality or the patient's defensive efforts to sidestep them; or the analyst is seen as able to ultimately provide a whole new external reality, with pleasures and emotional riches beyond anything the patient has previously experienced. The transference to the analyst as the provider of the early maternal function of the interpreter of reality manifests in the patient's exertion of strong and persistent pressure to shift the focus of the analysis away from the patient's inner life and toward external reality. The patient may explicitly demand advice from the analyst, or at least the analyst's "read" of an external situation.

Alternatively, in a compliant but somewhat hollow way, the patient may focus on his or her inner world, reporting dreams, fantasies, and emotions, but at the same time alluding in passing to events of external life that are so alarming, and that he or she seems to be handling so poorly, that the analyst feels impelled to intervene. The patient may secretly (or openly) translate all the analyst's interventions into directives for action or judgment calls regarding the external situation—disregarding aspects of the intervention that seek to shed light on the nature of the patient's inner experience. In so doing, the patient imputes to the analyst a kind of perverse mode of thought, in which the analyst is seen to be attempting only to control the patient's thoughts, actions, and perceptions, while using the formal aspects and vocabulary of interpretation to conceal and misrepresent these manipulations.

Whatever devices the patient makes use of, however, the analyst finds him- or herself under growing pressure to *think for*

the patient, and is experienced as doing so, regardless of the degree to which the analyst resists being drawn into an enactment of this type. Grossman (1996) emphasizes the technical need for the analyst to function as the spokesperson for external reality with such patients. While I would agree that this technical modification is often useful and sometimes necessary, I would also emphasize the technical importance of interpreting how the patient's actions provoke the analyst into performing this function, as well as the split in the transference that comes to the fore when the analyst is perceived by the patient as performing it. The patient simultaneously thirsts after and rejects the analyst in this function. I believe that this core primitive split underlies higher-level splits in perverse psychic structure; and that the forms of thinking I am calling *perverse modes of thought* are built upon this particular relation with external reality and the early object images that represent it.

Similar transference manifestations in patients with perverse psychic structure, often associated with unproductive forms of thinking, have been described by several contributors to the analytic literature. Meltzer (1966) describes so-called pseudomaturity, linked to anal eroticism; Chasseguet-Smirgel (1984, 1986b) describes attacks on the thought process of the analyst in the treatment of patients with perverse psychic structure and manifest perversion. Reed (1997) describes shifts in the relation to the analyst from whole object to fetish in patients with perverse structure. Joseph (1975) describes pseudocooperative patients who use analytic insights in enactments in order to obtain perverse excitement from the analysis, as well as a group of patients in which goal-directed, anticipatory thinking is replaced by fantasies of hurting and being hurt, of defeat and humiliation (Joseph 1982).

While descriptive terms such as Meltzer's pseudomaturity or Joseph's pseudocooperation are evocative, they are problematic in that they suggest that one half of the split ego is somehow more real than the other. Certainly, these terms capture the analyst's countertransference experience of being tricked or disap-

pointed by such patients, and this may be a response to the aggressive fantasies associated with the patient's use of splitting. The danger is that such a conceptualization might lead the analyst to adopt a line of interpretation in which the patient's maturity or capacity for cooperation, as limited as it may be, is dismissed or discouraged. I believe that such a technical stance would be destructive, since ultimately it is this side of the patient's ego with which the analyst must form an alliance and in which work toward integration can occur.

COGNITIVE REGRESSION, ANAL REGRESSION, AND PROJECTIVE IDENTIFICATION

Typical of patients with perverse modes of thinking is a rapid and deep regression at the start of the analysis. This regression particularly affects thinking processes, and is characterized by the replacement of goal-directed thinking with projective identification, primitive introjection, and an array of mental processes and externally directed activities that are mobilized in their support. This phenomenon has been noted by Kernberg (1992), in his discussion of sudden transference regressions in the analysis of infantile personalities. In patients who are structurally regression-prone, certain aspects of the analytic situation specifically lend themselves to this regression in thought processes.

In particular, the exclusivity of the analyst's focus on the patient's inner life, and the analyst's technical inclination to intervene by entering into the patient's thought processes at points maximally charged with affect, have the effect of encouraging the remobilization and reexternalization of the early object relation, described by Bion (1962, 1967), in which the mother receives the projective identifications of the infant, transforms these projections by imbuing them with meaning through her reverie, and returns them in their metabolized form for reintrojection by the infant. Bion called this process the α-function. He

believed that it is a precursor of thought, and that the infant's internalization of the process is the groundwork upon which the capacity for mature thought is built (Bion 1962).

Concretization of Intellectual Exchange

A common feature of such regression in thinking is a concretization of the intellectual exchange between patient and analyst. The patient treats the analyst's interpretations as if they had the properties of concrete things, even though the patient speaks of them as though they had the properties of thoughts. For example, an interpretation offered by the analyst may be hailed by the patient as enormously helpful and transforming —in the complete absence of any evidence that the interpretation has been understood, further elaborated by the patient, or applied in a meaningful way to his or her current emotional experience. The affective experience of having received the interpretation *as a concrete thing of great value* is what gives the patient a feeling of inner transformation. The interpretation may then be brandished as a weapon against the analyst or individuals in the patient's outside life, or tucked away for purposes of self-soothing or self-stimulation. As a thing rather than a thought, the interpretation cannot be offered by the analyst and simultaneously retained by the analyst for him- or herself, according to the patient's thought processes; whereas anxiety about receiving the interpretation, and about the envy stirred up in the analyst at seeing the patient in possession of it, may cause the patient to disclaim having taken it in or paralyze him or her from making use of it. The interpretation is most cherished in its most pristine form; modifications or expansions made by the patient are felt to diminish its value rather than to enhance its usefulness. The patient may repeat and memorize an interpretation verbatim so as to ensure his or her finally taking possession of it, yet this process may strip away meaning or specificity, with idealization of the words as an empty, all-purpose slogan.

Under circumstances of particular intensity of neediness or envy, such patients may respond to an interpretation by return-

ing the next session, repeating the interpretation verbatim as if it were a new thought, and offering it up to the analyst in an attempt to greedily extract further interpretations. This leaves the analyst feeling depleted and unable to respond to the patient's need, both because the interpretation has been returned as an empty thing devoid of its quality of understanding, and because the analyst is being asked to come up with a new thought without being given any new material from which to elaborate such a thought.

This clinical situation enacts a failure in the α-function related to a split in the relation with the primal containing object. Bion (1962) describes the split between material and psychic sustenance in the infant's relation to the feeding breast, engendered by intense envy. A search for concrete comfort alone replaces the search for love and understanding. Simultaneously, attacks ensue on the mother's α-function. When this situation is revived in the transference, the patient wants the concrete satisfaction of more and more interpretations, but is unable to make use of the interpretations, or even to experience them as interpretations, because of the attack on the analyst's wisdom-giving function. Britton (1988) also describes an underlying split in the relation with the containing object, which may lead to an intolerance of the existence of independent thought in the analyst, as well as a failure of the establishment of the triangular mental space necessary for the development of mature thinking.

The Quest for Omniscience

Another clinical feature of this regression is the quest for omniscience. It is associated with poor tolerance of the frustration either of partial understanding or of the delay required to break down and process a thought presented from the outside or to independently elaborate a new and useful thought. Bion (1967) notes that when frustration tolerance is poor, the desire for complete knowledge is represented as fulfilled rather than frustrated. In the transference, this manifests in the patient's experience of having already known whatever the analyst says,

or expecting each interpretation to provide total understanding of the patient's life situation and the nature of his or her objects, or to function as an infallible guide to action in the external world. I would add that this sense of omniscience is achieved through a fantasy of incorporation of the object, which is perceived as omniscient, accompanied by projection into the object of feelings of frustration.

An example of this is the patient who, frustrated in the attempt to understand or articulate some aspect of inner experience, borrows the terminology of the analyst and uses it in a facile but overwrought or incorrect way to explain his or her inner experience to the analyst. The patient finishes this grand exposition with a feeling of satisfaction, while leaving the analyst feeling frustrated with his or her own inadequate understanding of what the patient seemed to be trying to convey. Here, the patient's feeling of satisfaction is derived less from understanding or being understood than it is from having introjected, through the imitative appropriation of the analyst's language, the analyst's perceived omniscience, while simultaneously projecting into the analyst the feeling of frustration and lack of understanding. Rosenfeld (1964) describes this mechanism of introjective appropriation of the analyst's mental productions and its clinical manifestations.

Anxieties about the internalization of the α-function may manifest clinically in the patient's reactions to his or her own autonomous mental productions. The process of internalization, if too charged with aggression, may be seen as so dangerous either to the self or the object that any independent thought the patient may have must immediately be projected into the analyst, and the capacity for thought attributed solely to the analyst and disowned by the patient. Such an individual may attempt to coerce the analyst to have his or her own thought and to claim it as the analyst's own, even if it is a thought that the analyst would not have had independently or does not believe to be true. The patient may organize his or her associations in such a way as to have the analyst utter the patient's thought,

or the patient may simply verbalize the thought and then retrospectively attribute it to the analyst, lauding it for its brilliance or fretting over its complexity, and bemoaning his or her own difficulty in understanding it.

Acting Out

Though projective identification is a primitive mechanism, it operates at many different levels of ego organization, and its clinical manifestations vary widely according to the level of development of other ego functions that may be mobilized in its service. With growing capacities for the perception of external reality, motor activity, and use of language, the ego becomes more able to take action on the external object so as to bolster the fantasy of projecting mental contents into the object and controlling the object with the projected contents. In the analytic situation, the effective evocation of manifest powerful countertransferences in the analyst reifies for the patient the sense of both controlling the analyst and projecting mental contents into him or her. Increasingly sophisticated use of action on the object and the capacity to assess the object and its vulnerability to particular forms of being acted on enhance the effectiveness of projective identification, both as a defense and as a communication, and more complexly elaborated mental contents may be projected and communicated with greater specificity. Acting out, when it is part of the clinical picture of cognitive regression, is used as a device of projective identification, enabling the patient to communicate complex mental contents to the analyst, to be processed by him or her in the reexternalized thinking process.

At the same time, there are transference fantasies about the process of projection, which find expression in action through the *means of evocation* used by the patient. For example, in her discussion of thinking disturbances found in a group of female patients who acted out in ways so as to make themselves potential victims of sadistic sexual murders, Chasseguet-Smirgel (1986a) describes a frantic countertransference reaction to such

a patient evoked by the patient's unrelenting, blithe denial of a life-threatening illness. This provoked the analyst to intervene in such a way as to sadistically force thoughts into the patient's head. I would add that the patient had succeeded in evoking this countertransference by herself sadistically penetrating the analyst's mind with thoughts of death (the means of evocation), while projecting into the analyst the image of the frantic mother desperately forcing painful and disruptive physical care on her child (the evoked content). Here, the mode of evocation enacts another aspect of the deadly penetration by the object, but with roles reversed.

What I have observed is that episodes of acting out that replace goal-directed thinking may alternate with other forms of projective identification and introjection that involve a lesser degree of engagement with external reality. For example, fruitless ruminations organized around the effort to locate all the aggression in a dependent relation either in the self or the object, leaving the other exonerated and pure, may alternate with periods of acting out in which the patient replicates in the analysis situations with this object that are fraught with aggression. I have found episodes of acting out to be the potentially more analytically useful of these two positions, as they occur at a higher level of engagement with external reality, and the patient is more attentive to the analyst's responses. The acting out, in other words, brings the regressed mode of thought more solidly into the transference, and it becomes more workable.

To summarize, the essence of the cognitive regression in perverse modes of thought is the replacement of autonomous thought by an object relation in which projective identification is the primary form of communication, and the object functions as a part of the subject's thinking apparatus. Projective identification may take many forms, and other mental activities may be mobilized in its service, accounting for the wide variety of clinical manifestations that may be a part of the cognitive regression.

CLINICAL EXAMPLE: MS. M

Ms. M, a research scientist in her early thirties, presented with an inability to decide what course to take in her relationship with her boyfriend, A, and dissatisfaction with the progress of her work. Though A had recently moved out of the apartment they had shared for two years in order to live with another woman, Ms. M continued to see him and they maintained an active sexual relationship. Ms. M found herself constantly angry with A, but unable to sort out if he mistreated her or if her expectations were unrealistic. Though she would confront him from time to time with evidence of his infidelity, he would repeatedly dismiss her concerns as paranoid, and she would become more confused, ruminating endlessly on whether the difficulties in the relationship were her fault or his.

In her work as a scientist, Ms. M had tried unsuccessfully for two years to obtain funding for a research project she was convinced would be an important contribution to her field. Despite her conviction about the project, she seemed unable to communicate its importance or even its plausibility in a convincing way to potential funding sources. This was particularly striking because she had previously worked with considerable success as a consultant who assisted researchers in writing grant applications and obtaining exactly the kinds of support she was now unable to secure for herself. She noted how alone she felt in her work at this juncture, and how she had always functioned best when she worked as a subordinate, preferably to a powerful man, who provided her with intellectual stimulation and a "sounding board" for her own thoughts.

Ms. M maintained a very close relationship with her mother, whom she depicted as a beautiful, volatile woman, prone to angry outbursts and depressions. They spoke at length on the telephone several times a week. Through her adolescence and young adulthood, the patient had talked freely with her mother about all the details of her romantic life; together they would gleefully plot how to use Ms. M's beauty and elusiveness to ef-

fectively control and manipulate men. The patient had stopped this practice only with the recent turn of events with A. Though she continued to idealize her mother and her judgments, at other times Ms. M found her impossibly controlling, intrusive, and overbearing.

The patient accepted my recommendation for psychoanalysis, and we met four times weekly. As she began on the couch, there was a rapid development of negative feelings in the transference. While she longed to share with me the details of her inner life, as she had with her mother, she felt I was detached, judgmental, and hostile toward her. Analysis felt like a ritual of torture; she would confess her bad deeds, and I would punitively blame her for all her problems. I interpreted that she seemed to experience me as her depressed mother; she tried to reestablish a warm and connected feeling with me, but encountered a response that was inexplicably detached and hostile. Though Ms. M initially seemed touched by this interpretation, what followed was an extended period in which she was alternately withdrawn or hostile and massively devaluing of me. At the same time, there was a marked decrease in her capacity for self-observation and her ability to think clearly.

Over the ensuing months, a pattern of acting out and hostile rejection of interpretations escalated. She began an affair with a married man who supervised her in an aspect of her work, and repeatedly missed sessions to be with him, not calling to cancel because she "feared disapproval." A bitter struggle ensued as I tried to explore this behavior, and she threatened to leave the analysis if she were not free to miss sessions unannounced and unexamined. She noted that we seemed to be repeating her childhood battles of will with her mother, when she had experienced the mother as wanting to control her every thought and action. She would respond by keeping her actions secret while outwardly submitting to the mother, apologizing but maintaining a secret sense of triumph because the apology was a lie. The result, however, was a sense of unreality about her secret life, while her "real life" (the life observed and confirmed by her

mother) remained "on hold." As this split in the ego came more into the open, Ms. M was able to reflect, with some measure of guilt, on the sadistic pleasure she experienced toward both A and me in carrying on this clandestine affair; she saw this as an identification with her mother's sadism—the "nasty, cold bitch who wounds the loving, dedicated man."

Ms. M eventually broke off with A and became involved with another man, B. Though she found B charismatic and extremely sexually attractive, she saw him as her intellectual inferior and questioned his potential as her life partner. As the relationship progressed, Ms. M reported a conscious fantasy of being two homosexual men engaged in a struggle for sexual dominance, and this fantasy infiltrated her lovemaking with B. In her sessions, there was a growing denigration of B's intellect, though Ms. M questioned whether in fact she might be setting B up to appear stupid and incompetent. We discussed how she derived satisfaction both from subordinating herself to intellectually superior men and from dominating those she saw as intellectually her inferiors.

In the transference, Ms. M experienced me as frustrated by her denseness and her inability to understand my interpretations. Indeed, in the countertransference, I was struck by the intellectually plodding quality of this clearly very intelligent woman. At the same time, I had a sense that she was rejecting my interpretations as much as she was failing to understand them. At times, for example, there would be a moment of silence after I made an interpretation, and then Ms. M would proceed with her associations as though I had said nothing. I interpreted that her sense of me as impatiently condescending to her intellectual weakness covered over a haughty condescension to me and to psychoanalysis, which she demonstrated by conspicuously allowing interpretations to have no impact whatsoever on her actions, thoughts, or feelings. Though Ms. M was so furious with this interpretation that she could barely bring herself to speak to me for several sessions, her behavior toward B began to change as she started to more seriously

question whether he was really as stupid as he appeared to her to be.

The change was relatively short-lived, and eventually her attacks on B's intelligence resumed and intensified. Her associations now were to her adolescent homosexual experimentation with a less intelligent girl, and her fantasy of being a man in this relationship and triumphing sexually and intellectually over the other girl. Though these associations seemed quite relevant to me, the patient reported them in an intellectualized, almost rote fashion, devoid of affect, and it was notable that none of her insights seemed to effect any change in her behavior toward B. In fact, she soon provoked a fight with him in which he became violent, threw her to the floor, and repeatedly banged her head against it.

Over the ensuing several months, I felt tortured by the patient as she continued to carry·on her relationship with B, regularly reporting incidents in which violence threatened to erupt between them, while at the same time blindly idealizing him and his love for her. I found myself trying many lines of interpretation, with an increasing sense of desperation, as I tried to get Ms. M to see the situation as potentially dangerous, in hopes that she would break off with B. She repeatedly dismissed and devalued my efforts at exploration and interpretation, clinging with greater tenacity to her idealization of B. To my eye, analytic work had come to a complete standstill, and at times I myself began to feel the impulse to pound Ms. M's head against the floor in hopes of beating some sense into it.

This impasse was finally broken when I began to focus on Ms. M's inability to think in the analysis and her replacement of thought by action or obsessional rumination. Specifically, I addressed once again the difficulty she was having in taking in any of my interpretations and using them in a thoughtful way: "When I make an interpretation, you seem to hear it only as a directive for action, not as anything to be thought about, discussed, or understood. At the same time, you get yourself into these terrible situations with B and so flagrantly deny the

danger in them that you are practically begging me to tell you what to do."

Ms. M responded: "The sound of your voice drives me crazy when we talk about my relationship with B. I feel like you're just trying to get inside my head and make me see it all how you see it and do what *you* want me to do! It's like trying to have a discussion with my mother—at her very worst!"

"Yes," I agreed, "like your mother at her very worst. And yet when you describe me as trying to force my way into your head to control you, I can't help but recall your talk about B pinning you down and forcing himself inside you, and the excitement and danger you feel about his so intensely wanting to make you his with his penis. And how you respond is that you make yourself impenetrable to my thoughts, your mind becomes hard and unbending—it's your penis and you use it to beat me and my invasive ideas off and to triumph over me. It's like your fantasy with B, two men struggling for who gets to be on top. So we become engaged in this exciting power struggle, but any sense of trying to think or understand something together gets lost."

In her next session, Ms. M acknowledged that she had been very moved by the previous day's work. She had understood something about psychoanalysis in a way she had not before: that it was a way of thinking, not a course of action. I was suspicious, of course, that Ms. M was now agreeing in a spirit of excited submission to my interpretation, which—due to its explicit and sexually evocative language—she was experiencing as a powerful, magic phallus. But there was something different here; instead of *talking past* my interpretation as she had done in the past, whether in submission or rebellion ("the sound of your voice drives me crazy"), here she was actually *directly addressing the content of my interpretation* ("a way of thinking, not a course of action") and translating it into a form that was applicable to her experience and felt like her own. Over the ensuing weeks, she struggled with her impulses to summarily reject my comments, consciously laboring to keep her attention on my

interpretations as thoughts to be considered rather than as orders in disguise; her angry devaluation and acting out gradually waned. She showed a growing capacity for reflection and a dawning realization that her actions, though motivated by powerful emotions, were often completely unconnected to any rational thought.

Ms. M's relationship with the primal object was infused with paranoid fears of being invaded and controlled; these fears colored her relationship with her mother (who undoubtedly contributed to their perpetuation) through her adult life. Ms. M's response was a split in which part of her submitted to an idealized image of the object and shared in its omnipotence (the shared pleasure with the mother in manipulating and triumphing over men by conducting herself with them according to the mother's instructions), while another part of her simultaneously assumed the object's omnipotence, defied the object, and projected the helpless, inadequate, and defeated self into the object. (This could be seen in her acting out with men and then "concealing" it, both with me and with her mother, in ways that prevented open discussion of her actions but nevertheless conveyed, to some extent, the nature of those actions.)

For Ms. M, these invasions and projections came to be represented by phallic activity, and formed the nidus of her fantasy of two homosexual men struggling for phallic dominance. She made abundant use of acting out as a device of projective identification. At the height of her acting out in her relationship with B, she was able to evoke in me countertransferential wishes to control her, as well as more concretely represented wishes to violently force my thoughts into her head.

SUMMARY AND DISCUSSION

The Relation between Deviant Thought Processes and Elaboration of Sexual Fantasy in Perverse Structure

Thought seeks to effectively find gratification of inner needs in external reality. Initially, external reality is represented by the

body of the mother. At a later point, the view of external reality broadens, but the mother remains as the guide to and interpreter of external reality. Still later, other objects may replace the mother in this function.

Many factors, both dynamic and constitutional, may lead to persistent splitting in this early relation with the mother as representative of and/or guide to external reality. This relation forms the core of the ego's relation to external reality, and these early splits predispose to later use of splitting of the ego in the face of intolerable realities. In all these splits, one part of the ego embraces and moves toward greater understanding of external reality, while the other part rejects external reality and substitutes regressive fantasy.

In this paper, I have tried to demonstrate that, as it relates to the process of thinking itself, this represents a regression to the primitive fantasies of projection and introjection characteristic of the object relation that Bion asserts is the precursor of mature thought—that is, the containment and modification by the mother of the infant's inner experience communicated through projective identification. These fantasies constitute not only a regressive substitute for thought, but also a form of libidinal—and, perhaps more important, aggressive—discharge on the primal object.

I believe that bodily sensations of all kinds are mobilized as an early mode of representation of these primitive, projective, and introjective forms of libidinal and aggressive discharge, and that such sensations may both shape the nature of the interactions with internal and external objects that regressively substitute for thought, and provide a nidus for the later elaboration of perverse sexual fantasies, which constitute an "artful compromise" between a vision of sexual interaction based on relatively intact realistic perceptions of the external world and regressively mobilized depictions of projective/introjective discharge, primarily aggressive, finding form in a wide array of bodily interactions.

The elaboration of perverse sexual fantasy is the product of a preexisting perverse psychic structure (and the specific mode

of thinking associated with it), as the weakened ego approaches the intolerable realities of genitality and the oedipal situation. Essential to this perverse psychic structure is its relation to external reality as organized around early splits in the image of the primal object. As specific perverse sexual fantasies are elaborated, they may, in turn, shape the relation with the object as a part of the subject's thinking apparatus, so that the process of thinking increasingly takes on the form of an internal playing out of the perverse sexual fantasy.

Clinically, these disturbances of thinking may manifest quite subtly. They may call attention to themselves only in their effect of giving a skewed quality to the patient's capacity for effective intellectual functioning. In the analytic situation, they intensify and manifest themselves in a series of part-object transferences having to do with the object as representative of or as a bridge to external reality. Careful attention to and interpretation of these transferences can lead to an amelioration of thinking disturbances that would otherwise interfere to a significant degree with the patient's capacity to participate meaningfully in the analytic process.

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TIME AND THE PSYCHOANALYTIC SITUATION

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Implicitly or explicitly, time dominates the psychoanalytic situation. The precision, consistency of duration, and regularity of analytic sessions enhance the patient's ego boundaries, counteracting the regressive effects of timelessness induced by free association. The extended overall duration of psychoanalysis and the high frequency of sessions favor the development of transference neurosis. The interpretation of the transference in the here and now of the analytic situation illuminates the past, and as a result, the patient's self-image and that of the world become better integrated. The sense of time in the analytic situation for both patient and analyst varies along with the vicissitudes of transference and countertransference.

THE BINDING FUNCTION OF TIME

Defined broadly, as in Stone's (1961) classical treatise of the same title, the psychoanalytic situation includes "the common and constant features of the analytic setting, procedures, and personal relationship, in both conscious and unconscious meanings and functions" (p. 9). For my purpose, which is to deal with those aspects of analysis that are conditioned by the sense of time, I shall refer to the psychoanalytic situation as it pertains to the elements of analysis that are specific to its setting, to its technical aspects, and to the phenomena of transference and countertransference. In doing so, I will explore the pertinent literature, re-

viewing the practices of psychoanalysts since Freud, reserving for myself a minimum of personal views based on my clinical experience and familiarity with the subject of time.

Free association, the basic technique or instrument of psychoanalysis, and the use of the couch or "the supine position," as Stone (1984) puts it in describing the various features of the "classical analytic situation" (pp. 46-47), enhance the sense of timelessness that prevails in the unconscious. In the here and now of the analytic situation, the patient's mind moves backward and forward, allowing him or her to experience feelings that are conditioned by the sense of time. The analyst's expectation to hear about whatever comes to mind may send the patient off on a fantastic voyage into the past or the future, or throw the patient into a time vacuum, into a limitless time perspective, which can make him or her so anxious as to declare that there is nothing to say, that nothing comes to mind, that "my mind is a blank." This sense of timelessness is enhanced by the open-endedness of the analytic process, as exemplified by the following comments drawn from my own clinical work:

> "I am having an unreal feeling," a patient said, after lying silently for some time on the couch, "as if I am getting my days mixed up. It is as if something is missing, as if I am waiting for the ax to fall, somehow an unreal quality." And after more silence: "I somehow feel as if I am churned up inside, but not in a way that hurts. I feel kind of fluid; it almost seems as though it ought to hurt, but it doesn't. It has a kind of timeless quality. I am usually conscious of time, as I feel I am always behind. Now it has a timeless quality, something unreal . . . I feel as if I am going to be out of control, but I keep asking myself: 'What am I overlooking?' It is too good to be true."

On the other hand, the precision, consistency of duration, and regularity of analytic sessions enhance the ego boundaries of a person who, under the stress of neurotic conflicts or because of a vulnerable personality organization, finds it hard to behave according to the reality principle. The analyst's strict adherence to

the boundaries of time that are part of the analytic situation conveys a sense of responsibility and purpose, which plays a positive role in the relationship, both in its therapeutic alliance and in its strictly transferential aspects. By being regular and predictable, the duration of each session becomes a routine that the patient takes for granted, so much so that he or she soon surrenders its control to the analyst.

It is a matter of resistance, to be interpreted in terms of the patient's transference neurosis, when the boundaries of time agreed upon are disregarded or manipulated by the patient: when the patient misses sessions; arrives late or early; looks at a watch or clock, anxious to end the hour before the analyst announces its end; or brings up dreams or other important material near the end of a session in an obvious effort either to prolong its duration or not to deal with such material.

THE FREQUENCY AND LENGTH OF PSYCHOANALYTIC SESSIONS

"I work with my patients every day except on Sundays and public holidays—that is, as a rule, six days a week," wrote Freud (1913, p. 127) in outlining the rules of psychoanalytic technique, which he preferred to call "recommendations" so as not to give the impression that they were unconditional. In fact, for "well advanced" cases, he allowed a reduction to three sessions a week.

Freud (1913) justified the ideal of daily sessions as follows: "When the hours of work are less frequent, there is a risk of not being able to keep pace with the patient's real life and of the treatment losing contact with the present and being forced into by-paths" (p. 127). Another reason for Freud's insistence on daily sessions was his emphasis on dream analysis and his belief that "the instigating agent of every dream is to be found among the experiences which one has not yet 'slept on' " (1900, p. 169)—in other words, the day residue of the hours preceding the night of the dream. A related concern had to do with the fact that the temporal distance from the dream event increases the patient's re-

liance on the word representation and the manifest content of the dream at the expense of the memory of the dream experience as such and its latent content.

In trying to distinguish psychoanalysis proper from psychoanalytic psychotherapy, Gill (1984) identified a number of "intrinsic" and "extrinsic" criteria or markers. Among the former, he emphasized the analysis of transference; while among what he designated as extrinsic, he singled out frequency of sessions, even though not without reservation. He wrote:

> It would seem obvious that one can accomplish more with greater frequency simply because there is more time to work. But if greater frequency is frightening to a particular patient, frequent sessions may impede the work despite interpretation. One cannot simply assume that more is better. The optimal frequency may differ from patient to patient. [p. 174]

Addressing the issue of the frequency of sessions with manic-depressives, Jacobson (1971) observed that such patients find hard to tolerate the closeness created by daily sessions, that is, four or five a week, which they experience as "seductive promises too great to be fulfilled, and then again as intolerable obligations [eliciting] masochistic submission" (p. 298).

It was for the purpose of controlling the intensity of the transference for vulnerable patients that Alexander and French (1946) recommended decreasing the frequency of analytic sessions. Kohutian analysts nowadays may do the same in order to meet the patient's needs and thus enhance a certain kind of transference desirable for the treatment of narcissistic patients (Kurtz 1988).

Rather than reducing the number of sessions per week, Lacan (1973) manipulated the patient's time by introducing the practice of variable-length analytic sessions *(seances scandées)*. By terminating a session when he found it appropriate or necessary, he intended to shake the patient loose from the complacent attitude that might be assumed when conforming to the time-bound reality of ordinary consciousness, thus enhancing the analyst's

communication with the unconscious. The Lacanian manipulation of time is, presumably, in concert with the patient's experience of temporality, the being in time, as Lacan's friend and mentor, Heidegger, might say. But it was probably designed with a particular patient in mind: the obsessive one.[1]

For practical rather than theoretical reasons, the length of a session has been almost universally reduced from Freud's original sixty minutes to fifty minutes, and more recently, to forty-five. Freud (1913) "occasionally" prolonged a session to more than one hour with less communicative patients, "because the best part of an hour is gone before they begin to open up" (pp. 127-128). The same is done nowadays with so-called shuttle analysis, for analytic candidates who have no local training facilities and have to travel a long distance for their sessions.

A minimum frequency of four times a week is required by the International Psychoanalytical Association for training analysis. And British analysts, as a rule, are seeing analytic patients five times a week. On the other hand, a survey of analytic practice in the United States, conducted a decade ago by the American Psychoanalytic Association (Brauer 1991), showed that nearly half of the respondents had at least one case in analysis three times a week. And as Gill (1984) has pointed out:

> Many experienced analysts begin a case in analysis with one or two hours a week, either because the patient can afford no more or the analyst has only that much time available, with the hope of later increasing the frequency. [p. 171]

Surveying the contemporary scene in Europe, Thomä and Kächele (1987) concluded that it seems to be a matter of expedien-

[1] It has been said that Lacan's aberrant practice of conducting brief and variable-length sessions may have had something to do with a humiliating experience he had in 1936 at the Congress of the International Psychoanalytical Association in Marienbad, when he tried to present his mirror-stage idea and the presiding officer, none other than Ernest Jones himself, cut him off in mid-sentence after only ten minutes, an experience that Lacan allegedly remembered painfully for the rest of his life (Sass 2001).

cy, economics,[2] and productivity, and not of theory, that in effect dictates the number of sessions offered to patients in most parts of the world today. In other words, the question is not whether more sessions are better, but rather what is feasible, psychoanalytically possible, or permissible. Yet where analysts continue to see their patients five times a week, the conviction is that a high frequency of sessions fosters the emergence and interpretative handling of transference.

THE DURATION OF PSYCHOANALYTIC TREATMENT

"Psychoanalysis is always a matter of long periods of time; of half a year or whole years—of longer periods than the patient expects," Freud (1913, p. 129) wrote at the height of his analytic career, adding:

> To shorten analytic treatment is a justifiable wish, and its fulfillment . . . is being attempted along various lines. Unfortunately, it is opposed by a very important factor, namely, the slowness with which deep-going changes in the mind are accomplished—in the last resort, no doubt, [the] "timelessness" of our unconscious processes. [p. 130]

And on another occasion, he asserted: "I can only declare that the [analyst] . . . must behave as 'timelessly' as the unconscious itself, if he wishes to learn anything or to achieve anything" (Freud 1918, p. 10).

By today's standards, Freud and the early analysts did not keep their patients in analysis for very long. It seems that Freud's words about analysis being "a matter of long periods of time" referred to its open-endedness rather than to its actual duration. "I have no patience in keeping people for a long time," he reportedly confided to American sociologist Abraham Kardiner (1977, p.

[2] The average analytic patient can hardly afford to pay as much per hour as a one- or two-hours-per-week psychotherapy patient pays.

69), whom he saw in analysis in the early 1920s for a prearranged total of six months. Analysis, especially when done for didactic purposes, was a matter of a few weeks or months, in Freud's view. It was mainly a cognitive affair, aimed at the uncovering of repressed traumatic memories.

Soon, however, things started changing. In a survey concerning issues of technique in Great Britain just before the outbreak of World War II, the average length of analytic treatment was shown to be about three and a half years (Glover 1955). After the war, with a shift of emphasis from oedipal to preoedipal problems and character pathology, the length of analysis became even longer. And this occurred in spite of Freud's skeptical attitude about the usefulness of a prolonged analysis, expressed in his last major article, "Analysis Terminable and Interminable" (1937), in which he reasoned that the termination of an analysis, especially of a character analysis, should be a "practical matter" rather than a matter of achieving a hypothetical "natural end." And in referring to training analyses, he noted that these could be "short and incomplete," to be repeated periodically "at intervals of five years or so" (pp. 248-249).

Separation anxiety is common at the impending departure of the analyst during vacation periods, long holidays, and even weekends. The concept refers to the reaction of helplessness in facing the danger of losing one's love object, and it has, presumably, its origin in the infant's experience of withdrawal of the mother's breast, which is "bound to be felt as castration," according to Freud's (1909a, p. 8n) first mention of the subject in discussing the case of Little Hans. When it occurs, it is usually expressed as loneliness or fear of abandonment by the analyst as a love object.

A relevant example from my own practice follows:

> On the last day before the summer break, a young woman who had been in analysis for two years related the following: "I cannot stand my loneliness. I have a hard time falling asleep lately. I cannot stand the silence of the night. It's as if I am afraid that my father would get resurrected and come to find me. When I think of the

> people I'm going to meet during the vacation, I get bored. Everybody is busy with his own thing and nobody pays attention to me."
>
> The analyst replied, "You mean to say that I am going away for my vacation, leaving you behind, and I don't care about what happens to you."
>
> The patient said, "Perhaps. I recall being sent to a summer camp for girls, feeling happy but suddenly starting to feel intensely anxious, wishing to return home. I am constantly afraid that I'll lose myself, that I'll miss the train, that I'll lose the people I love."

When the analyst decides, ideally along with the patient, that the analytic process has reached an optimal stage of development or maximal benefit (which could mean an impasse), then the idea of termination is brought up, with the introduction of the concept of time as a finite perspective. The anticipation of termination after a rather long period of timeless perspective brings up issues consciously or unconsciously related to time, the idea of permanence and transience, concerns about the future, and reminiscences about the analytic relationship. As Blum (1989) puts it, "Associations frequently involve temporal organization and expressions [such] as 'racing against time,' 'stopping the clock,' 'countdown,' and 'overtime'" (p. 286).

The termination phase is often accompanied by a resurgence of neurotic symptoms or concerns that are distinctly time-bound, equivalent to childhood reminiscences or remnants of unresolved traumata and conflicts. Separation anxiety during the termination phase is likely to bring up the idea of the analyst's death as part of a mourning process, something that Klein (1950) finds not only understandable but desirable as a reworking of the infant's depressive position. As she puts it:

> The termination of an analysis reactivates in the patient earlier situations of parting, and is in the nature of a weaning experience . . . [leading to] depressive feelings around the loss of the first love object—the mother's breast [which] amounts to a state of mourning (p. 43).

According to Rank (1978), the end of the analysis brings to the patient's mind the idea of birth, with intrauterine and birth fantasies, presumably because of the activation of a maternal transference. While critical of Rank's theory of birth trauma, Fenichel (1924) agreed that termination of analysis might be experienced by the patient as the death of the analyst and rebirth of the patient—noting, incidentally, that Freud regarded intrauterine fantasies as regressive representations of the primal scene.

The issue of time in the context of termination may be brought up by the patient independently, either prematurely as a manifestation of negative transference, or as a justifiable concern over the usefulness of continuing with a process that, for all practical purposes, has accomplished its therapeutic goal. As Winnicott (1962) said:

> I enjoy myself doing analysis and I always look forward to the end of each analysis. Analysis for analysis' sake has no meaning for me. I do analysis because that is what the patient needs to have done and to have done with. [p. 166]

On the other hand, the idea that the analysis should be allowed to continue as long as the patient needs or wants it was advocated unreservedly by Ferenczi (1927):

> The proper ending of an analysis is when neither the physician nor the patient puts an end to it, but when it dies of exhaustion . . . . A truly cured patient frees himself from analysis slowly but surely; so long as he wishes to come to analysis, he should continue to do so. [p. 85]

A colleague of mine, George Costoulas, trusted me with the following case, which illustrates the sort of termination recommended by Ferenczi:

> After fifteen years of analysis with five sessions a week on the couch, the patient, a 45-year-old bachelor with a previous history of repeated brief hospitalizations for psychotic episodes, which were characterized by de-

> pression and persecutory ideas without hallucinations, began talking about the need to separate from his analyst and to abandon the "pleasure" of his illness. "It's too painful," he said, "the idea of separation. It may be clear in my mind, but the moment I go, I will be alone in the world." A few days later, the patient brought up, for the first time in the entire course of his analysis, a dream: "Last night, I dreamt that my parents were in my room celebrating, and I threw them out."
>
> About a week later, the analyst told his patient that he felt the moment of termination was near, offering him an ending date of six months hence. The next day, the patient said: "Yesterday was a little shock for me, but at the same time, I was pleased to return to my little head, which is an imperfect world with its weaknesses, which are the weaknesses of millions of people. I must accept separating from you. It's a decision of tremendous responsibility. My universe changes completely. The shell where I exist with you is no real existence. I am using it in order not to see life around me as it really is. It's important to make a leap into the unknown, leaving you and our shell behind." At that moment, the patient began crying.
>
> "You are moved," the analyst said. "You were never able to do this so long as you were inside the mother-analyst shell." And the patient replied: "Yes, suddenly I realize that I have failed to do the most important thing in life: to tell people how much I love them."

In confiding in me about this patient, my colleague, who had the impression that the patient had many common features with Freud's Wolf Man, added:

> If I lived in 1914, I might have believed that my patient terminated his analysis cured. But now, the only thing I can say is that his analysis had a humanizing effect on him, and that he left being able to function like a neurotic person.

The setting of a termination date by the analyst alone is not an ordinary procedure. It is a parameter of treatment, which ana-

lysts at times resort to in order to counteract the effects of timelessness, in cases in which those effects have become undesirable, counterproductive, or self-defeating. After a few years of fruitful analysis of the legendary Wolf Man, for example, the patient's progress came to a halt, whereupon Freud (1918) gave him an ultimatum: that he must terminate treatment within a year, regardless of the results. And as Freud (1937) himself admitted, he subsequently employed this "fixing of a time limit" in other cases as well. Calling it a "blackmailing device," he thought it could be effective, "provided that one hits the right time for it" (p. 218).

Setting a time limit to analysis was attempted also by Ferenczi and Rank (1923), as a procedure capable of forcing unconscious material into consciousness. A little later, Rank (1924) advocated time limits to help his patients overcome birth trauma.

Another restless analyst, Alexander (1948), returned to Ferenczi's idea of active analysis and early termination by applying the technique of corrective emotional experience. Concerned about the fact that in the natural course of treatment, the patient's symptoms usually subside while the gratification experienced from treatment increases, Alexander tried to speed things up by manipulating the transference, intentionally provoking a transference neurosis in the direction of what he considered to be the focal pathogenic relationship in the patient's early life. And when he felt that transference was too intense, he advocated a reduction in the frequency of analytic sessions. He wrote, "In many cases, it is advisable to see the patient once, twice, or three times a week instead of daily to prevent too much dependence" (1948, p. 284). He also imposed interruptions of shorter or longer duration in order to increase the patient's confidence in applying what had been learned during analysis without the help of the analyst—something that Eitingon, a member of Freud's inner circle of fellow analysts, also did, according to Alexander, in the early 1920s at the Berlin Institute.

It has been suggested (Sabbatini 1989) that the time-bound analytic session, "known, regular, predictable," creates a contrast

to the open-ended, seemingly timeless duration of analysis as a whole, "unknown, varying, unpredictable" (p. 311), and that this contrast promotes the success of the analytic process. But such a contrast, though objectively undeniable, is not necessarily felt as a contrast. In fact, the situation is not much different from that which obtains in any task-oriented activity. As long as one is not confronted by an imminent end (e.g., terminal illness, a suicidal decision, or a death sentence), the impression that one's life will go on forever, sustained by the ability to deny the awareness of one's mortality, scarcely interferes with one's sense of time during the course of a time-bound activity. The same may be said about the time sense of a patient in the analytic situation. It may be observed, though, that not having to be concerned about the end of one's life or of analysis helps in carrying out one's task with less anxiety. And the fact that the patient is normally aware that he or she is free to terminate the analysis at will may provide a sense of relief if the experience is painful. In general, the way a patient feels about time in analysis is determined more by his or her neurosis and the kind of transference being experienced than by the open-ended, seemingly timeless nature of analysis, by the high frequency of sessions, or by the contrast between these two factors.

TIME AND THE TRANSFERENCE

In a letter to Fliess dated April 16, 1900, writing about a patient whose treatment he had just successfully terminated, Freud (1986) noted: "I am beginning to understand that the apparent endlessness of the treatment is something that occurs regularly and is connected with the transference" (p. 405).

Transference—the investment of the analytic situation, and in particular, the person of the analyst with feelings and fantasies attached to early object relations—is a time-bound phenomenon. In fact, the essence of transference interpretation lies in its time dimension. Patients love or hate their analysts; they envy, fear, or get angry with them not because of who their analysts really are

or what they do, but because they remind them of someone else in their early lives, in the past—in part and consciously so far as images in their conscious memory are concerned, totally and unconsciously concerning images stored in the unconscious. As Green (1999) put it:

> Transference, [an] . . . essential given, . . . involves—beyond the affect-representation division—the incitement to movement of a psychical activity that cathects an unconscious object and allows contact between the traces left by objects from the past and the new object of the analytic situation, in a new and original formulation. [p. 297]

Arlow (1986) compared transference with depersonalization and the experience of déjà-vu. A patient of mine who was a psychoanalytic candidate made the following comment, after lying silent for some time on the couch:

> I don't know what it means, but I can picture myself floating into space in suspended animation, like I am depersonalized. I don't have any feelings. There is no one there to fuse with, I am all alone . . . . I don't know if that fantasy is a wish fulfillment or not. I don't like being here; I am in some state of regression, I guess. It's not unpleasant, but it's not pleasant either. It's just nothing. It's like in my fantasy I see the blackness of space and the stars. It must be what Buddha calls nirvana, a feeling of oneness with the universe.

Free association and the analyst's interventions promote a split of the patient's ego into a passive reporting part and an active self-observing part, which is accompanied by a sense of timelessness. One may also say that transference, so far as the patient's experience of time is concerned, has much in common with the dream, where the sense of time is that of the present (Hartocollis 1972). Like a dream, which Freud (1900) described as "a substitute for an infantile scene modified by being transferred on to a present tense [so as to make the dreamer feel that

a wish is fulfilled]" (p. 546), transference allows the patient to express his or her feelings from a significant relationship of early life in the here and now of the analytic situation. And the analyst's curt announcement at the end of the session that "time is up" might be compared with an alarm clock that awakens the patient from a dreamlike experience, unless the analyst has already interpreted the transference. Making a parallel between dream and transference, Gill (1982) wrote: "We could say that just as the day residue is the point of attachment to the dream wish, so must be an analytic situation residue . . . as the point of attachment of the transference" (p. 85).

In interpreting the transferential relationship, past experiences can be seen to converge into the actual experience of a more or less advanced therapeutic relationship—an intersubjective relationship that, as Schafer (1983) pointed out, instead of being looked upon as an analytic regression, can be more appropriately thought of as a personal development characteristic of the analytic situation. In Schafer's words, "Now the past appears as never before experienced, and the present as it never could have been experienced were it not for analysis" (p. 196).

In addressing themselves to the temporality of transference, Sandler and Sandler (1984) distinguished a present from a past unconscious. What they designated as *past unconscious* corresponds to early childhood experiences that, even though powerfully affecting behavior, cannot be recalled but only reconstructed by the analyst in the transference; while the *present unconscious,* linked conceptually to the preconscious of the topographical model and the unconscious ego of the structural model, is the experience of intrusive object-related wishful fantasies deriving from the past unconscious and striving to maintain equilibrium in the here and now of the transference. Bion's (1967) statement that "psychoanalytic observation is concerned neither with what has happened nor with what is going to happen, but rather with what is happening" (p. 272) conceivably referred to the here and now of the transference that Sandler and Sandler described as encompassing the present unconscious.

In this connection, Gill (1982) observed that:

> The proportions in which the patient's experience of the [analytic] relationship is determined by the past or the present vary widely and may change markedly from point to point in the analysis. [And] since total estrangement from reality is well-nigh impossible, all behavior bears some relationship to a "stimulus" in the present, however idiosyncratically interpreted. [pp. 85-86]

That the sense of time during a session can vary, being experienced as either slow or fast, is also a well-known phenomenon, which has its explanation in the vicissitudes of transference. The following excerpt of clinical dialogue from my own practice illustrates this:

> "I am getting very frustrated," a young woman patient said, after going to the couch. "I just saw your wife in the parking lot and, I don't know why, I am very upset about it. I think that's why time goes so fast. That's why I wear a different dress every day—for you. Time goes fast when I'm here, and time doesn't when I'm not. Like in one week away from you, time would not move."

The manipulation of time for neurotic purposes was discussed by Freud (1909b) in connection with obsessive-compulsive neurosis as a manifestation of anal conflicts. The obsessive-compulsive patient is especially sensitive to the boundaries of time, prone to the time-bound tendencies of doubting, procrastinating, delaying; and of ritualizing by keeping silent, objecting, or arguing, and thus frustrating the analyst; or by punctually, repetitively, monotonously, and ceremoniously obeying the analyst, identifying him or her with Father Time (Meerloo 1954).

The sense of time may be disturbed for the analyst as well, indicating the presence of countertransference or another emotional reaction to what the patient is saying. The following brief vignette again reflects my own clinical experience as an analyst:

As soon as she lay down on the couch, the patient announced that she had something she wanted to confess: a young man whom the police had killed the day before during a clash with a band of urban terrorists was a former boyfriend of hers. While she had never shared his ideology, she had maintained contact with him over the years, giving him shelter occasionally and trying to persuade him to quit his terrorist activities. Referring to him as a kind but angry young man, disillusioned with the world and himself, she was very upset at her friend's death and concerned about her own safety, being afraid that the police might find out about their relationship or that her friend's associates might get to her before the police did.

While she talked, the analyst found himself worrying about his own safety, afraid that the police might find out about his relationship with the patient and demand that he break his ethical code of confidentiality, or that her friend's associates might get to him before the police did. Then, in a veritable flashback, he saw himself as a child lying in bed and watching through semiclosed eyelids as his mother took off her nightgown in front of the mirror in her bedroom, where she took him to sleep when his father was away.

At that moment, as if waking from a dream, the analyst looked at the clock and told his patient that their time was up. Soon after she left, he realized that it had actually been only fifteen minutes since the session began.

Problems of countertransference may be reflected in the analyst's disregard for the boundaries of time, as in Winnicott's (1949) case of an analyst whose unconscious fear of the destructiveness of his hatred for the patient prompted him to extend the session for more than a few minutes, in order not to cut the patient off. As Winnicott put it, "Hate is expressed by the existence of the end of the 'hour'" (p. 197).

As happens when one is falling asleep and passing into the realm of the dream, the patient in analysis loses the sense of

temporality, the awareness of time as present, future, or past; the present becomes timeless and the memory of the past becomes like the present—indeed, what we call transference. We talk about regression, but unless it is psychotic transference—and sometimes even then—the patient is aware of the analyst's personal identity, confusing it with the identity of an object from the past, but only emotionally. It is a present relationship in the emotional climate of an old one, whose memory remains in the timelessness of the unconscious, unless the analyst directs the patient's attention to this phenomenon with an interpretation, which is likely to be a reconstruction of the past rather than the real, historical past. And as Klein (1950) said:

> It is only by linking again and again (and that means hard and patient work) later experiences and past ones and vice versa, it is only by consistently exploring their interplay, that present and past can come together in the patient's mind. [p. 438]

In Freud's and Klein's time, no one talked about the presence of covert, unconscious, or unintended wishes of both patient and analyst toward each other in the here and now of the analytic situation—what Gill (1984) designated as "transference enactment" (p. 171). And, as Chused (1991) points out, "The potential for enactments is omnipresent throughout an analysis; as soon as there are transference distortions of the analyst and the process, any exchange within the relationship may lead to an enactment" (p. 617). Nevertheless, to the extent that the patient's or the analyst's wishes and intentions are grounded in unconscious memories or fantasies of early life, the interplay between past and present functions in the same way as that involved in the traditional view of transference and countertransference. But, as Bertrand Russell (1945) points out, one should not confuse the memory of a past event with the past event itself or the thought with that which is thought about.

That the psychoanalytic situation in any of its components may enhance the development of transference is without ques-

tion true. The use of the couch and the analyst's location out of the patient's range of vision facilitate free association, which, in turn, brings into play the element of time in both its components: that of duration—the experience of time as moving, slowly or fast, or standing still; and time as perspective—present, future, or past, inherent in the phenomenon of transference. Elements of the analytic situation, such as the open-endedness of its overall duration and the frequency and fixed time of its sessions, conditioned as they are by the concept of time, contribute to the development of transference and its various manifestations, including those of countertransference.

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ON UGLINESS

BY GEORGE HAGMAN, L.C.S.W.

Ugliness *results from the emergence into consciousness of certain fantasies that alter the person's aesthetic sense in such a way that the formal qualities of the experience, the shape, texture, and color, appear to become the sources of our most disturbing and repulsive feelings. This paper reviews the psychoanalytic writings concerning the problem of ugliness and offers a psychoanalytic model of this universal phenomenon. Clinical vignettes illustrate key points. The paper closes with a discussion of how ugliness can be an opportunity for both the analyst and the artist—he or she confronts ugliness, and through the analytic and creative process, brings form and perfection to disintegration and disorder.*

> If there is a truly ugly which is aesthetically judged, and which is not merely a failure of imagination, it must be an appearance that is both expressive and inexpressive at once, aesthetically judged, yet unaesthetic. That is to say, the appearance must suggest an adequate embodiment of a feeling, and also frustrate it.
>
> —Bernard Bosanquet (1915, p. 420)

INTRODUCTION

The aesthetic valuation of our self and world is a fundamental human capacity. The feeling that life is pleasing, formally ordered

and refined, perhaps even beautiful is important to our psychological well-being. Aesthetic experience has been the subject of a number of psychoanalytic contributions, especially in the object relations school (Segal 1957; Winnicott 1971). Recently, I have joined the exploration of psychoanalytic aesthetics with particular attention to the sense of beauty (Hagman 2002). However, beauty's shadow, ugliness, has rarely been discussed. While we cultivate beauty, we avoid ugliness, except in instances of psychological disorder, when we may feel trapped and tortured by it. The depressive person may continually lament the ugliness of self and world. The anorexic may struggle to mold his or her body from an ugly form into a pleasing one. Such a person may live in dread of the memories of harrowing, ugly experiences of abuse or violence.

More benignly (but no less significantly), the artist often works to convert ugliness into artistic knowledge and beautiful form. In fact, ugliness and concern about ugliness are common to all societies, but by definition, we do not want to look. For psychoanalysts, any psychological phenomenon that is as ubiquitous, affectively powerful, and behaviorally motivating as ugliness is of interest. In addition, I think that looking at ugliness can help us understand the relationship between the conscious organization of experience and unconscious fantasy. Specifically, ugliness is a dramatic symptom associated with the breakdown of sublimation and the eruption into consciousness of disruptive fantasy. However, what makes ugliness special is not simply the return of the repressed (which can take many forms, even the aesthetically pleasing); rather, it is the unique way in which there is a combination of expectation—even, perhaps, of need—for order, balance, and perfection (which serves defensive, expressive, and self-ordering functions) and an unexpected shattering of the desired aesthetic organization by threatening fantasy and anxiety.

Webster's Third New International Dictionary (1986) defines the word *ugly* as "offensive to the sight: of unpleasing, disagreeable, or loathsome appearance: not beautiful: unsightly, hideous . . .

inaesthetic . . ." (p. 2478). Wordnet (1997) defines ugly as "(1) Displeasing to the sense and morally revolting; (2) deficient in beauty; (3) inclined to anger or bad feelings with overtones of menace; (4) morally reprehensible; (5) threatening or foreshadowing evil or tragic developments; (6) provoking horror." The word is derived from the Icelandic term *ugglier,* which means *fearful* and includes the suffix *ligr,* indicating something that is like something else; therefore, *ugly* is derived from terms meaning "like fear." Experiencing something or someone as ugly is a powerful aesthetic response that is accompanied by intense negative affect (fear, horror, disgust, and/or loathing), moral condemnation (reprehensibility), and behavioral reactions (being repelled, looking away, fleeing).[1] It is important to note that from a psychoanalytic perspective, ugliness is not a quality of things; rather, it is a psychological experience that is felt to be external to the self, although its source lies primarily in fantasy and psychological conflict. Certain things and images that we encounter in life become occasions for a powerful experience, the perception of ugliness. It is undeniable that at the very least, some qualities of the image catalyze our reaction, but it is the disruption of the formal/aesthetic dimension of our subjectivity that forms the core of ugliness.

In the following section, I review psychoanalytic writings that either directly or by implication address the problem of ugliness. I then offer a psychoanalytic model of ugliness. In the course of the paper, various aspects of my arguments are illustrated with clinical vignettes. Finally, I close with a discussion of how people, especially artists and analysts, are drawn to ugliness, in an effort to master the experience and to transform it into beauty—or at least into common homeliness.

LITERATURE REVIEW

Only one paper on the topic of ugliness is to be found in the psychoanalytic literature (Rickman 1957), and I consider it in turn.

[1] In this paper, I am not concerned with the more colloquial and watered-down use of the term *ugly* that we often employ in everyday speech for things that displease us.

Primarily, I draw on several analysts' writings in extrapolating the implications of their ideas for our understanding of ugliness, and suggest ways in which they might have considered the problem.

Freud never discussed ugliness. There is only one reference to it in the index of his complete works, and that refers to his argument (contra Adler) that personal ugliness does not cause neurosis. I would like to suggest that from the perspective of Freud's early theory, ugliness may be associated with two important visual traumas: the observation of the primal scene and the sight of the female genitals. According to Freud, both experiences result in the stimulation and projection of fantasies that are so disturbing that the visual image itself becomes inseparable from frightening and repulsive affect states.

Freud (1905, p. 196) defined the primal scene as the unexpected and unwanted witnessing of sexual intercourse between the parents. Along with the familiar traumatic effects—intense sexual stimulation, anxiety, and defense—I would suggest that there is also an aesthetic dimension that is experienced by the child as ugliness. From what is this ugliness derived? I infer that from a classical Freudian perspective, ugliness derives from: (1) the misapprehension that the father is assaulting the mother, (2) the seemingly castrated nature of the mother's genitalia, and (3) the fear of punishment for oedipal desires. The content of the experience is important, but it is also crucial to note the disruption of normal assumptions about relatedness and self-security. The observation of violent penetration and apparent disfigurement, as well as the possibility of mutilation, throws the child's psychological world into complete disorder. Panic ensues and emergency measures are mobilized to protect the self. The child represses the memory of the primal scene and fends off its reemergence through psychological defense. Just the idea, let alone the image, of parental sex becomes repugnant—an ugly thought.

Castration anxiety, an important part of the child's response to the primal scene, is present in many psychological conflicts. For example, Freud noted its occurrence upon sight of the female

genitals. He believed that castration anxiety affected a person's aesthetic appreciation of the genitals—deflecting their beauty onto secondary sexual characteristics (the face, breasts, ankles, and so on) (Freud 1930). Based on this, I would argue that the female genitals are felt to be ugly because the sight of them evokes fear of castration. Freud viewed this as the bedrock of many neuroses, an invariable and ubiquitous aesthetic reality.

In summary, then, ugliness is the frightening and repulsive nature of the visual image of particular sexual acts (parental coitus) and sexual body parts (genitals), which during childhood stimulated fantasies and fears pertaining to forbidden desire (incest) and violent punishment (castration). However, Fliess (1961), a drive psychologist, disputed the universality of the idea that the female genital is ugly. In fact, Fliess argued that Freud's claim that the genitals were never considered beautiful was distorted by his own neurosis. For Fliess, healthy sexual desire undisturbed by oedipal conflict was possible and achievable, and he provided numerous clinical examples in support of this. Once freed from neurotic conflict, the normal adult can experience the genitals (female and male) as beautiful, and can gaze upon them with a sense of mingled aesthetic and erotic pleasure. Fliess basically agreed with Freud that primal scene anxiety and castration fears interfere with the experience of genital beauty, but rather than concretizing and universalizing these neurotic responses, Fliess noted that appreciation of the beauty of the genitals is not only possible but can also be a normal aspect of healthy sex.[2]

Klein (1929) saw all psychological life as a struggle between aggressive and loving impulses directed at important internal objects. Initially, during the paranoid schizoid position, these objects are kept psychologically far apart. Later, normal psychological development demands that the individual bring these split objects

[2] For a reconsideration of the primal scene in this context, see Esman (1973). Esman argued persuasively against the idea that the primal scene is invariably traumatic to the child. He did not explicitly address the aesthetic dimension, as Fleiss did, but by implication, Esman might have been arguing that the observation of parental coitus is not necessarily ugly to the child either.

together and find a way to safely integrate the impulse for destruction with the desire to love. For Klein, the process of reparation for harmful fantasies lay at the heart of the creative process, and beauty represents the most perfect accomplishment of love over the inner forces of the death drive.

Rickman (1957) agreed with Klein that the desire to make reparations is probably an integral part of creative activity. Reparation involves the assertion of continuity, the establishment of formal structure, and the successful articulation of ideals. For Rickman, ugliness is the utter failure of reparation, with disruption, disorder, and degradation prevailing. The fear and horror of the ugly and the desire to change it "thrusts us into constructive work in art, in science and even the humble tasks in our daily rounds" (p. 82). The need for beauty stems from our destructive impulses toward our good and loved objects. When we regard something as ugly, we recognize the power of death. We seek the triumph of life over death in art.

Lee (1947, 1948, 1950) wrote that people need to feel that there is an aesthetic organization, a sense of formal order and vitality to their lives. Lee felt that it was the emergence into consciousness of aggressive wishes that disrupted the orderliness and beauty of subjective life. Guilt associated with destructive fantasies results in general feelings of messiness and disorder. Significant amounts of guilt lead to depression and the activation in creative people of an urge to make reparation and to reconstruct an ideal, formal order by means of their art, so as to restore psychological well-being.

Although Lee never directly discussed ugliness, it can be extrapolated from his writing that ugliness results from the severe disruption of a person's sense of aesthetic organization, in which the value, order, and vitality of subjective life is violated and/or transgressed, to such an extent that, rather than experiencing merely a disturbing sense of messiness and disorder, the individual feels shocked at the perception of chaos, disfigurement, and horror. Ugliness leads to powerful affective reactions, psychological crises, and emergency attempts to restore aesthetic structure through avoidant, aversive, or creative behavior.

My assumption is that for Lee, the underlying source of ugliness is the emergence of powerful aggressive fantasies, well beyond those usually associated with normal levels of neurosis. But most significant for my purposes in this paper, it is understanding how these aggressive wishes impact the formal, aesthetic structure of experience that may offer the foundation for a psychoanalytic understanding of ugliness.

Discussion

The psychoanalytic perspectives discussed so far view ugliness as a confrontation with something in reality that evokes fantasies of a profoundly disruptive, even traumatic nature: i.e., the father's attack on the mother during sex, the castration represented by the female genitalia, and the resurgent destructiveness of the death drive. While these fantasies may involve other reactions and perceptions—fearful, overwhelming, brutal ones—it is the disruption of the formal, aesthetic dimension that is ugly. The ugliness of the primal scene is not just the result of observing violent sexuality between the parents; it is the appearance, the sight of parental intercourse, and the visual image that are felt to be ugly. In the same sense, the female genitalia are felt to be formally ugly, aesthetically displeasing, and to occasion castration fear.

Therefore, looking at it from another perspective, the primal scene and the sight of the female genitals are *aesthetically disruptive*. There is a focused, powerful disruption of the formal organization of experience. The person may not be clinically traumatized, but the ongoing quality of lived experience is upset to a greater or lesser degree. There is a range of degrees of ugliness: from an image that provokes mild discomfort (a signal affect) to one that elicits a grim loathing or horror (affective flooding). This varies according to the perception of the risk involved. In other words, the disruptive potential of any experience is determined by the extent to which particular fantasies and/or affects are felt to be threatening. The important point is that it is the formal qualities of the experience—the sounds, shapes, rhythms, and colors—that become the concrete manifestation of ugliness.

In the experience of ugliness, the expectation of beauty is radically disrupted. Instead of resonance, there is dissonance. The ideal is replaced by corruption and degradation. Harmony and wholeness are replaced by conflict and disintegration. For example, from a classical analytic perspective, it is not just the observation of the primal scene or the female genitals that evokes a sense of ugliness; rather, it is the expectation of one thing (loving affection between the parents and the presence of a penis, respectively) and the shock of encountering a form of violation of that expectation that results in anxiety, revulsion, and the sense of ugliness. In object relations terms, it is the expectation of unity and wholeness that is violated by the encounter with chaos and disintegration. In other words, the experience of ugliness is that aspect of an experience that leads to the disruption or shattering of the formal/aesthetic structure of experience.

ON UGLINESS

Once, when I was a boy on vacation with my family, we took a ferry ride across San Juan Harbor. The experience was pleasant for me until I spied a strange boy sitting with a friend on a bench. He had wispy hair, a gray complexion, and a feral, bizarre face. I found him extremely ugly and I immediately felt fear. I needed to look away, but I also found myself glancing back with terror and fascination. The entire atmosphere of the boat ride was infected with the horror I felt for this boy. I was amazed that his normal, even good-looking friend was laughing with him and seemed unconcerned by the strange boy's appearance. Even after we left the boat and were far away, I was preoccupied. The world seemed oddly dangerous, as if the boy's ugliness was still present and there remained a risk of his coming after me. In fact, I found myself scanning each new area we entered, as if he and I would become unexpectedly drawn together and I would be powerless to stop it. I continued to be afraid for several hours.

My experience described above dramatizes some of the most important qualities of the experience of ugliness. First, there is a pronounced, immediate, cognitive/affective reaction to the perception of something that in most cases is part of the external world, although it may occur in regard to a thought or memory. The reaction is one of fear and repulsion; however, accompanying these responses, there is often, paradoxically, fascination and even attraction—although, as in my memory described above, this attraction is experienced as unwanted and ego-dystonic.

Second, the object provokes the eruption of powerful unconscious fantasies, commonly of a sexual or aggressive nature, but sometimes expressing a feared self-state. The specific content of these fantasies usually does not enter into awareness; rather, the image of the external object is invested with the inordinate and bizarre significance we call ugliness. This ugliness is both disruptive and expressive. For example, in the example from my own childhood, the panic that accompanies ugliness was analyzed, revealing a complex set of fantasies and defenses.

> The memory of the feral boy played a part in my first analysis. This was during a time when a number of issues related to my adolescent sexuality and emerging ambitions were being explored. In fact, the memory of the boy reemerged in association to a series of dreams in which I was struggling to protect myself from a maniac, a wild man on a rampage through my childhood hometown. The current wild-man dream was linked to the memory of the feral boy, both of whom were felt by me to be uncivilized, primitive, and threatening. The boy's image seemed to combine a number of elements: first, the experience of maturing sexuality, due to his animal appearance and my physical excitement (repulsion/fascination) in reaction to him; second, I experienced a sense of dangerous aggression in my fears of his doing me harm; and third, he embodied my self-experience at the time, especially distortions in my body image, since I was experiencing rapid physical changes. There were other unconscious determinants of my sense of the boy's ugliness, such

> as homosexual fantasies, aggressive wishes toward my family, incestuous desire toward my mother (the wispy hair on the boy's head being associated with genital hair). All of these unconscious fantasies seemed to crystallize around my perception of the feral boy, overdetermining my reaction.

The stimulation of unconscious fantasy, even the most threatening, does not necessarily result in the experience of ugliness. Most neurotic symptoms are painful or upsetting, but not ugly. So there is a third quality to my experience that makes it different from most psychological symptoms, which is that *the provocation and projection of these unconscious fantasies alter the sense of aesthetic experience in such a way that the formal qualities of the experience, the shape, texture, and color, become what we experience as the sources of our most disturbing and repulsive feelings.*

Gilbert Rose (1981) wrote: "We are in more or less fluid interaction with our environment on various levels. Forms are configurations or levels of balance in these interactions. They create order where otherwise there would be chaos or void" (p. 25). According to Rose, human beings are not just passive recipients of experience, but are active creators of the reality they perceive. This view applies to both inner and outer worlds and the relations between them. Without this meaning making and formal organizing function, we would cease to be human. Thus, the creation and maintenance of form is central to human psychological life (see also Stokes 1957).

The formal organization of experience can be viewed in terms of content and aesthetics. In regard to content, the primary constituent of self-experience is the inner world of fantasy and meaning that provides the psychological and emotional substance that defines who we are and how we live our lives (Kohut 1972, 1977; Ulman and Brothers 1988). These conscious and unconscious fantasies coexist in dynamic relation to each other, such that the conflicts and contradictions present within us are managed with an optimal degree of psychological continuity and stability. In recent explorations of the problem of trauma, some analysts have

emphasized the impact of stressful events on the central organizing fantasies of the self. Ulman and Brothers (1988) argued that traumatic experience can shatter fantasies (such as omnipotence, for example), causing severe damage to self-organization. They noted that the traumatized person attempts to restore the self, but the repairs are sometimes faulty. Various types of psychopathology, such as post-traumatic stress disorder, may be the result. This model of trauma focuses on the contents of self-organization, and most important, fantasies of selfobject relationships.

However, self-experience has structure as well as content, and the *formal* quality of psychological structure is imbued with aesthetic meaning. This aesthetic dimension of self-experience plays an essential role in psychological continuity, vitality, and coherence. It manifests not in fantasy but in form, rhythm, tone, color, and structural configuration, which make up the aesthetics of both conscious and unconscious psychological life. This aesthetic dimension is crucial to our sense of well-being, self-continuity, and fittedness. It provides the *feeling* tone of our selves and our experience of self-in-world. Similar to the organizing fantasies of the self and the impact of traumatic events on them, this personal aesthetic can suffer a disruption, which may be experienced as a tear or discontinuity in the flow of being, the formal organization of self.

> My encounter with the feral boy occurred on a brilliant, sunny afternoon as we floated across a tropical bay, with a city in the distance. My sense of self and self-with-others had been undisturbed, pleasant, even idealized. The experience of the boy's ugliness was like an eruption, a tear in the general sense of aesthetic balance and continuity. Everything else remained the same, but suddenly the beautiful became precarious and ungrounded. My sense of internal and external order and the quality of self-experience and self-in-relation-to-world became unhinged, and psychological collapse suddenly seemed possible—unless I could escape. The boy's formal qualities attracted my attention. His thin hair, the color of his skin, and the shape of his face seemed equally to terrify me and to

rivet my attention, being perceived as both an immediate danger and an inviting, undeniable seduction.

As illustrated by my experience, ugliness disrupts or shatters the formal structure of experience such that an image cannot be integrated into the meaning structures of the self. In fact, the individual may feel that the image must be destroyed or avoided due to the level of threat it poses. As noted in the definitions of ugliness on pages 940-941, he or she may respond with fear, revulsion, repudiation, or flight. In the least serious instances, the image may be bracketed in moral or aesthetic condemnation so as to reduce or eliminate the potential for psychological distress.

The Failure of Sublimation

From the perspective of drive psychology, the source of the experience of ugliness lies in the return of repressed fantasies related to oedipal desire and retribution. The primal scene and the female genitalia may both have been considered ugly by the child not because of any intrinsic qualities, but rather due to the activation of fantasies of sexual violence—specifically, castration, which became associated with the appearance of the primal scene and genitalia. In other words, ugliness may be associated with the disruptive emergence of sexual fantasy in which libido and aggression are expressed in a manner resulting in psychic conflict.

A number of analysts have questioned the metapsychological explanation of sublimation. However, given the association of ugliness with such qualities as sensuousness and strong affect, as well as the frequent occurrence of drive-related content in that which we consider ugly (just as in that which we find beautiful), I believe that sublimation remains a useful way of thinking about ugliness. To this end, I would like to discuss Loewald's (1988) reconsideration of sublimation from the vantage point of Freud's second theory of narcissism.

Loewald examined the role of sublimation in the internal homeostasis of narcissistic and object libido, and by extension, the reconciliation of the relation between self and world. Despite the

fact that Loewald did not address the problem of ugliness here, I think his approach is very helpful in explaining the transitional quality of the experience of ugliness, and especially the way in which ugliness seems to disrupt the balance between a person's sense of internal and external reality. Loewald (1988) wrote:

> The polarization that arises in the differentiation of primary narcissism into narcissistic and object libido is counterbalanced, modulated, tempered by sublimation. Relations with external objects change into internal "narcissistic" relations, and these desexualized libidinal bonds are instrumental in molding aims and relations with external objects, so that these themselves are likely to become desexualized. Freud said that the shadow of the object falls on the ego. Equally, the shadow of the altered ego falls on objects and object relations. Sublimation is a kind of reconciliation of the subject–object dichotomy —atonement for the polarization (the word *atone* derives from *at one)* and a narrowing of the gulf between object libido and narcissistic libido, between object world and self. [p. 20]

As a failure in sublimation, ugliness disrupts the normal reconciliation of the separation and polarization between self and world that inevitably arise as a result of development. Objects and/or other experiences become highly affectively charged, but rather then binding the world more closely to the self, the narcissistic charge imbues them with a bizarre, repulsive fascination indicative of the projection of anal or early genital fantasies—at the same time that, due to their threatening nature, they are repudiated as external or even alien to the self. This failure occurs in a psychic area similar to Winnicott's (1971) notion of the area of cultural experience, the potential space that exists between subjective experience and objective reality. In ugliness, potential space collapses and creative engagement may cease as the object is repudiated.[3]

[3] Later in this paper, I consider an important exception to this phenomenon in the attitude of the artist.

Loewald believed that subjectivity and objectivity are undifferentiated in the young infant, and that differentiation between the two realities emerges only gradually. Sublimation, along with the safe discharge of the drives, leads to the balanced investment of narcissistic energy and a more fluid relationship between self and world. Further, Loewald believed that optimal psychological health allowed for the capacity for differentiation and de-differentiation, of a reality sense accompanied by the ability to unite. However, if sublimation fails, the emergence into consciousness of unmodulated, raw fantasy and sudden differentiation produces an experience of strangeness and horror. On the one hand, unity is felt to be threatening; on the other, separateness is a source of terror. The experience of ugliness becomes associated with the object. The thing *is* what is ugly—not something in ourselves.

> During the moments prior to my sighting of the feral boy, my sense of relationship to external reality was quiescent; my wishes and fantasies were comfortably sublimated within my environment, which was sensual without being sexual; the motion of the ferry boat and the splashing of the water in our wake resonated with my inner state of balanced sublimation. In retrospect, I note that the sublimation of my inner life into my experience of my activity in the world was strikingly successful and complete. However, my vision of the boy disrupted my ability to sublimate. Unexpectedly, the investment of the image of the boy with primitive fantasy ruptured the continuity and formal organization of my experience. In particular, my relationship to the world, the enjoyable interpenetration of my inner world and outer experience, was violently cleaved apart, and suddenly what was external became terrifying and noxious.

In the failure of sublimation, the relationship between inner and outer reality is radically alienated. Subjectivity is granted the quality of an object, as if it were an independent, external phenomenon, a thing; and the object is granted the quality of fantasy and affect. Clinically, the intense emotional response and

sense of identification with the ugly object belie its powerful link with the subjective realm. Ugliness is never experienced as fully external or internal; instead, we feel aroused, drawn in, fascinated by the ugly—but it is also felt to be a bizarre intruder, an aesthetic poison. Inner and outer realities are thrown into disjunction.

For Loewald (1988), sublimation should continue to function throughout life as a source of unity:

> Sublimation then brings together what had become separate. It plays a decisive part in the "mastery of reality" (Hartmann 1955)—mastery conceived not as domination but as coming to terms—as it brings external and material reality within the compass of psychic reality, and psychic reality within the sweep of external reality. In its most developed form in creative work, it culminates in celebration. This "manic" element is not a denial, or not only that, but an affirmation of unity as well. [p. 22]

The failure of sublimation induces greater separation, but the unconscious tie still lingers, infected with fantasy and anxiety. Our ability to master reality is threatened. Confronted with ugliness, we feel that we cannot come to terms with it, and by association, neither with the world around us. The "celebration" that characterizes the successful sublimation of creative living is transformed into repugnance and horror. The "mania" that frequently characterizes the affective component of the sense of beauty is absent; rather, depression and fear dominate while an alien and malevolent reality confronts us.

On the other hand, the following quotation from Loewald (1988) highlights the unity found in successful sublimation:

> In genuine sublimation, this alienating differentiation is being reversed in such a way that a fresh unit is created by an act of uniting. In this reversal—a restoration of unity —there comes into being a *differentiated unity* (a manifold) that captures separateness in the act of uniting, and unity in the act of separating. [p. 24, italics in original]

The failure of sublimation in the experience of ugliness results in an accentuation of the differentiation between inner and outer realities. Rather than a fresh unity, there is a bizarre and disturbing juxtaposition of fearful self and horrible object. Rather than restoration, there is failure and collapse. Rather than union with an ideal, there is an experience of repulsion that is undeniable and disorienting.

The Collapse of Idealization

The developmental elaboration of archaic forms of idealization is essential to the experiences of well-being and of the formal goodness of the external world (Kohut 1972, 1977). The mutual cathexis of parent and child and the intensification of that cathexis through pleasurable, joyful interaction result in a relatively sustained sense of idealization, both of the object and self. This idealization becomes an essential aspect of the child's relationship with the parent, gradually promoting the development of a core self-structure, the child's sense of self. The world, in itself morally neutral, becomes invested with value that over a lifetime is articulated, elaborated, and refined. Initially, this valuation centers on the parent–child relationship, but over time, if not traumatically disillusioned, the child (in cooperation with the parents and other loving people) extends the parental idealization to other persons, objects, goals, and even complex images of the self. This process gives the world value.

Normally, an adult feels that the relationship between the mental and physical domains is aesthetically balanced, and this contributes to a sense of quality and fittedness, despite the moment-to-moment disruptions that may require active efforts to restore equilibrium (Hartmann 1958). We come to expect that our experience of the world fits into a certain range of aesthetic standards, and individuals and society spend quite a bit of effort and money creating objects and environments that maintain this basic level of aesthetic equilibrium. The value assigned to fine arts and skilled crafts is the most obvious example of the importance

of the presence of the ideal and the perfect in our environment, but even in more mundane areas, we seek to heighten the quality (a gradient aspect of the ideal) of our inner and outer lives. In the encounter with ugliness, which seems like a form of anti-beauty, the ideal is expelled, challenging our assumptions about the formal goodness of our world, to a greater or lesser degree.

The following brief vignette is illustrative of these points:

> Brad, a musician whom I saw in psychoanalytic therapy, came to a session in distress. He had given a performance the previous night that did not go well. "I was more and more tense. My mouth, my breath. It felt so lifeless —so ugly. I felt ugly, but there was nothing to do but keep playing."
>
> As a young man, Brad had endured the endless and often violent arguments of his parents. His father, self-centered and cruel, would lure Brad into competitive games expressly to defeat him. As a teenager, Brad discovered a remarkable talent for music, and despite his father's criticism, chose it as a career. Music came to be the only truly enriching experience in his life; he would become animated and articulate as he spoke of performing and of the beauty of music. However, he was also riddled with conflict about his ambition. A good part of the analysis focused on working through his anxiety about performing, particularly his fears of failure. In his "ugly" performance, he experienced the startling collapse of his idealization.
>
> "It's like the music is still out there, but I can't get close to it," he explained. "I myself am stopping it, and the ugliness takes over."
>
> In this instance, Brad felt ugly when he failed to embody in his performance the ideal beauty of the composition. Our analytic work revealed many conflicts about his competition with and defiance of his father, as well as a fantasy of seducing his mother (who preferred him to

his father, he felt). In the experience of ugliness, he both protected against the real danger of success (self-destruction or defeat of his father) and the possession of beauty (his mother). Interestingly, the immediate precipitant of the failure to perform was physical tension associated with aggressive wishes; rather then relaxing and allowing his body to just play, he became rigid and focused on "doing it right." The image of the longed-for ideal became corrupted by aggressive wishes and fantasies of retribution.

Ugliness and Interaction

> Ugliness has a power over us; we cannot treat it with indifference. It rouses our deep-set emotions and its horror lingers in the memory . . . . It is something which stirs fantasies so profoundly that our minds cannot let the object alone.
>
> —Rickman (1957, p. 86)

We may feel as if ugliness forces itself upon us, compelling us to respond affectively and sometimes physically. Unlike interaction with the beautiful, in which attunement and resonance predominate, that with the ugly is dissonant and uncomfortable. The experience is of struggle and negativity. There is a break in our relationship with at least this aspect of the world, and we may even feel a general disequilibrium and anxiety regarding other aspects of experience.

Thomas Mann (1911), in his great novella *Death in Venice,* described an ugly experience endured by the main character. Gustave von Aschenbach is taking a boat ride from Trieste to Venice while on holiday. Already in a state of psychological crisis, he stands on the deck watching a group of rowdy young men. One of these, a straw-hatted man, very gay and boisterous, Aschenbach discovers to be an old man like himself, made up as a dandy, but clearly and grotesquely a pretender to youth. Aschenbach is overwhelmed with disgust for the old man's ugliness. He

> . . . was shocked to see that the apparent youth was no youth at all. He was an old man, beyond a doubt, with wrinkles and crow's-feet round eye and mouth; the neck was shrunken and sinewy, his turned-up mustaches and small imperial were dyed, and the unbroken double row of yellow teeth showed when he laughed were but too obviously a cheapish false set. Aschenbach was moved to shudder as he watched the creature and his association with the rest of the group. Could they not see he was old, that he had no right to wear the clothes they wore and present to be one of them? Aschenbach put his hand to his brow and covered his eyes. He felt quite canny, as though the world were suffering a break-like distortion of perspective that he might arrest by shutting it out for a few minutes. [p. 390]

Had some horrible distorting mirror been held up to Aschenbach himself? It was as though he foresaw his own impending psychological deterioration in the ugliness of the old dandy. In fact, a motif throughout the novel is the shadowing of Aschenbach by a series of ugly and menacing male figures whose appearances mark each stage of his descent into madness and eventual death.

For Aschenbach as Mann depicts him, and for me, the perception of the aged dandy and the feral boy, respectively, represented the unexpected (and unwanted) emergence into consciousness of frightening fantasies of ourselves. We were not disinterested, somewhat displeased onlookers; we were powerfully and tellingly provoked and engaged by the images before us. The ugly other was both alien and got under our skins. Both of us were fascinated and repulsed, physically aroused as if in the presence of danger. In these two examples, the interactive nature of ugliness is vividly portrayed.

Ugliness and Affect

The experience of ugliness is primarily defined by the strong negative affects that accompany the encounter with the object. Dis-

gust, fear, anxiety, terror, repulsion, and dread, as well as desire and fascination, all contribute to a range of powerful affective states that characterize our response to ugliness. Clearly, these affects can be partially explained by the fact that ugliness embodies fantasies of a disturbing nature, linked to aggressive wishes, sexual desire, and developmental disturbances. But in addition, the disruption of our relationship to reality, the sense of disjunction and alienation between self and world, can account for at least part of the horror and other fears, as well as the desire for and fascination with a reality that seems so close but ineluctably alien. Most important, ugliness triggers the anxiety of disorientation, the collapse of ideals, and the eruption of frightening fantasies, the rending of the aesthetic fabric of one's inner and outer experience. Like Aschenbach, we, too, may close our eyes in distress, hoping for things to be made whole again.

UGLINESS IN PSYCHOPATHOLOGY

Normally, the experience of ugliness is a transitory and relatively infrequent experience. However, in some forms of psychopathology, ugliness plays a central part in symptomatology. I believe that, in these patients, the concern with ugliness indicates an inner state of crisis, part of which involves an experience of rupture or distortion in aesthetic sensibility, in the formal organization of the individual's psychological life. I will illustrate this through discussions of anorexia nervosa, in which the patient's sense of his or her own body as ugly is common, and of depression, in which self and world are transformed into ugly, loathsome versions of the normal.

The Sense of Ugliness in Anorexic Patients

The self of the anorexic exists in a state of persistent crisis that may have a number of sources. The inner world is so at risk of annihilation or collapse that there is a defensive organization of experience around the physical perception of the ano-

rectic's body. The psychological self is no longer the problem; rather, the body becomes the object of preoccupation. Specifically, the person finds his or her normal body to be ugly. Usually, this is associated with fat, but other body distortions can also be objects of concern. Most important, the patient believes him- or herself to be ugly and begins to take action to improve his or her appearance; this belief underlies the characteristic obsession with losing weight in an effort to repair the perceived deficit.

Many possible reasons have been given for this phenomenon —most commonly, conflict about mature sexuality. But as for the defensive function of ugliness, it is commonly the case that the underlying problem—whatever that may be—is transferred from an inner disturbance to one concretely linked to the external body. The anorexic believes that if he or she can change the form of the ugly body and beautify the self, the problem will be solved. In the worst of cases, the ultimate beauty is the disappearance of the self entirely.

In her autobiography, Daniels (2002) described her struggle with anorexia during her adolescent and young adult years. In the following quotation, she describes the physical horror she experienced as she gazed at her changing body in the mirror. At first, from a relative distance, she found the image reassuring:

> The reflection usually soothed those concerns about breasts and pubic hair by making what was there look less than my fingers felt. In the mirror, my bony chest appeared full but not knobby, and the pubic hair wasn't visible at all unless I got right up next to the glass. But disgust would well up in me again whenever I did that: I felt dizziness and nausea, as well as a sudden cold tingling at the roots of my hair, on my arms and legs as well as scalp. My body changing made me feel as though an alien force was taking over against my will, turning me into a gross and hateful monster. [p. 73]

Daniels's experience of the formal alteration of her body led to preoccupation with her appearance and to meticulous and relentless efforts to sculpt her physical shape through controlled caloric intake. Later, analysis helped her to understand the unconscious determinants of her illness: a tortured identification with her mother, combined with internalization of her father's ambivalence about her sexuality and ambition. But fundamentally, it was ugliness that shadowed her day and night.

The Sense of Ugliness in Depressive Patients

An experience of ugliness may also be a symptom of depression. Struggles with self-depletion, guilt, and fragmentation are spread out over the depressive person's experience of his or her entire reality. Inner horror becomes outer ugliness. In Kleinian terms, there is a projection of aggression onto a world that can be engaged and controlled. But the depression reflects dread that aggression will prevail nonetheless and that all will be lost, so the world becomes repulsive and aesthetically grotesque. Formal order collapses or becomes bizarre and alien. Ugliness presses itself upon the depressive patient, who becomes increasingly unable to resist. Suicide becomes necessary when the ugliness of the world reaches even the core of the self. Self-destruction and a fantasized union with a beautiful afterlife become the only way out. Whatever the particular cause of depression, the depressed person experiences ugliness as a concretization of self-crisis. Invariably, one of the defining traits of clinical improvement is a reduction of this sense of ugliness and the resurgence of a more benignly aesthetic experience of living.

CLINICAL ILLUSTRATION

Jim was a 30-year-old man who began psychoanalytic treatment due to problems with work performance and a general sense of dysthymia. His initial response to his male analyst was distrust and angry expressions of discontent. The analyst could do

nothing right. Jim would often accuse him of being distracted or asleep during sessions.

Six months into treatment, the analyst went on a one-week vacation. Upon his return, Jim reported a remarkable experience: "The night you went away, I went to a party and met this incredible girl. She was exquisitely beautiful and I fell in love immediately. It was such a surprise. I just saw her and suddenly I was in love. I couldn't stop looking at her." Jim reported that he spent quite a bit of time with her during the week, but since she was involved with someone else, the relationship came to an end just prior to the analyst's return.

"Do you think your falling in love may have been connected to my being away?" the analyst asked.

"I don't know. I don't think so."

"What do you associate to my question?"

"Well . . ." Jim paused. "There *is* one thing. It doesn't make sense, but I see in my mind a crooked old branch that used to hang over the lake near our summer house. It's all twisted and black, an ugly, frightening thing, like in a haunted house or something. The image makes my skin crawl."

"Where was the branch?"

"At our summer house, upstate. But what does this have to do with anything?" Jim was quite anxious.

"The house where you used to go when your father was sick." (Jim's father had died of a long illness when he was a teenager.)

"Yeah, but there was another place. Another branch. In the backyard of my old girlfriend's house. We would sit out there during visits. Her father was writing a book and he would ask me questions . . . about homosexuality."

The analyst and Jim then discussed the way in which falling in love with the beautiful girl may have been Jim's response to the analyst's absence. The unexpected longings associated with the loss of the patient's father and an intensification of homosexual fantasies were triggered by intimacy with the analyst.

In terms of our subject here, ugliness, the patient's image of the branch was most striking. Interestingly, his first level of defense was

the discovery of the beautiful woman. This enthrallment, more aesthetic than erotic, disguised threatening fantasies associated with the analyst. Jim's feelings toward the girl were not simply sexual; it was her strikingly youthful look and beauty that captivated him. (The analyst was middle-aged and not beautiful.) In the analytic session, the image of the twisted branch became the focus of an experience of intense ugliness. The lovely aesthetic experience was shattered, and a dead withered object replaced it. This ugliness was directly associated with a number of things: the dead father who had wasted away during his illness; the analyst, who had a mild physical handicap; and the branch under which Jim discussed homosexuality with a paternal figure. A shriveled penis was still another, later association, indicative of Jim's anxiety about sexual performance.

The key factor here was the pronounced way in which Jim's experiences of beauty and ugliness were juxtaposed in dynamic relation with each other, with the former acting as a reparative, protective defense, and the latter representing the presence of disruptive, disorienting longings and fantasies associated with sexuality, dependence, and death.

CONCLUSION

The question has sometimes been asked: Can ugliness become so profound that it acquires a beauty of its own? To answer this question, I think it is important to reiterate that beauty and ugliness are not qualities of external phenomena, but instead are psychological in nature. Therefore, it is not that ugliness acquires beauty; rather, the person experiences as beautiful that which was once considered ugly. I suggest that many experiences of ugliness lead to a process of working through in which the sense of disruption and disorder is subject to integration into familiar modes of understanding and aesthetic order. Although ugliness can be especially challenging in this regard, it is a common enough occurrence that a person confronted by an ugly experience can eventually integrate the unique form of

the object into a special category of idealization. For this to occur, the internal dangers cannot be too severe nor the aesthetic disruptions too radical—for example, a car can be so ugly that it is beautiful.

Another factor in this type of idealization is the capacity to empathize or to comfortably project nonthreatening fantasies onto the object. In the experience of ugliness, as noted earlier, there is a rupture between internal and external reality, and the ugly object is felt to be both disturbingly similar and utterly foreign—an untenable psychological state. The comfortable intermingling of fantasy and reality breaks down, and fear and repulsion dominate. When we gradually begin to find what was ugly to be beautiful, we feel able to engage the object in an interplay of fantasy, projection, and identification; and the object, once alien, is now recognized as having an odd but special status in our experience of the world.

Another interesting question is whether something can be simultaneously experienced as both ugly and beautiful. I do not think this is possible, since the perceptions, feelings, and behaviors of the two experiences are antithetical. However, it is nonetheless true that in the conversion to beauty, the once-ugly thing has not changed its appearance; it still looks the same. So the formal qualities that had been perceived as ugly remain, but they no longer evoke anxiety, nor do they disrupt the observer's aesthetic sensibility; they simply cease to cause revulsion. They may still seem unique and even odd, but they are no longer ugly.

The sculptor Rodin argued that the transformation of ugliness into beauty is the unique domain of the artist:

> We call ugly that which is formless, unhealthy, which suggests illness, suffering and destruction, which are contrary to regularity—the sign of health. We also call ugly immoral, the vicious, the criminal and all abnormality that brings evil—the soul of parricide, the traitor, and the self-seeker. But let a great artist get hold of this ugliness, immediately he transfigures it—with a touch of his magic wand, he makes it into beauty. [Segal 1957, p. 401]

Rodin vividly captures the extremity of ugliness, in which all that we value and admire is blotted out. But this passage ends with a magical image of the artist taking ugliness in hand and reshaping it. For the artist, ugliness can be an opportunity—he or she confronts ugliness, and through the creative process, brings form and perfection to bear on disintegration and disorder. In a similar way, analysts and their patients engage in a structured dialogue in which ugly memories, experiences, and fantasies are given form and meaning, and ultimately, through the special aesthetic organization of the analytic process, the power of ugliness to harm is eliminated. In fact, it can be said that both the artist and the analyst are drawn to ugliness. Both professionals seek to immerse themselves in the tragic and disordered side of life. They study and come to understand their own humanity, and one of the most human experiences is of ugliness. Whether through art or understanding, ugliness can become a valuable part of a meaningful life world. The struggle to understand and empathize with what is at first considered ugly can result in an expansion of the psychological and relational horizon that defines one's life. In this way, ugliness succumbs to beauty.

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BEAUTY TREATMENT: THE AESTHETICS OF THE PSYCHOANALYTIC PROCESS

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Psychoanalysts enjoy doing analysis above and beyond its usefulness to patients; one reason for this lies in the aesthetic pleasure the analyst may derive from the analytic process. The author discusses this aesthetic pleasure from the standpoint of meaning making, communication, love, and professional craft. Patients may themselves seek in analysis a certain kind of beauty that is normally a byproduct of good enough empathy and communication. Using Kleinian theory, the author examines the ways in which destructiveness and aggression may be understood in relationship to an aesthetic of psychoanalysis. It is further proposed that the aesthetic and ethical principles of psychoanalysis are indissolubly linked.

> Beauty is truth, truth beauty,—that is all
> Ye know on earth, and all ye need to know.
>
> —John Keats (1819)

Psychoanalysts love doing psychoanalysis for reasons above and beyond its helpfulness to patients. While it is the responsibility of the analyst by and large to be selfless, to be there *for* the patient, the analyst is also inevitably and irreducibly present as a subjective being (Renik 1993). There are thus unavoidable narcissistic pleasures (and unpleasures) for the analyst, and it is obviously essential for the analyst to be as aware as possible of what his or her stake in the process may be. One of the most intense pleasures

I have experienced is awe of the beauty of the analytic process itself. Aesthetic pleasure is a highly sublimated libidinal satisfaction. The analytic process, I propose, can be understood as aesthetic in that it possesses a form—equivalent to that of artistic objects—that can be evaluated, appreciated, and enjoyed. I will discuss four intertwined components of the analytic process as aesthetic: meaning making, love, communication, and professional work, and I will speculate about the nature and primitive significance of the pleasures analysts derive from these elements.

Why do I even think to apply a concept such as beauty to psychoanalysis? What kind of an object or endeavor *is* analysis, such that it could be thought to possess a quality such as beauty? To say that analysis is both art and science is to do no more than repeat the tension in the field that others have articulated; and the concept of beauty is alive in both areas, art and science. We regard works of art as intended to be aesthetic objects, and we are not surprised to hear scientists and mathematicians speak of the beauty or elegance of their formulae or discoveries—or even of seeing the handiwork of God in the discovered scaffolding of the natural universe. Ultimately, however, beauty lies in the eye of the beholder, and how we define beauty, what we determine to be an aesthetic object, is an expression of our subjectivity. As Gilbert Rose (1980) notes:

> Science and art both create metaphors which make it possible to deal with certain things—metaphors which effect new linkages and reorder the data of experience, according a lasting reality to aspects of the world which before did not exist for us. A creative worker, whether artist or scientist, reorganizes the world in some fresh way—the artist through developing forms, the scientist through new concepts. One mode—be it artistic form or scientific concept—is not more arbitrary than the other. [p. 79]

In my view, psychoanalysis inhabits some sort of middle ground, partaking of both the artistic and the scientific.

Ogden (1994) has written about the *analytic third,* about the analysis as an object that is neither analysand nor analyst. It is in this sense that I think of an analysis as an object, one that results from an intensely creative process on the part of both participants. The location of the aesthetic experience is not, however, in the object itself, but rather in the meaning given to the experience of the analytic process by analyst and analysand, separately and together. Although I took an aesthetic pleasure in the process of my own personal analysis, I attribute this in part to my professional involvement with the field. Most analysands would not seek or notice aesthetic pleasure in their analyses, and I do not believe that the success of an analysis is predicated upon a conscious appreciation of this aesthetic quality. However, this appreciation of the beauty of an analysis is different from the beauty of empathy or of a good interpretation, and these latter elements are indeed sought or even craved by patients. But what I am addressing in this paper is not primarily the work of the analysis that takes place in the mind of the patient (although my thoughts bear on this), but rather the experience of the analyst.

What is beautiful (or aesthetically pleasing) and what is gratifying for the analyst cannot be entirely separated. I would understand the aesthetic to involve a degree of sublimation that we would not ordinarily expect to find in certain instinctually or narcissistically gratifying experiences. The latter, too, would have a much closer connection to the biological than would be found in aesthetic pleasure. In other words, aesthetic pleasure takes place at a greater distance from purely bodily pleasure. In the analytic process, just as in music, painting, architecture, literature, and other fine arts, the beauty we find is in large part based on our understanding of how this object relates to similar ones. In other words, our experience is informed by our familiarity with particular traditions and rituals. And thus, the pleasure is indeed based on a sublimation or on a symbolic act, an interpretation of the meaning of the communication between artist and observer. It is in this sense that the gratifica-

tions for the analyst (and for the patient) in the analytic process can also be understood to be aesthetic. Although their developmental roots are in the libidinal, these pleasures derive from highly symbolized and interpretive activities.

Obviously, psychoanalysis differs from the fine arts in two important respects. First, it is an entity created by a twosome formed not to make art but to relieve suffering. It might be said, though, that insofar as there is something beautiful about health and the development of a well-functioning individual, the analytic dyad's purpose is to create beauty where it may have been lacking. Perhaps the analytic process can be seen as beautiful in the sense that we find natural phenomena to be so. However, psychoanalysis, unlike a sunset, is a cultural artifact. Second, unlike most aesthetic objects, analysis is always in the process of creation, incomplete until termination. But in some respects, the analytic process is experienced in the way one does a symphony or a novel. I understand the significance of the object I contemplate—that is, any segment of an analysis—in relation to what has come before and to the fact that I anticipate that there is more to come. Any segment is a part of an ongoing narrative. And I have certain hopes about what kind of thing is to come. The difference is that what is to come does not yet exist. The unit I contemplate, however, must have been completed—for how else am I to have perceived it if it is not yet an "it"?[1] As Loewald (1975) notes, "Patient and analyst are in a sense coauthors of the play: the material and the actions of the transference neurosis gain structure and organization by the organizing work of the analyst" (p. 280).

One of my most influential teachers in high school cautioned me that it is very difficult to write what he termed "an appreciation paper." Nonetheless, I proceeded to attempt this (an essay, as I recall, about humor in Sinclair Lewis's *Arrowsmith)* and naturally got a "C" (or some such grade) on it. Thus, it is with some trepidation that I set out to do this in regard to psychoanalysis,

[1] This is, in a sense, the same argument Renik (1993) makes about countertransference—that action necessarily precedes awareness.

to try to explicate why it seems to me to be such a satisfying and ultimately beautiful process—and a process about which I have so much passion. But, unlike my *Arrowsmith* paper, which discussed something almost everybody agrees is pleasurable, my understanding of the aesthetic in analysis is not limited to the positively valenced material. I mean to include in this conception the negative as well—the anger and hatred, the anxiety, enactments, and episodes of disjointedness that are a necessary part of all treatments.

CLINICAL ILLUSTRATIONS

Let me begin my attempt to define something indefinable, the beauty of the analytic process, by describing two very different patients and processes. I will begin not with an ugly process but rather with an absence of process.

A few years ago, I was asked to present a case to a senior analyst from another city. Because of issues of confidentiality, the only case I could present at the time was one that was not going terribly smoothly. The consulting analyst, in a phone conversation before the presentation, commented that I seemed to be quite aware of my own countertransference. I noticed, however, that as I spoke to him, there was a certain aspect of my experience that I could not put into words. I could only capture my feelings with something approaching a groan of complaint or distress. It was so uncharacteristic of me to be unable to put my thoughts into words that I began considering what it was about this case that prompted my feelings, for this was a patient whom I did not dislike.

> In a typical hour, Eliza, a teacher, enters the office, lies down, and remains silent for a minute or two. Her anxiety manifests itself in the slight stiffness of her body even before she speaks. She begins to talk about something or other that is on her mind, always something connected with reality. The red thread is often difficult for me to find.

My first intervention might be a simple reflection or clarification of Eliza's feelings; sometimes, she allows that what I say is true, while at other times, she simply continues with what she was saying, reporting diligently the glory of mundane detail in which she lives (as do we all). Efforts to point out the process to her, that she has ignored what I have said, may result in an irritated compliance, but in the end, she remains aggressively adherent to the reality.

I have come to believe that this attachment to reality, virtually impervious to interpretation, represents a displacement or a foreclosure of internal experience. In one sense, there has been very significant progress: Eliza knows now that what troubles her comes from her own mind, something she did not know at the start of analysis. In addition, her presenting symptoms have significantly abated. Nonetheless, I always have to struggle to get her to understand that reality is not all that it seems and that there exists an equally vital process of thinking within her mind. By the end of some hours, she does seem to glimpse this. But it is gone by the next session. Perhaps a better metaphor here than the red thread would be that of Hansel and Gretel: all the crumbs on the forest floor have been eaten, and the patient and I are lost.

Every few months, there is a session or a series of sessions in which Eliza does seem able to work in a way that I would consider analytic. But often these fruitful sessions are followed by cancellations. And again, the reality issues seem so compelling to her that she has not been able to see that there is a volitional element to these cancellations. Eliza millimeters along, and it is certainly not clear that she is truly analyzable (at least by me at this time). Her attempts to kill meaning making, which I have interpreted, seem themselves to be impervious to interpretation.

It could well be that what I was experiencing with this patient as a process without beauty might have transformed itself into an ugly phase in a process that would later seem beautiful to me, although in this case, it did not. What was missing from the treatment were the elements I consider both beautiful and essential to the analytic process: meaning making, a dialogue (in Spitz's [1965] sense of the term), love reinforced by evidence of ongoing growth and benefit to the patient, and a sense of working effectively with theories and techniques. Analysts have, very appropriately and necessarily, learned to expand into working with "widening-scope" patients. And I would place Eliza in this category, because of her minimal psychological mindedness. But that does not mean that many analysts do not have preferences. It is far better to be open about the pleasures we like to derive from our work than to pretend not to have any hopes along these lines.[2]

It is important to consider the element of time as well as the ratio of interpretability to imperviousness. There are episodes of dissonance and inaccessibility in all analyses, but it is when they persist over an extended time, or when there are no areas in which work is proceeding, that I might begin to think of an analytic process as unattainable. What I am describing is perhaps the absence of another aesthetic element, that of the therapeutic alliance. I am aware that other analysts might consider this absence of process to *be* the process, and that others might have been able to engage Eliza in a more helpful way. However, I think that I may well have been a good enough analyst for Eliza; there may have been a way in which she was refusing to allow me to be a significant object and refusing to acknowledge this refusal. This amounted to a repudiation of an

[2] There is a distinction between the analyst's attempting to shape a treatment to fulfill certain preferences and the analyst's appreciating when an analysis evolves in such a way as to satisfy those preferences. The first I would consider a potential countertransference pitfall. However, it may be impossible and even undesirable for the analyst entirely to avoid trying to shape the analysis. The values (honesty, desire to relieve suffering, respect) and aesthetics of the analyst are essential to the treatment's potential helpfulness.

analytic process. Perhaps my limitation was that I was unable to work within her cultivation of emptiness, which amounted to an aggressive destruction of my analytic function.

Quite clearly, revealing what I like and do not like is tantamount to defining my limits as an analyst. We need to discover under what conditions we will feel adequate gratification in our work.[3] It was through analyzing my frustration and dissatisfaction with the work with Eliza that I came to realize that the intense pleasure I was experiencing with my other analytic patients was also suspect. The intensity of my pleasure with other patients, this countertransference "symptom," diminished significantly after I interpreted to myself the aesthetic aspect of the pleasure, and simultaneously, my discomfort and sense of paralysis in the hours with Eliza lessened. I took this as confirmation of the accuracy of my self-analysis and hypothesis.

Let me describe a very different hour.[4]

> Dorothy, a recent college graduate, is twelve minutes late, a typical occurrence.[5] She begins by saying that she got very tired on the drive to my office and is feeling a little headachy. Then she tells of an old friend who is in town for a visit. She was very glad to hear from her, but when Dorothy mentioned to her that she is still in analysis four times a week, the friend said, "You still go?" The patient then speaks about how bad she feels about this, even though she knows why she's coming to treatment.

[3] These conditions will differ with each analyst and patient dyad. With some patients, not being yelled at is sufficient. Optimally, the analyst will accurately assess the patient's capabilities. But in this paper, I am addressing not whether we can tolerate drinking Manischewitz, but whether we would prefer Chateau d'Yquem. I am also not suggesting that the latter would be as delectable if we drank it with every meal.

[4] In that I have greatly abridged the patient's associations, this vignette is skewed in emphasizing my interventions as opposed to my long silences.

[5] Perhaps it should be said that Dorothy's sessions were not good hours but good half-hours. Her lateness and cancellations contrasted starkly with Eliza's in that they were eminently analyzable. While they obviously had aggressive content, they did not represent an attack on the very process of meaning making.

I comment that she does seem to be clearer than she's ever been about what she wants to accomplish here, but that it is also hard for her to hold onto this in the face of her friend's exclamation. Dorothy nods as I speak and says that it is hard for her to believe that it's okay. She goes on to say that she realizes she sets up encounters like this one in which she knows the other person will question the analysis. She wonders if she does this in order to punish herself.

I say that perhaps it might be to save herself from the pressures and uncertainties of feeling so good about herself. Dorothy replies that she hadn't thought about it in that way before, that it might be to protect herself. Basically, she says, it is hard for her to be happy about anything, to be okay with something. She brings up that in yesterday's session, she talked about looking at job listings in the classified advertisements, even though she loves her new job.

I comment that it's hard for her to stick with something when she feels other people don't understand it or have a different opinion. The patient observes that, as I was speaking, she was thinking of how her parents' opinions always prevail over her own, that her ideas aren't taken seriously and don't matter. This has happened for so long that she starts to think that maybe her parents are right, and so she doesn't stick with her own feelings. She guesses that maybe it isn't such a surprise that she acted that way with her friend. Then she pauses, turns on her side, and speaks about how tired she is, how heavy her mind feels, and that it is becoming an effort to talk. She says she could fall asleep right now, but notes that she doesn't usually get this tired at the end of a regular work day, so it must be something she's doing to herself.

I wonder aloud why this might be happening. Dorothy replies that it is because she isn't just talking about

difficult things, but rather that the deeper stuff is happening "live," because she doesn't want to be here today. (This expression refers to a dichotomy that the patient and I have used to distinguish material that seems live and in color from what seems rehearsed.) She doesn't want to talk, but feels she is supposed to be talking.

I comment that Dorothy seems to feel here the way she feels with her parents, that their opinion matters and hers does not. She is assuming that I want her to talk, and it is hard for her to imagine that it would be okay with me if she did not. She first replies that it would be pointless to be here in silence, pauses, and then says that she doesn't think she could ever be comfortable doing that. She is not used to quiet; it makes her nervous.

I remind the patient of something she said the previous day: that she thought it was kind of cool that she was experiencing with me the conflicts she has elsewhere in her life. I say that because analysis is about talking, maybe it isn't a surprise that that would be the medium carrying some of the issues here, between us.

Dorothy says, "So we're dealing with something live here," and I say that I think we are. She then speaks about how she struggles not just with talking versus not talking here, but that it is hard for her to talk to me about what happens here. She yawns, pauses, then comments that that's another reason she's sleepy: she's fighting with herself because it is uncomfortable to experience things live and because she's not comfortable with not talking.

I comment that being quiet has other meanings for her, related to how chaotic and noisy her home is. She says again that quiet makes her nervous, feels threatening. There are never any uncomfortable silences at home because she always has something to say. She talks about her best friend's family, how respectful they are to each other. She comments that the friend's mother would never

wake her by doing aerobics in the next room at 6:00 A.M., with the television on high volume, as her own mother does. She says that this drives her nuts, but that mother can't stand for anyone to be sleeping once she is awake. Dorothy says that quiet might be boring, but it would be nice once in a while.

I say, "I wonder if it feels here as though I'm going to intrude on you in some way if you're resting while I'm not." Dorothy answers that she'd never had that thought before, but adds immediately, "I guess so—like you're going to say, *'Dorothy, talk!'*" (The last words were spoken loudly and forcefully.) She continues by saying that whenever mother is awake, it's *her* time, and that Dorothy always has to be doing something for her parents. She says she has been trained to feel this way, that it is very hard to break the cycle when it is still being reinforced. It's getting better lately, she adds, giving the example of having recently watched television with mother and wondering if it was really okay to be relaxing; she did not want to jinx it by asking, so she just enjoyed it while it lasted.

I comment that it's like she wants to do that here, but is scared to. She says, yeah, it is relaxing not to talk, but what if she fell asleep? She wouldn't do that; it's too weird. She describes seeing mother take a nap and wonders if she could do that, too. She then speaks about wanting to make the best of her time here, not to waste it by saying and doing nothing. If she did that, she'd be mad at herself.

I comment, "Apparently saying and doing *nothing* here would really be quite *something.*" She giggles and says it would indeed be a breakthrough for her. She wonders what it would feel like, then says again that it would really be a waste of her time and mine. She pauses before remarking that she thinks this whole time thing is really important.

I say, "And speaking of time . . ." She laughs. The hour is over.

Why did I experience satisfaction in this hour with Dorothy? What is the nature of the pleasure I experienced? I came to define the pleasure as *aesthetic* because it seemed to have to do with form, complexity, elegance—qualities supraordinate to the specific clinical content or therapeutic achievement. This aesthetic quality has two sides, one affective and the other intellectual. These categories are roughly comparable to the division between art and science and their respective gratifications. On the affective side, important elements have to do with what it means to me to create meaning and understanding where there has been confusion or even an absence of thought; with what it means to be contributing to the relief of suffering; with the significance of being involved in an effective process of communication; with joy in my own creativity; with watching the patient's mind become more complex; and with watching the patient take pleasure in her own understanding. On the intellectual side (and, naturally, there is no firm distinction between the affective and the intellectual), I think my sense of the process as aesthetic derives from the way a theory or set of theories can help me know what to say and to predict how a patient might respond. It also has to do with pleasure in one's own intellect, a kind of *Funktionslust,* that I believe all analysts experience (whether acknowledged or not).

Kris (1956) emphasized that the good analytic hour did not refer only to those characterized by positive transference. It is noteworthy that it was an art historian who articulated this idea of the goodness that I am now linking to an aesthetic quality. Kris's conception, however, places almost exclusive stress on the role of insight, and specifically, insight in the patient. I am concerned in this paper more with the experience of the analyst than with the experience of the patient (though it is probably more difficult for the analyst to have a pleasurable experience with a patient who is not making progress, however the analyst

may understand this). Those patients who demonstrate what Kris terms a "gift for analytic work" (p. 451; e.g., Dorothy rather than Eliza) facilitate the development of what the analyst may come to experience as an aesthetic process.

It is possible for some patients to experience the process as an aesthetic object, and my guess is that this occurs most commonly in analytic candidates and other mental health professionals. (However, Dorothy's comment on how "cool" it is that all the issues she has with others are happening between us, despite her extreme fear of this very occurrence, indicates something approaching an aesthetic appreciation of the process.) While ultimately, the success or failure of analysis is determined by what has taken place within the patient's mind, analysis is in my view a process that takes place via the analytic relationship; thus, the nature of the analyst's pleasure will inevitably have an impact on the patient. For instance, although I devoted much effort to maintaining openness and optimism in my work with Eliza, she spoke from time to time of the ways in which some of her own students tried her patience. She was able to acknowledge, briefly and in an intellectualized way, that she thought she might be frustrating me.

This acknowledgment of Eliza's suggests that what I referred to earlier as a cultivation of emptiness may have been something with larger metapsychological significance—an aesthetic of death or destructiveness. When I use the term *aesthetic* as a noun, I mean to invoke several concepts, psychoanalytic and ordinary: repetition compulsion, unconscious phantasy, *Weltanschauung*. The *American Heritage Dictionary* (2000) includes the following definition of *aesthetic:* "An underlying principle, a set of principles, or a view often manifested by outward appearances or style of behavior." An aesthetic can thus be understood as one's preferred mode of presentation, comportment, or display, as well as the ways in which one creates these preferred conditions through enactments with external objects. What we think of as *character* could also be considered a reflection of the personal aesthetic. In fact, one might think of one of the goals of analysis

as replacing one aesthetic with another; and, as we know from experience, what is most difficult for patients to give up is indeed what gives them pleasure.

Returning to Eliza, might an analyst who was better able to derive pleasure from her own sadism and masochism than I am have been better able to enter Eliza's aesthetic and thus to help her? It is an unanswerable question. We know all too well that this dynamic characterizes many relationships, including mother–child, husband–wife, and analysand–analyst. Each partner becomes for the other an object of sadism rather than of love, and hatred becomes the coinage of the connection. It might be possible, I suppose, to say that such an aesthetic might yet partake of a larger aesthetic of beauty, insofar as it would fall within the capacity of psychoanalytic theory to explicate and perhaps even predict its occurrence. One might be able to say that once the cultivation of hatred can be understood, it can become beautiful (or, perhaps more accurately, sublime). But I think that to try to subsume destructiveness under beauty would minimize the fact that sadism and masochism are powerful and independent mental tendencies. Regardless of why they exist—as reflections of a destructive drive, or as byproducts of empathic failures or of having had to love a sadistic object—they *do* exist. In saying that the analyst should cultivate or permit an aesthetic of destructiveness *only* as a means to the end of helping the patient enter an aesthetic of love, I am addressing not only the aesthetics of psychoanalysis, but also its ethics.

THE AESTHETICS OF MAKING MEANING: INTERPRETATION

In the hour with Dorothy described above, the emphasis on making meaning is apparent. Through a process of clarification and interpretation, the patient and I come to understand more about her. There is an unimpeded movement in this session between present and past, transference and external life. The repetition of the past in the present and the vitality of the transference re-

inforces the patient's conviction about the validity of the new understanding. I do not need to explicate at any great length the various elements of psychoanalytic theory that lead to my technique: the importance of transference interpretation, the principles of ego defenses, the use of empathy. But certainly, all of them together work elegantly and effectively to further the therapeutic process and to relieve the patient of another increment of suffering. I find an almost tangible beauty in sessions such as the one described above, typical in the work with Dorothy. No particular theoretical stance dominates here, but clearly, it is a specifically psychoanalytic theory that informs and animates the process and the result. What I cannot capture in mere words, of course, are the excitement, pleasure, and relief that Dorothy expressed.

One of the goals in an analysis is for the patient to be able to develop a more or less coherent narrative of how she came to be the way she is. I think it would be accurate, too, to say that this is one of the values that most analysts hold, that it is a good thing to be able to understand oneself in this way. It is the patient's narrative rather than the analyst's that is ultimately necessary, but one of the ways in which the patient can develop this is via the reconstructions and interpretations proposed by the analyst. (The insurmountable fact of suggestibility, however, blurs the line between the narrative of the analyst and that of the patient; but as we know, the analyst's interpretations, too, are a product of both members of the dyad.) Thus, my light bulb moments in an analytic session constitute another tentative building block in the coherent image of the patient that I form in my mind and then gradually offer to the patient for her consideration, confirmation, rejection, or emendation. But to me, this is where the relationship of psychoanalysis to science also emerges, in the search for the patient's confirmatory associations, memory, or emotional resonance with the interpretation. The element of science in this is the check with reality, the experiment that takes place when the patient tries on an idea or a feeling to see if it fits.

Embedded in this goal of creating a coherent narrative are standards that are remarkably similar to the ways in which one attempts to evaluate works of art objectively. Most art criticism can be understood to address the degree of unity of a work (level of organization, formal perfection, possession of an inner logic of structure and style), the degree of complexity of a work (the largeness of scale, richness of contrasts versus repetitiveness, subtlety, or imagination), and finally, the intensity of the work (its vitality, forcefulness, beauty, and emotional type or genre) (Beardsley 1958, p. 462). With rather little imagination, we can apply these notions to the ways in which we critically evaluate the depth and quality of an analytic process. I would translate the criterion of unity in terms of the extent to which the transference, present and past, is understood as connected. Complexity and intensity can be applied to analysis, I think, as they have been described above. And if we consider knotty epistemological problems (e.g., narrative versus historical truth), it may make sense to evaluate the coherence and quality of the narrative more in the manner we do with a work of art than in the way we do with a newspaper article.

Psychoanalytic aesthetics appear on the surface to violate one of the oldest standards, that of the Greeks, who looked for the three unities of time, place, and actions in their dramas. (I say *appear* because in the unconscious, the need for these unities does not exist, as all things coexist at all times.) In analysis, I think we replace this with another threesome: we hope that the patient will move freely between present real life, transference, and the past. (Perhaps we could think of this as the architectural structure of psychoanalysis—the rooms of the house through which we wander.[6]) Another way of thinking about this is that there is always unity of time, place, and action in a patient's narrative, and it is the job of the analyst and the patient to discover it. Recall,

[6] We could also consider the phases of analysis (beginning, middle, termination, post-termination) as part of an architecture. And id, ego, superego—the elements of the structural theory—provide a mental architecture in which we can locate different functions and tendencies.

too, that in the formation of dreams, logical considerations of representability are one of the disguising and defensive elements of the dream work. If we look at a work that straddles the border between literature and psychoanalysis, Freud's Dora (1905), we can see the struggle to create a new genre that respects the aesthetic of the unconscious in which there are no such divisions. This tension—between a traditional aesthetic or logic of narrative and the aesthetic or logic of the psyche—may account for many of the difficulties that some analysts experience in writing about their cases.

But to shift from aesthetics back to psychoanalysis, let us wonder why a coherent narrative may seem so beautiful a phenomenon to contemplate. In fact, it is not a coherent narrative that I contemplate in my vignette of Dorothy, but rather the potential for one; one could say, perhaps, that it is the movement from less to more coherence that is as much the aesthetic object as the narrative itself. And it is this that I am aiming at here, the *process* of making meaning as the aesthetic object rather than simply the meaning itself. In other words, it is perhaps movement in the direction of truth, rather than truth itself (which may be unknowable), that constitutes the beauty I find in the psychoanalytic process.[7] In addition, I would like to stress the aesthetic pleasure of the narrative provided by psychoanalytic theory itself. While it is not a predictor of any specific clinical event with any specific patient, psychoanalytic understanding may nonetheless include even events that surprise the analyst. As the patient and I create or discover his or her narrative, we are simultaneously discovering or contributing to the elegance of psychoanalytic theory itself.

Segal (1952) has argued that our pleasure in contemplating an aesthetic object may derive from its representation of the achievement of the depressive position, that is, from the internalization of whole as opposed to part objects. She points out that once we have attained the depressive position, what we fear is no

[7] I use *truth* here in the sense of *narrative truth.*

longer an attack by persecuting objects, but rather the loss of the actual loved object and of the mental representation of that object. Repeated experiences of loss and regaining the object lead to a more secure establishment of the object. Segal feels that aesthetic objects represent attempts to re-create lost objects, and that these lost objects are what we see and identify with as we contemplate aesthetic objects. It is the movement from chaos to order, from ugliness to beauty, from the paranoid-schizoid part object to the depressive whole object, from the death instinct to life, that explain the appeal of the aesthetic object.

Likierman (1989) argues that the aesthetic experience does not, as Segal says, emerge from the achievement of the depressive position, but rather that it is an attribute of the positive pole of the splitting characteristic of the paranoid-schizoid position. "Far from being an illusion, the ideal is an aspect of reality which is integral to any experiencing of goodness" (p. 139). Likierman particularly emphasizes the global nature of infantile affect and experience, noting the importance of light as one very early aesthetic experience. (Note that in this paper, I have already used metaphors of light.) In the adult world, we often associate light with understanding, and I would read Likierman's argument accordingly—as shedding light on the primacy of insight, thus supporting the views of Kris (1956).

Likierman also makes an interesting argument about the negative side of the pole. "Hunger is not the absence of food, but the presence of deprivation and pain which fill the infant to capacity and are registered at a psychic level as a present 'bad' breast" (1989, p. 141). I would see this as in line with Kernberg's (1976, 1992) schema of early development. We could postulate that the positively valenced units of object-affect-self experience would have an aesthetic quality. The bodily ego is so prepared to receive these experiences with enjoyment that it is almost as if light (as well as nourishment and other physical comforts) might be intrinsically beautiful. I would maintain, however, that the aesthetic quality is in the experiencing and the meaning rather

than in the object itself. Constitutional differences may influence the degree to which one develops an aesthetic sense. That adults find aesthetic qualities in aggression and destructiveness may suggest that we have all needed to learn to cultivate that which we originally had to learn to tolerate—pain and unpleasure.

Light, however, is sometimes illuminating and sometimes blinding. Let me take up here my earlier point about my idea of aesthetics not being limited to what is facile or "pretty." Although it is certainly not pleasant to be the target of a patient's rage, I find a beauty in the process of containing and perhaps metabolizing these feelings. There is also a way of conceiving of these episodes as parts of a whole rather than as free-standing, complete in and of themselves. In contrast to the conclusions reached by many of the speakers who addressed the question of the modes of therapeutic change and good, bad, and ugly hours at a recent conference,[8] it is my sense that even certain ugly or bad hours can partake of the beauty of psychoanalysis in that they are a part of a larger whole. (Earlier, I noted this possibility in regard to Eliza.) Experiences of satisfaction are defined not simply by their tension, but also by the unit of tension and release of tension. When what has misfired can be righted, there will come into being exactly the movement from paranoid-schizoid to depressive that Segal (1952) describes as constituting the aesthetic.

Naturally, there may be a defensive quality to my thinking here, or this may be my way of seeking to transform the paranoid-schizoid fragment into the depressive whole—for the patient and for me.[9] As we know, the units of meaning in analysis do not occur in neat, 45-minute segments. Rather, there are different strands of various themes in each session, and it is up to patient and analyst to create the frames, to determine which elements belong together as a unit. The analytic pair is delin-

[8] "Analytic Hours: The Good, the Bad, and the Ugly," Psychoanalytic Electronic Publishing CD-ROM Conference, New York, February 1999.

[9] All clinicians find their own ways of tolerating what they find unpleasant about their work, and this is my way.

eating the contours of the portrait even as it is being painted, or the movements of the symphony even as it is being performed. It is a miraculous opus, for its organization and key can be revised retroactively and with almost infinite variations. Dissonant chords or even entire movements need to be understood in relation to the whole.

There is beauty in the violence of a volcano's eruption as long as one observes it from a position of safety; being able to keep the "as-if" quality present even during the intensity of the moment, when it is all too real to the patient, allows the analyst this safety of distance. The patient's growth and his or her creation of the new necessarily entail the destruction of old adaptations. This makes destruction a necessary component of the psychoanalytic process—and the valuing of this destruction a necessary component of an aesthetic appreciation of that process. The therapeutic alliance and the patient's observing ego provide the position of safety. It should also be stressed that not all aggression is hostile (Parens 1979).

THE AESTHETICS OF COMMUNICATION AND THE THERAPEUTIC ALLIANCE

The aesthetics of communication—the sine qua non of psychoanalysis—can be understood in at least two ways. First, there are the ways in which the material that is communicated in analysis and the manner of its communication resemble artistic communication. Beres (1957) points out the similarities between communication in art and communication in psychoanalysis:

> The themes which appear in the analytic session are those of the mythmakers and poets: of birth, death, love, hate, incest, sex, perversion, parricide, matricide, destruction, violence, castration, hunger, greed, jealousy, ambition, dependence. They are themes of the forbidden, the unattainable, the repressed—and the techniques of the artist are required to present them to consciousness, even in their disguised forms. In the artistic act and in the ana-

> lytic situation, the forbidden and the repressed are re-created. [p. 415]

Although his article focuses primarily on the experience of the patient, Beres speaks as well of the requirement of the analyst to participate more than passively in the creative process—through receptivity to the patient's unconscious communications, through the ability to form creative thoughts of his or her own while hearing this material, and through the willingness and ability to respect the patient's individuality. This latter, Beres says, derives from the analyst's success at "having lived through a creative experience in his own analysis" (p. 419).

Beres makes another important point (1957, p. 420) about the ways in which the psychoanalytic process resembles a work of art, such as in the need for a suspension of disbelief. We immerse ourselves in fiction or drama by pretending that it is real, but at the same time preserving the understanding that this is not really happening. It is in this way that the experience can be cathartic or therapeutic, because we know we can come back from these other emotions even as they are evoked in us; this is the safe distance from the erupting volcano. Similarly, both analysts and patients depend on this "as-if" quality in the therapeutic relationship. As analysts, we experience empathy for our patients, feel their pains and pleasures as though they were ours, yet we know with confidence that we will return to our own minds. And we depend on our analysands to be able to experience the transference intensely, but also in an "as-if" fashion. Finally, Beres emphasizes that unlike the situation of works of art—in which the unconscious material remains unarticulated—it is the goal of psychoanalysis to bring as much of the unconscious as possible into the realm of the conscious world of language (p. 421).

The second way in which the subject of communication can be understood is according to its developmental significance for both patient and analyst. Likierman (1989) and Mitrani (1998) have addressed the ways in which the experience of beauty is

an integral part of infantile life. Mitrani, in particular, writes of the mother's responsibility to allow her child to find her beautiful and indeed awesome. (This is a primitive form of what Kohut [1971] described as the child's necessary idealization of the parents.)

Neither Likierman nor Mitrani makes reference to Spitz's (1965) notion of "the dialogue," a concept closely related to their arguments and to mine. Spitz describes "the dialogue" as follows:

> By far the most important factor in enabling the child to build gradually a coherent ideational image of his world derives from the reciprocity between mother and child . . . . The dialogue is the sequential action-reaction-action cycle within the framework of mother–child relations. This very special form of interaction creates for the baby a unique world of his own, with its specific emotional climate. It is this action-reaction-action cycle that enables the baby to transform step by step meaningless stimuli into meaningful signals. [p. 42]

The dialogue is not of neutral emotional valence; rather, it is exactly what Likierman describes as beautiful, insofar as it contributes to the creation of coherence, light, and understanding. It is thus an aesthetic experience. In my view, this is the second crucial feature of communication in psychoanalysis that justifies thinking of it as an aesthetic process. Regardless of the content of the communication, whether at any given moment there will be an insight, growth, or relief for the patient, the very fact that responsive communication exists qualifies it as a version of the dialogue, reminiscent for both participants of a well-working mother–infant dyad. The dialogue in analysis can be thought of as a corrective emotional experience, in the best sense of the term—not as a contrived cure-all, but rather as an outgrowth of a good enough analyst's listening and responsiveness; perhaps it is not inappropriate to describe psychoanalysis as a treatment by beauty.

THE AESTHETICS OF LOVE

Whether or not we analysts can be said to love our patients in the ordinary sense of the word, our desire to help, to relieve suffering, to promote understanding, and to enhance patients' ability to pursue happiness all reflect some form of love. Just as analysts cannot (and should not, in my view) be neutral in this regard, so, too, can this non-neutrality be understood in larger terms. Lear (1998) has argued that the human mind has been structured by love, by a good enough environment. While love certainly can signify closeness and connection, in another sense, love leads to greater differentiation and complexity. In other words, it is the good enough nature of the earth that permitted humans to evolve from single-celled creatures, and it is the same force of good enoughness that was and is the midwife of the mind. In the same sense that light (and later, understanding) can be thought of as possessing an aesthetic quality, so too, I believe, can love.

To return to my patient Dorothy:

> Dorothy begins a Monday session by describing an experience she had over the weekend. She is thinking about something that came up in a session the previous week, her restlessness and tendency to want to move on to something else in her school and work, asking herself what is behind this feeling.
>
> She says, "It just came to me, it was weird. I just kind of felt like my head cleared. Wow! When I say it to you, it won't sound like a revelation [spoken shyly], but I came to it myself. What I was thinking—the thing that was so cool was that it really hit my feelings, I knew that was how I felt—I think when I look for something else, it gives me a guarantee that I won't be stuck somewhere. That's what I'm afraid of, that I'll be stuck." And she continues to explore this fruitfully.

The very fact that Dorothy was describing with textbook clarity what an accurate interpretation should feel like provided me with aesthetic pleasure (in the sense of being an example of the elegance of this aspect of psychoanalytic theory). However, what caused me to smile from my seat behind her was the fact that she had achieved this on her own, that this represented a very significant piece of self-analytic work. Dorothy came to analysis with a natural inquisitiveness, but she had been unable to utilize it in regard to herself for two reasons. First, she was constantly overwhelmed by her feelings and did not know where to begin; and, second, she had a sense that she was not important enough to spend time understanding herself, that her needs always came last. In this vignette, I saw that she had been able to internalize my interest in her, a reflection of my love, caring, and my view that she was worthwhile. This resulted in greater differentiation in Dorothy's mind, a greater capacity to make meaning, and greater individuation born out of the connection with me.

Psychoanalysis, to me, is the opposite of soul murder (Shengold 1991), and ultimately, it is an expression of love. I see its greatest beauty in just this, its potential to generate soul, to create, to give life to the mind. In my view, this is closely related to the way in which Donnel Stern asserts that what turns analysts on is the potential for freedom they sense in their patients (Stern 1999). The concept of freedom is, for me, embedded in the notion of giving life. And this brings me back to Segal's (1952) argument:

> Re-stated in terms of instincts, ugliness—destruction—is the expression of the death instinct; beauty—the desire to unite into rhythms and wholes, is that of the life instinct. The achievement of the artist [and, I would add, the analyst] is in giving the fullest expression to the conflict and the union between those two. [p. 505]

My emphasis is not only on the altruism of the analyst, his or her vicarious pleasure for the patient, but also on the aggres-

sive, libidinal, and narcissistic satisfactions the process provides for the analyst—on the pleasures and beauty of loving one's patients within the bounds of this peculiar and wonderful discipline of psychoanalysis. This, to me, is where the work of analysis most resembles the experience of parenthood, of loving, holding, admiring, differentiating, and letting go. Parents and analysts hate their children and patients, too, but when parents and analysts are good enough, this hatred does not impinge upon the central task of generating or celebrating their children's and patients' souls. When parents do not let their children individuate, for example, or when analysts do not reflect on and manage any excessive enjoyment of power over their patients, they are falling short of fulfilling their roles in an ethical manner.

THE AESTHETICS OF PROFESSIONAL CRAFT

Art is created or performed for an audience, and we analysts perform not only for the patient, but also for the internalized audience of our peers, mentors, students, and personal analysts. Through our analytic and other clinical training, we have learned which kinds of interventions evoke applause. We have both applauded and frowned upon our colleagues; we have learned to be humble about our work (if we are wise); we have figured out that our own instincts with patients are generally good enough (at the very least). Consensual validation from our peers has helped us develop the confidence that we know how to perform in a particular genre, that we know how to play by the rules. Even in the isolation of our offices, we carry a sense of twinship and camaraderie with other professionals; we feel ourselves a part of a community of like-minded people who take pleasure in certain things and commiserate about others.

I would like to address the intervention in the longer vignette described above in which I wondered whether Dorothy feared that I would intrude on her if she was resting when I was not. I like this interpretation, and I think it was effective. But as

to the particular mixture of all the elements operative at that moment, I cannot say, for instance, exactly why I decided to draw the patient's attention to the transference. Like the performance art of great cuisine, psychoanalysis is also a disappearing act that is savored, simultaneously vanishing even as it becomes a permanent part of each participant. And unlike the performance art of a symphony, in which the number and types of instruments can be specified, the art of interpretation can never be practiced under anything remotely approaching controlled conditions. (I am thinking of *instruments* here not as analysts often speak of themselves as the analytic instrument, but rather as the various elements that can be combined in order to form an interpretation.) To carry the music metaphor a bit further, one could think about the oscillation between major and minor, the tones, percussive episodes, slow and fast movements, solos, duets, choruses, and so forth by which an analysis could be characterized.

Do I choose to use the form of a statement or a question? What is the mix of affect, drama, humor, seriousness, and logic in my language? When do I decide to be playful, as I did at the end of the session described earlier? To what extent do I decide to use the patient's idioms? And what tones and cadences will my voice assume when I speak? Will I be matter-of-fact? Gentle? Firm? When do I focus on transference and when on extratransference material? And, perhaps above all, when do I decide to try to communicate my understanding to the patient?

I do not mean to suggest that my work is unusual in these respects; rather, I am offering this as an example of the potentially aesthetic judgments that analysts make all the time—and of the aesthetic pleasure they may experience as a result of those judgments. I bring up these issues, familiar to every analyst, in order to stress the degree of creativity and artistry embedded in each interpretation. Loewald (1960) addresses this point: "Language, in its most specific function in analysis, as interpretation, is thus a creative act similar to that in poetry, where language is found for phenomena, contexts, connexions, experiences not

previously known and speakable" (p. 26). At every point of speaking, an analyst must consider what will be digestible, palatable, or even pleasing to the patient. A remark that is too bitter may well be rejected, while a spoonful of sugar, on the other hand . . . . And just as for the chef, the goal for the analyst is to be familiar enough with a variety of recipes and genres so as to be unimpeded by those tools while in the act of cooking.[10]

Although both patient and analyst consume the same material, taste buds are different, so the experience is different. In fact, perhaps part of what goes into the recipe for an interpretation is the analyst's having the patient in her mind (Levine 2000) to the degree of being able to imagine which flavors and textures will be palatable and digestible at that particular moment. We choose sweet or salty, bitter or tangy, garlic, peppermint, or even jalapeño for our audience of one. Just as a ballerina must manage to achieve self-expression within the bounds of choreography and music not of her own composition, so, too, do we analysts do this in our listening, our attention to our inner responses, and our utilization of both inner and outer as we craft our utterances. And let us not neglect to acknowledge the aggression inherent in and necessary to these activities (Raphling 1992), as well as the role of the analyst's fantasies of creation (Levine 2001).

What was most striking—and aesthetic in quality—to me about this hour with Dorothy was the paradox about the meaning to the patient of talking and not talking. To be able comfortably to remain silent would represent simultaneously both a resistance and a developmental achievement for Dorothy. This kind of tension or ambiguity—a not uncommon characteristic of psychoanalytic work[11]—I experienced as both unsettling and awe inspiring. To

[10] At least, this is how *I* cook. And I must admit, as well, that I am virtually unable to use a recipe without changing something in it in order to improve it and make it my own.

[11] I can think of another patient with whom this kind of paradox took on a most painful affective cast. This young artist desperately needed for me to understand her, but her autonomy and boundaries had been so violated that my every attempt to communicate understanding felt like another violation. It was as though she had been sunburned, and my application of what I meant to be a soothing balm felt to her like sandpaper.

me, this was like the story of the lady and the tiger, Manet's *Bar at the Folies Bergère,* an Escher drawing. It was unsettling because I did not know what to do with it, and also awe inspiring because I did not know what to do with it. Seeking the truth—what was the meaning of not speaking?—I was forced to acknowledge that there was no single meaning here.

Just as there are tensions that animate works of art, I felt as though I was contemplating the tension that makes up the mind itself. That there are no negatives in the unconscious, that the mind operates according to the principle of multiple function—these are commonplace observations for an analyst. To consider such an irresolvable conundrum is to contemplate the ultimate source of the aesthetic: the complexity and elegance of the mind itself, its mechanisms and creativity and unpredictability. The profound satisfaction of helping, of making meaning, of contributing to another person's capacity to find peace and self-knowledge—in sum, the privilege of being able to express and enact one's values in one's work—these are, to me, the analyst's unavoidable gratifications, the beauty in the sometimes elusive and painful truths of psychoanalysis and in the structure of the psychoanalytic process.

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CATALYZING THE DIALOGUE BETWEEN THE BODY AND THE MIND IN A PSYCHOTIC ANALYSAND

BY RICCARDO LOMBARDI, M.D.

The author presents the analysis of a 23-year-old, obese, psychotic man who was dominated by sensations and unable to work through the different levels of psychic elaboration. He could not discriminate between words and concrete objects or between the perceptual functions of sense organs and the oral-cannibalistic level of instinct. Following the working through of these inabilities, it became possible to understand the patient's use of sensation and to make him aware of his emotions and conflicts. The author's discussion of this material emphasizes the role of the body–mind conflict and how this can be confronted in the analytic relationship. Possible links with neuroscience are also indicated.

I will present some passages from the psychoanalytic treatment of an obese, psychotic patient, a treatment that led to the integration of body and mind and also to the development of an initial form of self-awareness. This case reflects what I have generally encountered in my clinical experience, which has led me to assign particular importance to the interaction between the

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Translation by Karen Christenfeld.

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sensory sphere and *abstraction* as the area where the defective thinking of the so-called difficult patient is organized.

The contrast between instinct and perception (Freud 1923), as well as that between affect and representation, forms one of the bases of psychoanalytic thought (Green 1999). Elsewhere (Lombardi 1998, 2000), I have discussed some of the theoretical and clinical implications of the Freud-Klein-Bion tradition, incorporating some of the theories of Ignacio Matte Blanco (1975, 1988) and Armando Ferrari (1992). These theories place the relationship between sensory data and mental notation at the center of psychoanalytic attention, thus assisting us in the clinical task of confronting the ever-more-frequent difficulties our analysands face in regard to sensations, feelings, and discriminating among all these.[1]

These recent theories are notably applicable to the current functioning of the mind, rather than to an evolutionary and reconstructionist vision of mental dysfunction, in that they consider the therapeutic activity of psychoanalysis in relation to the establishment of links between the corporeal level and perception, as well as between the infinitizing[2] tendency of affect and the ability to differentiate that is characteristic of thought. These theories seem usefully complementary and get to the very heart of psychoanalysis (Bria 2000), based as they are, essentially, on characteristics inherent in the functioning of the unconscious (Freud 1900), on thinking as a means of containment of motor discharge (Freud 1911), and on the oscillation between object presentation and word presentation in metapsychology (Freud

[1] "Analytic treatment starts by instructing the patient to verbalize his thoughts and feelings indiscriminately. Only too often, it is not sufficiently emphasized that this also includes any bodily sensations or sensory perceptions which may be observed during the session" (Deutsch 1954, p. 293). These almost 50-year-old remarks strike me as particularly relevant at present.

[2] Matte Blanco (1988) has introduced the idea of *infinity* connected to the logic of affects in psychoanalysis: "One *feels* that the intensity is frightening, and without formulating it explicitly, one also feels, though in an obscure manner, that it has no limit. In other words, it *tends toward the infinite*" (p. 141, italics in original).

1915b). It is, however, beyond the scope of this paper to undertake a theoretical presentation; my intention here is primarily to present a clinical case that I find interesting in a variety of ways. For the theoretical underpinnings, I refer the reader to other articles of mine on the body–mind relationship, the unconscious, and primitive mental states (Lombardi 2002a, 2002b), and psychoanalytic technique in the treatment of psychosis (Lombardi 2003).

The following clinical material makes it clear that my goal with patients like this one is to work on a level even more primitive than the one the patient functions on during sessions. In other words, I attempt to concern myself with the level I deem most urgent for promoting growth of ego organization and of internal containment. Thus, my therapeutic strategy in this case was to concentrate primarily on helping the patient with the following factors: the development from concrete thinking toward abstraction; limiting the tendency toward dissociation by making the patient responsible for his link with verbalization and affect; and encouraging the perception of a corporality that had repeatedly shown a compulsive tendency to be dissociated and experienced as discharge. Thus, my therapeutic aim was to work on the basic level of personality organization, tying the patient's perceptive resources to the corporeal origin of his instinctive drives and primitive affects. Activating a body–mind relationship (the eclipse of the body, according to Ferrari [1992]) made it possible to distinguish between the corporeal and mental levels, a prerequisite for the distinction between concrete and abstract and hence between object and word.

I should like to emphasize, however, that my way of working in a clinical situation is not the direct result of the application of one or more theories; rather, it derives from my attempt to speak the analysand's language and to help with his or her construction of mental models (Bion 1962b, pp. 79-ff), tools that "make it possible to give organised form, outside the realm of theoretical precepts or pre-existing psychoanalytic theories, to the patient's experience" (Lombardi 2003).

I shall start with the clinical material and devote the remainder of this article to comments and general observations, including what seem to me to be some interesting links with neuroscience.

CASE PRESENTATION

Matteo was twenty-three years old when he first came to analysis. His weight had suddenly increased by 110 pounds when he was seventeen. This came about after a six-month period of agoraphobia, during which he retired to his room in a delusional state, with almost total anorexia and strong suicidal impulses. He reported that secluding himself and not eating were ways of preserving his power and his personality traits, whereas eating and drinking made him lose what he called his "sense of illumination." In his room, he never achieved total illumination, but he did manage to have a vision of God, who had saved him, he believed.

Subsequently, Matteo shifted to the opposite condition: he constantly devoured food and masturbated many times a day. "Eating is like masturbating," he said, "and I have to keep going until I'm satisfied." Moreover, his voraciousness was denied, being instead projected onto the devoured object and divorced from his ego functions. He reported, "The hamburger says, 'Eat me, eat me!' My mouth is drawn toward the hamburger. There is nothing I can do about it."

After he became acutely psychotic at the age of seventeen, Matteo underwent residential psychoanalytic psychotherapy twice a week for five years. Thereafter, he started thrice-weekly sessions of psychoanalysis with me, now aged twenty-three and weighing about 290 pounds. He had been accustomed to two sessions a week, and when I suggested that he have four with me, it seemed to him that I was motivated by a voraciousness as uncontrollable as the one he felt within himself. Since this was the initial phase and he did not yet have the resources for working through, I considered it contraindicated either to insist on my suggestion or to attempt to interpret his anxiety.

I spoke to him of the need to consider this analysis as a new experience with different parameters from those to which he was accustomed, underlining his responsibility in this new project. Thus, we settled on three sessions a week, which turned out to be sufficient for the development of an analytic process and did not necessitate any substantial change in the technique that I generally employ in four-times-weekly analysis. Matteo tended to lie on the couch, except in moments of acute anxiety, when he wandered restlessly about the room. During his analysis, he continued to take medication prescribed by a psychiatrist who had participated in his hospital treatment.[3]

When he first appeared in my office, Matteo had just recently returned to school. His perceptive ability, discrimination, and memory were poor, and he was particularly unequal to the task of studying. He had no sense of physical orientation; indeed, he could not tell which part of Rome he was in. He was terrified of the city and found its people aggressive and abusive; his relationships with peers were hampered by a paranoid attitude of fear and distrust. The absence of stable family affection had transformed his life into a state of total desolation, or as he called it, "hell." Once he told me that he had never felt alive except for a brief period when he was seven, during which he had developed the habit of mentally assigning his current difficulties to earlier periods of his life. This became in essence a way of stagnating in a sort of resignation and not responding to any stimulus to grow.

I shall not go into further details of Matteo's history here, both to protect his privacy and also because they do not seem essential to understanding the sort of work I did with him in this phase of his analysis. I shall instead start at once with his clinical history, concentrating on the elements I found most helpful in comprehending his internal functioning.

[3] I believe that not only is psychopharmacology not incompatible with the psychoanalytic treatment of psychosis, but also that pharmacological support is in fact essential in lowering sensory tension and making dialogue with the analysand possible. On the other hand, medication by itself cannot offer the experience and mental growth that only analysis is capable of providing (Ferrari and Lombardi 1998, p. 202).

I refer to this patient as psychotic in order to emphasize the structural aspect of his disorder, in the sense that his internal and external worlds were "constructed in accordance with the id's wishful impulses" (Freud 1924, p. 151). Psychiatrically speaking, when his symptoms were first established, Matteo might have been diagnosed with paranoid schizophrenia. By the time of his analysis with me, he could have been considered a severe borderline patient with prevalent dissociative and paranoid mechanisms —-or perhaps, according to a North American trend, a case of multiple personality disorder (Loewenstein and Ross 1992).

My analytic work with Matteo required an ever-present reverie (Bion 1962b), which allowed me to tolerate the challenge of communications that were at odds with common sense, sometimes quite acutely. Hence, I had to regulate my involvement very carefully, in order to achieve both emotional and intellectual containment (Bion 1962b). Toward the end of his third year of analysis, the eruption of Matteo's panic attacks during sessions contributed to further analytic developments.

The Search for Totality and Paralysis of Thought

Matteo's verbal accounts contained delirious elements that were at times incomprehensible and at other times very significant. Thoughts occurred to him in the guise of internal voices that he called "the voice of the irrational"—implying that thoughts are always irrational, regardless of their specific content. Thus, he did not distinguish between the perceptual component and delusional aspects. During analysis, the need to help him learn to discriminate and to use his fleeting self-perception as material for self-knowledge was decisive, and in the course of this article, I shall attempt to illustrate how this was accomplished.

At the beginning of the analysis, Matteo described his situation as follows: "I have abandoned myself to God, and this is why I do not see my body. This is why I am not alive." These statements were among his first verbalizations to astonish me because they revealed his ability to achieve important insights in the con-

text of what could be considered a mental catastrophe. The impulse to merge with God meant for him the loss of his own body and of his life: a sense of omnipotence made him deny his body, keeping it from experiencing "the demand made upon the mind for work in consequence of its connection with the body" (Freud 1915a, p. 122). The development of his mind was paralyzed, for it is corporality that gives a frame of reference to reality (Freud 1923; Lichtenberg 1978; Mahler and McDevitt 1982).

"Coming out of the pizzeria, on my way here, I had an insight: before, I was a wandering soul, a ghost, a ghost going in and out of houses. I was in a place of God," Matteo said one day, in his typically bizarre speech. "After eating, I entered my mother's belly and there I found sustenance and protection. Now I am a concrete being, because I have my mother's warmth and protection. I am a fetus in my mother's belly."

In this account, Matteo acknowledged the state of non-existence (being a ghost) that had previously characterized him, whereas the concrete recovery of bodily sensations ("after eating") allowed him to have access to existence ("I am a concrete being"). Therefore, bulimia gave him the opportunity to regain his body and his life, and this link with his body would have been constructive had it not entailed such excesses.

Despite their obvious differences, Matteo's anorexic and bulimic stages were united by the concept of the ideal, which he called "an ideal of repleteness," by which he meant the repleteness of God and the repleteness of the body. His ideal of repleteness coincided with the paralysis of the thinking function; in fact, in a condition of *saturation,* it is impossible to generate thoughts, since it is only in an unsaturated state that the mental space for generating perception and thought can exist.[4]

[4] Bion uses the concept of *saturation* to indicate an inner disposition that "occupies the 'space' that should remain unsaturated" (1970, p. 41), particularly through the use of elements that are in themselves saturated, such as memory and desire, which can get in the way of learning from experience (1970, p. 29). This concept is closely connected to Bion's theory of thinking (Bion 1962a), according to which only absence and frustration can generate thought.

During analysis, I repeatedly drew Matteo's attention to the fact that the "ideal of repleteness," which he considered essential to the achievement of what he called "real life," actually caused his estrangement from reality. Moreover, his absolute criteria interfered with any ministering to his needs.

During the analysis, I spoke up whenever I did not understand him, and I invited him to speak more clearly and to explain his meaning so that I could understand. Once he said to me, "I would like to say something, but I cannot find the right word. For instance, I think: 'This wardrobe is big.' Then I think: 'It is beautiful, wide,' and so on. I can never find the right word. I have intellectual deficiencies."

It distressed me to note that the beginning of a thought process met with such an attack and disparagement from the patient himself. I was troubled by the self-abuse that Matteo meted out, and at the same time, I was angry at his resignation about feeling deficient. He showed a sort of perverse gratification in seeking proof of failure at all costs, which would allow him to just give up. I felt, however, that offering an interpretation that revealed these destructive aspects might end up as a form of collusion with his self-pity. Furthermore, his defective thinking was real and evident, so I was more concerned with encouraging the development of abstraction from concrete thinking (Bion 1962b, p. 64) and with fostering the evolution of forms of asymmetrical differentiation in a context that was essentially dominated by undifferentiated symmetrical forms (Matte Blanco 1975).[5] So I told Matteo that the key factor was not so much an

[5] Matte Blanco (1975) discusses two basic, logical principles in the workings of the unconscious, which also apply to the conscious mind when the emotions are in control: the *generalization principle* and the *symmetry principle*. These two factors sum up precisely and coherently the characteristics of the unconscious as described by Freud in chapter six of *The Interpretation of Dreams* (1900). According to the first principle, the unconscious treats an object of the mind—whether it be a person, thing, or idea—as a member of a *class*. According to the second principle, the unconscious treats asymmetrical relationships, which are based on distinctness, as if they were symmetrical relationships, and recognition of distinctness disappears. While the generalization principle leads to the formation

intellectual deficiency, but rather the "bulimic" criterion (concrete thinking) he adopted, which meant he was never satisfied with any single word, even when that word was perfectly adequate. He did not so much *use* words as *devour* them, as if they were things *(big, beautiful, wide,* and so forth); whereas, if he instead used a different criterion, he could limit his search, thus learning to appreciate the word he had chosen. By emphasizing the importance of limits (Green 1976), I was trying to encourage his ego functions.

Thus, Matteo tended to operate according to very basic categories, in which instinctual and bodily functions—e.g., eating—prevailed over the application of abstract (nonconcrete) criteria, such as naming and symbolizing. His devouring instinct also came to the fore in his use of the specialized sense organs, particularly sight—precisely those sensory capabilities that play an important perceptive role in the development of "consciousness attached to the sense organs" (Freud 1911, p. 220).

Mental and Sensual Use of Sense Organs

"When somebody looks at me," said Matteo, "I shrink; I cringe. When I come into a room, I immediately look down. On the bus, people look at me and I cringe."

We can see here how the patient renounced the use of his visual function ("I immediately look down"), reacting passively to confrontation via the sense organ of sight. He became the object of a gaze that he experienced in a paranoid way: the use of sight was felt as being permeated by hatred, as a contest with someone who might have more devouring power than he, a deadly battle. He endowed this specialized sense organ with the familiar sensory-excitatory model of devouring and filling

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of larger and larger logical classes, the symmetry principle, in annulling distinctions, leads to a devastating derangement of spatio-temporal structures of thought. The intertwining of *asymmetrical logic* (or common bivalent logic) and *symmetrical logic* is called *bilogical structure.*

himself, a characteristic of instinctive behavior. The organ of sight became like a big mouth that could devour, instead of a perceptive organ that can see or be seen. "I am tender meat, raw meat," said Matteo. "If they keep staring at me, one of these days, I'll drop dead. It's too much for me."

During our sessions, I found it helpful to show the analysand the distinction between a sensual use of sight (devouring) and a mental use (seeing), in order to temper his libidinal and aggressive fantasies related to this sense organ, as well as to set in motion the asymmetrical function of thought (Matte Blanco 1975). This technical choice favors the formal disposition of the thinking apparatus and its potential use (in this case, sensual or mental use). It is obviously very different from an approach that takes the content of libidinal and aggressive fantasies literally and interprets them as an expression of feelings toward someone else—in the transference, for instance—in an actual context in which the discriminating faculty and self-consciousness are greatly reduced, if not altogether absent. By distinguishing the sensual from the mental, one creates a crucial distinction within the physical realm, by which the eye as a basic sensory sphere, dominated by the pleasure principle (seeking to devour somebody as "tender meat"), is distinguished from the eye in its perceptive potential, as a function related to the reality principle (seeking to see someone and to discriminate) (Freud 1911).

The Explosion of Emotions in the Analytic Relationship

Matteo frequently used his illness to justify his estrangement from himself, arguing that nobody could bear his condition. He was tired of being ill and believed that, as he frequently commented, "being ill is dangerous." I replied that such things exist and that one must learn to cope with them.

One day in the second year of analysis, before a brief Easter break, Matteo came in out of breath and gasping. He said he was very ill, unbearably anxious, and did not know where to go. I tried to understand what was happening to him, but he

became increasingly agitated and began to charge around the room erratically, shifting chairs and other objects. He cried for help. At first I was frightened and bewildered by his agitation and constant movement, which made it hard for me to concentrate so as to be able to articulate my thoughts. I considered what was happening within myself and was careful, among other things, to regulate my breathing in order to find a sort of internal metronome that I could use to order the emotions I was experiencing. His words became more and more confused until they were incomprehensible; then he asked me to call his father, who could allegedly protect him. I replied that he and I could deal with this problem together during our session, and that with my help, he could try to *act as his own father.*

Overwhelmed by panic, Matteo screamed that he was going to die, attempting to make me feel the reality of his danger —and also to make me feel guilty for not immediately calling an ambulance. Keeping my composure, I said that if he, too, accepted his feelings, his anguish would vanish; he needed only to give himself a bit of time to let these emotions fade. I did not allow him to leave the room, as he was threatening to do; and the closer the end of our session came, the more his distress decreased; indeed, it eventually disappeared. On his way out, Matteo smiled and thanked me for my help.

In my office, a great, powerful, over-300-pound hulk had had the devastating effect of a tornado, and I had viewed the situation as critical. As a result of bodybuilding, Matteo had become even more overwhelming, having added lots of muscles to his mass of fatty flesh. I was well aware that, should it come to the point of actual containment, to my having to put a stop to his ill-considered movements, I would not have had the requisite physical force. Nevertheless, I managed to stay calm and to sound firm, particularly with questions about his using the phone or leaving the room. Such panic episodes recurred during subsequent sessions, though with less intensity.

By stressing what Matteo could do *for himself,* I intended to emphasize his own potential, rather than my intervention. In

fact, I sensed in him a strong expulsive desire, as if he were a small and resourceless baby, capable only of evacuating, and absolutely dependent on someone else. I sensed that this attitude was strongly manipulative of me. Thus, I decided first to interpret his transference onto his internal objects ("acting as his own father")—or rather, his transference onto the internal body–mind relation—so as to help him learn how to use his mind to tolerate the explosion of sensations. Only thereafter did I interpret the transference to me as an ally of his ego functions ("with my help").

In a subsequent session, Matteo asked me for the first time if he could use the bathroom "to take a shit." In the course of the session, taking up his reference to shit, I pointed out his developing self-confidence, which allowed him to bring to sessions his whole body, including shit and pee, and all his emotions, including terror and hatred. I commented that this was helping us foster his capacity for self-acceptance and self-comprehension, even in regard to the most concrete and corporeal aspects of himself that he was afraid of not being able to control.

In the first stage of the analysis, Matteo's internal integration had been promoted primarily on a symbolic level, i.e., through the analysis of his concrete mental models (Bion 1962b; Lombardi 2003). In this second stage, development was promoted mostly through the recovery of his concrete body and the cooling down of the volcanic explosiveness of his emotions. This helped to keep him from giving up ego functions when faced with his own emotional explosions.

I think that in this case, the patient's suffering of these explosive states, which had such an obvious corporeal component, should not be regarded as a form of regression, but rather as an important expression of very primitive affects that could gradually begin to be worked through. These experiences might otherwise have been reenacted outside the analyst's office, significantly reinforcing the separation between the concrete and the symbolic levels and becoming a major obstacle to any real development.

The Body–Mind Relationship and Thought

For Matteo, the interaction between emotions and thoughts was something new, requiring support to withstand the persistent trend of dissociation. Here is an excerpt of dialogue from a session during this period.

MATTEO: [hesitantly] At school, when the teacher calls me by name, I feel very strange. It's a strong emotion, an embarrassment; my nerves should not be so on edge.

R. L.: [I observe silently that he is curious about his reactions and am encouraged to help him articulate distinctions, supporting his orientation toward thought.] The mind works through emotions via thoughts, and the fact that your nerves are "on edge" might stimulate your mind to think.

MATTEO: But God made me different, since I have never had such emotions before.

R. L.: [I feel he continues to be truly involved.] But because you now have emotions, you must learn to control them, even when they overrun your mind. That's why your mind can distinguish between emotions and thoughts, in order to experience emotions and go along with them, thereby setting thoughts in motion.

At this point, Matteo paused inquiringly, which was rare, given his tendency to remain in a drowsy state.[6] This time, he seemed

[6] This was a matter of the patient's inner disposition, psychological in nature and very different from the effects of excessive medication. Medication effects are easily recognizable in the analytic context and should be pointed out to the colleague in charge of pharmacological treatment. Although I am a medical doctor as well as a psychiatrist, I find it more appropriate to refer my psychoanalytic patients to another physician for pharmacological advice and prescriptions.

particularly interested in the distinction I mentioned. Although I had never underestimated his intelligence, I was surprised by his perceptive comment that followed: "When I react, I react with emotions, but I could react with another part of myself. Normally, the brain and the nerves are separated, but in me, they are joined . . . [after a pause] You need your head to think." The conviction with which Matteo pronounced these words persuaded me that at that point, he recognized and appreciated the strength of his emotions ("I react with emotions"), the confusion he made between emotions and thoughts ("in me, they are joined"), and the necessity of using his mind for thinking ("you need your head").

Now we can examine some subsequent material in which Matteo recounted a dream, as follows:

> A pilot was facing a very difficult task, trying to lift his airplane off a highway. The noise of the engine could be heard and the airplane took off, but only after brushing against some trees. The airplane was flying, then went under a bridge, then rose up again, then dived like a war plane. Instead, it was a jumbo jet. Then it landed and the pilot said that he hadn't managed to fly, he hadn't managed to stick to the flight path.

Matteo's comment about the dream was: "I am the pilot and the flight is my life. I tried to take off, but it was too difficult and I landed." I was struck by the patient's inclination to attempt a "flight of thought," so I related to him my observation that, when faced with difficulties, he tended to feel incompetent, rather than trusting himself to overcome them.

In a subsequent session, the model of flight returned in relation to thinking functions and the ability to think abstractly. Matteo started this session by talking of his inability to control his sexual excitement and his drive to devour all sorts of food. When he was not actually devouring, he was thinking incessantly of steaks. Thus, Matteo's tendency to present himself as plaintive and impotent reemerged. His presumed lack of resources seemed less and less plausible to me, especially after his

development in recent months. So I decided to share with him my impression that his self-commiseration was fake, using a formula deliberately chosen to affect him emotionally. I said: "You tell me that you don't think at all and that you do your utmost not to let your mind exist."

This proposition had some effect on Matteo. He immediately dropped his plaintive tone and seemed disoriented; although he was silent, it was apparent from his behavior that he was piqued by my words. In an irked tone, he asked, "What do you mean, 'you don't think'?" And a moment later, he added, "Ah! You mean that I live on *sensations!*"

I was quite familiar with Matteo's ability to avoid those propositions that might have involved him in thinking. So I tried to confront him more provocatively about his bulimic and autoerotic criteria, hoping to make him face his thirst for sensations.

R. L.: A way of life that makes you expand increasingly: 300 pounds, 330 pounds, higher and higher.

MATTEO: (promptly and seriously) I think we've found the reason why I don't think. If I am only sensations, I am like an airplane that keeps flying without a pilot. But I am my body *and* its pilot! I can't let the plane go by itself.

In these fragments of clinical dialogue, the patient's disharmony of mind and body (Ferrari 1992) is unmistakably expressed: "I live on sensations." And so is the harmonization achieved in analysis through the building of a functional continuity between body and mind: "I am my body *and* its pilot." Like the alternation of systole and diastole in the functioning of the heart, this functional continuity allows the activity of the mind to be coordinated, counteracting the alienation of the subject from his own physicality.

This development coincided with an increased openness in the analytic relationship, to the point that the patient was consis-

tently able to feel welcomed in his analytic sessions, and to expand his awareness of this to an attitude of greater openness and trust in relationships. One day, Matteo came in smiling and reported that he was finding more and more kindness in the city that was his home, after having suffered so much because everyone seemed to be nasty. At a restaurant, for example, people had been very cordial to him when he left, saying, "We're delighted that you've come back. We'd be very pleased to welcome you here again."

Subsequently, Matteo's evolution in analysis allowed him to increase his spatio-temporal orientation and to develop some ability to distinguish his emotions, so that he managed, among other things, to earn his high school diploma, an accomplishment that would have been quite impossible in his former state.

DISCUSSION: BODY–MIND DIALOGUE AND THE PSYCHOANALYTIC RELATIONSHIP

The mental manifestations encountered in Matteo's case contain some of the primitive mechanisms described variously in the literature as *thing-presentation* (Freud 1915b), *symbolic equation* (Segal 1957), and *beta-elements* (Bion 1963). Indeed, as McDougall (1995) might have said, Matteo's real disturbance was, in the first instance, not just his eating disorder nor his thought paralysis, but rather his dramatic divorce of body and mind (see also Lombardi 2002a).

Matteo's mind was in serious conflict with his body, to such an extent that his mind was identified with the infinity of God and his body was almost completely denied. However, the body, asserting its right to exist, expressed its conflict with the mind by means of instinctual behavior. This occurred as a consequence of the patient's belief that the world of sensations and emotions was mined with threats and dangers. Hence, he felt pressed to create powerful defense mechanisms against any experience of contact with his physicality. These reactions to the pressure of very primitive anguish led to the construction of

two Matteos, both of whom claimed, each in his own way, complete independence from the other: two Matteos who coexisted so concretely within the same person that he weighed twice as much as one normal man. In him, sensation threw off all limits and became the mouth—the mouth that ate God. Thus, the body ate the mind, just as the mind, disguised as God, devoured the body. In such conditions, the body in its perceptive potential, primarily connected to the specialized sense organs (Freud 1911), is no longer a precursor of mental phenomena, and consequently, sensation asserts itself autonomously, unrestrained by potentially related mental phenomena.

The ideal of repleteness and primitive mental mechanisms of a concrete kind imply a state of *saturation* (Bion 1970) in which it is impossible to produce thoughts, since only in an unsaturated state can there exist the mental space capable of fostering perception. Thus, it was necessary in Matteo's treatment to first of all employ reverie (Bion 1962b), in order to catalyze a desaturation of internal space and to encourage the patient in establishing his first self-aware approach to himself.

In a context in which the use of mental functioning was so shaky, I felt it was appropriate to forgo promoting regression, and instead, to stimulate a responsible involvement on the part of the patient, particularly in regard to his instinctive and emotional impulses, so as to steer him toward integration. Bion (1965) recalled "the difficulty of maturation because maturation involves being responsible" (p. 155). Matteo's active rejection of responsibility and thought was in fact decisive in creating an impasse that might have become even more serious if I had used a technique based on regression, with the classic reconstructive parameters of interpretation.

Hence, I sought to utilize direct dialogue and a continuous interaction that could make Matteo feel involved in a two-person quest (Ferrari and Garroni 1979) in which communication was focused, as we have seen from the clinical fragments quoted above, on stimulating his perception and discrimination about subjects belonging to the functioning of his internal world. Dur-

ing the initial phases of analysis, the experience of otherness was addressed principally through a pragmatic experience of emotional sharing by means of projective identification (Bion 1962b), and also by means of dialogue, in which the analyst pointed out to the analysand the ways in which the latter used his mind, opening him to new forms of internal functioning and hence to a conscious use of thought. It was only after this development that it became possible to introduce Matteo to a more direct confrontation of otherness as an interpersonal factor on which the analytic relationship is based.

The Concrete Body and the Need for a Head to Think

The dissociation of mind and body was first described by Victor Tausk in 1918, in his historic essay on the "influencing machine" in schizophrenia.[7] He developed the concept of *somatic paranoia,* which is an effect of external projection of bodily experience. When such a condition is present, touching a doll can set off the same physical sensations as touching one's own body. On the other hand, when a bodily phenomenon *does* appear —for example, in the form of muscular sensations or intestinal peristalsis—the patient connects it to external phenomena, such as an electric current or an invasion by hostile forces, instead of to the objective existence of his body. In Matteo's case, although there was no evidence of an actual "influencing machine," his body was nonetheless clearly unconnected to mental phenomena. It is not insignificant that the external representation of the body in the form of a doll, in the case described by Tausk, has no head, which closely parallels Matteo's assertion that one needs a head to think.

Klein (1946) described the schizoid mechanism of annihilating part of the self, an idea that Bion (1959) later developed in his attacks on linking. A female patient of Klein's, who had decided to put a stop to her analysis, reported a dream in which

[7] This essay was translated into English fifteen years later; see Tausk 1933.

a blind man comforted himself by touching her dress and finding out how it was fastened. The patient said that "the blind man was herself; and when referring to the dress fastened up to the throat, she remarked that she had again gone into her 'hide'" (Klein 1946, p. 17). The sensory relationship with the body (through touch) that went up only as far as the throat, used by the patient to shut herself off, is reminiscent of the dissociated, headless body representation described by Tausk. Moreover, in Klein's patient, the reference to a headless body was related to mental blindness, not unlike the way that Matteo's "living on sensations" (a body without a mind) obstructed his mental functioning and blinded his eyes through the concrete use of sense organs.[8]

In both Tausk's and Klein's examples, corporality retreats into itself, rejecting mental phenomena. If there is normally a functional continuity between corporality and affective states on the one hand, and mental phenomena on the other, then in the case of Matteo as well, the body was dissociated from the mind and remained stuck on the concrete level.

Ferrari (1992; see also Ferrari and Stella 1998; Lombardi 2002a) recently described the body as the *concrete original object* (COO), which provides both basic sensations and the perceptual structures of the mental apparatus. The dawn of thought is brought about through the cooling of chaotic primitive emotions and the incipient recording of sensory perception. With the *eclipse of the body*, there comes into existence a *mental space* and a *body–mind network*, the mental function that allows the multidimen-

[8] This could be related, I think, to what Steiner (1993) describes as *psychic retreats*. His formulation was recently reexamined by Carvalho (2002) in the light of the work of Matte Blanco and Ferrari. I have stated elsewhere (Lombardi 1998) that Steiner's theories could be seen in connection to

> . . . a failed activation of mental functioning caused by a sort of internal orientation which is still anchored to pure sensation. And it is also because the thinking apparatus is not activated that this retreat becomes incompatible with the oscillation between the paranoid-schizoid and the depressive positions. [p. 95, translation by the author]

sional flux of sensations to intersect with representational data. According to this descriptive terminology, the COO remained concrete in Matteo's case, obstructing the eclipse of the body, the differentiation between concrete and abstract, and the requisite conditions for activating the body–mind network, since body and mind remained in conflict, rather than being harmoniously integrated.

Hence, the analyst's task with such patients is to actively oppose, by means of interpretation, every form of artificial disconnection between these two systems, and, with the help of the reverie function (Bion 1962b), to foster the activation of a body–mind network. From this point of view, psychoanalysis thus becomes an experience aimed first of all at creating the conditions for communication between body and mind, and so it attempts to make the intrapersonality relationship more harmonious.

From the bilogical point of view (Matte Blanco 1975, 1988), the case of Matteo exemplifies a situation dominated by *symmetrization*. By identifying himself with God (infinite), Matteo stagnated in an extreme condition of infinitization in which every differentiation within the class or whole to which he felt he belonged became in effect impossible. By becoming God, he felt infinite and was incapable of distinguishing his own identity from others.' In regard to the body, the absence of mental notation means that instincts, when they emerge in the patient, are not subjected to limitation or to asymmetrical differentiation; in other words, this condition leads to the infinitization of instinct. The body, however, can be seen mentally only if it is "clothed" with asymmetrical elements (Lombardi 2002b).

The action of psychoanalytic therapy, as Matte Blanco writes (1975), consists of

> . . . divesting a given situation, individual or thing, from the infinite attributes implicit in the class [or whole] . . . . The identification of the individual with the class is something which is not in keeping with the laws of the logic of consciousness; analytic therapy succeeds, if seen from

> this angle, insofar as it severs the direct influence or invasion of "symmetrical logic" in preconscious or conscious grasp of reality. [p. 167]

Analysis thus allowed Matteo to achieve a harmonious and vital intermingling of symmetrical and asymmetrical logic, as well as an intermingling and a dialogue between body and mind, and hence to create favorable conditions for the development of his personality. In Matteo's statement that "I am my body and its pilot," a change in his internal order was expressed. This remark also provided evidence of the establishment of a body–mind relationship that could contain the chaos of primitive affects. Thanks to this shift, it became possible to bring about an interchange between the concrete and symbolic levels of the mind (Freud 1915b). Thus, mental functioning could begin to restrain motor discharge (Freud 1911).

EMOTIONS, CONSCIOUSNESS, AND NEUROSCIENCE

I should now like to briefly discuss the correlation between my clinical material and recent theories about the body, emotions, and consciousness proposed by the neurologist Antonio Damasio (1999).[9] Damasio emphasizes that "the basic mechanisms underlying emotions do not require consciousness, even if they eventually use it" (p. 42). These aspects of primitive emotions alien to adaptation by consciousness seem to me to emerge in the various manifestations of Matteo's instinctual activity. According to Damasio, "Consciousness is rooted in the representation of the body" (p. 37)—a very significant statement if we believe, as mentioned above, that the most important aim of Matteo's analy-

[9] In proposing this link, which is purely speculative, I am fully aware of the respective distinguishing characteristics of psychoanalysis and neuroscience, particularly since the clinical work presented above was tackled without reference to these connections.

sis was to stimulate the construction of a consciousness that was connected to his primitive instinctive levels; and that this goal could be achieved through his drawing progressively closer to an ability to create a representation of his body and a distinction between body and mind, with everything that that involves.

> Consciousness allows feelings to be known and thus . . . allows emotions to permeate the thought process through the agency of feeling. Eventually, consciousness allows any object to be known—the "object" emotion and any other object—and, in so doing, enhance the organism's ability to respond adaptively, mindful of the needs of the organism in question. [Damasio 1999, p. 56]

In the clinical material presented earlier, we see how consciousness began to take account of feelings and to create important distinctions; and then, later on, how emotions started to permeate the patient's thought processes, particularly in the sessions in which he had panic attacks. With these experiences, his consciousness began to listen to the "object-emotion" coming from a body that had up to that point been alien to thought processes. Damasio (1999) writes:

> Feeling an emotion is a simple matter. It consists of having mental images arising from the neural patterns which represent the changes in body and brain that make up emotion. But *knowing that we have that feeling*, "feeling" that feeling, *occurs only after we build the second-order representations necessary for core consciousness.* [p. 280, italics added]

These second-order representations, characterized by a relation of belonging and familiarity, were achieved by Matteo in the working through that led to his statement that "I am my body and its pilot." This passage marked his active taking on of the internal body–mind link, a link that now characterized him as a being who knew he was human.

In conclusion, I should like to mention that the body–mind conflict I encountered in this case reminds me of the conflict between Mozart's Don Giovanni, as an ideal extreme representation of human instinctual behavior, and the Man of Stone, the Commendatore, who functions in the same opera as an imaginary twin (Bion 1950), and who counterbalances Don Giovanni's infinite hunger. In fact, above and beyond my patient's specific pathology, perhaps this kind of conflict between the monopolizing forces of bodily instincts and the spirit's desire for immateriality and immortality could be considered typical of the deepest unconscious of all human beings.

I will close with two brief excerpts of dialogue from *Don Giovanni* (Mozart 1787a, 1787b) that aptly express this theme, followed by English translations.

DON GIOVANNI: Ah, che piatto saporito!

LEPORELLO: Ah, che barbaro appetito!
Che bocconi da gigante!

* * * * * * * * *

COMMENDATORE: Non si pasce di cibo mortale
Chi si pasce di cibo celeste.[10]

———

DON GIOVANNI: Ah, how perfectly delicious!

LEPORELLO: All his appetites are vicious!
I can hardly bear to watch him!

* * * * * * * * *

COMMENDATORE: Those who take of the bread everlasting
Need no temporal substance to feed them.[11]

—Act II, Scenes 15 and 17

[10] Mozart 1787a, pp. 327, 345.
[11] Mozart 1787b, pp. 260, 273.

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BOOK REVIEWS

AFFECT REGULATION, MENTALIZATION, AND THE DEVELOPMENT OF THE SELF. By Peter Fonagy, György Gergely, Elliot L. Jurist, and Mary Target. New York: Other Press, 2002. 578 pp.

Many books are interesting, but occasionally one appears that creates in the reader the sense of shock and excitement that arises when novel theorizing is combined with substantial new information. *Affect Regulation, Mentalization, and the Development of the Self* is such a book.

In recent years, an enormous amount and range of developmental research has emerged—much of it in the field of attachment studies—that is of considerable relevance to the theories and technical practice of psychoanalysis, especially in relation to work with more severely disturbed patients. It is not always easy for analysts to gain access to this research. Fonagy and his colleagues have managed to draw together a vast range of such material, integrating it with innovative theorizing and rich clinical illustration. The theme of the book is the way in which a child comes to represent and think about his or her own mind and those of other people *(theory of mind),* and the role of this in the sense of self and in the regulation of affect—and the many ways in which these developmental processes can be derailed and distorted.

A crucial concept is that of *mentalization:* "the process by which we realise that having a mind mediates our experience of the world" (p. 3). Without this achievement of mentalization, the child does not experience him- or herself as *having* a mental state, but simply *is* the mental state. Thus, the authors explain that the psychological self is not a genetic given but is established gradually through interaction with caregivers who are themselves

able to mentalize. Moreover, it is through these benign interactions within early attachment relationships that the child becomes able to regulate affect.

Much of the book can be regarded as making more explicit the complex processes involved in the phenomena of mirroring, referred to by Winnicott and Kohut, and those of projective identification, containment, and alpha function, described by Bion. For the infant to develop an internal representation of an affect, the parent must provide a mirroring display that accurately reflects the child's mood state. However, crucially, the parent must somehow indicate that the mirroring display of affect is not real —that it is not how the parent herself actually feels. This characteristic of the mother's mirroring of affect is described as its *markedness*. Without this signal of "as if," the affect would be felt to be the mother's real experience, and could thus create the terrifying impression that the infant's own affect is contagious and is being amplified within the mother. Perhaps it is partly this element of markedness that forms the process described by Bion, in which the baby's affect is returned in a detoxified form.

The authors develop their *social biofeedback* model of affect mirroring, drawing on research indicating that infants show preferences for displays of visual feedback that are contingent on their own bodily behavior, but *imperfectly* so—the implication being that such *highly but imperfectly* contingent feedback signals the separateness of the environment, but also provides the baby with a sense of agency and efficacy. This is rather like the real, social world of caregivers, wherein the mother may respond with mirroring displays of affect and attend to the baby's signals of need fairly reliably, but not perfectly and not with absolute consistency. In adverse circumstances, the mother's responses may show too little contingency with the infant's signals, and her displays of affect mirroring may be so inaccurate that the child's development of a sense of self as agent is severely impaired; then the child will internalize not representations of his or her own mental state but those of the mother —a process that can lead to what the authors call an *alien self*.

As the title indicates, the regulation of affect is a key theme of the book. The histories of philosophical, psychological, and psychoanalytic views of affect are outlined, indicating the differing perceptions of the interplay between emotion and cognition, culminating in Damasio's neuroscientific recognition that the experience of bodily affect makes a contribution to realistic cognition. Although Bowlby's theorizing on affects was quite limited, later attachment theorists (such as Sroufe) have explored in more detail how affect regulation arises dyadically—but, crucially, such work indicates that the infant's experience of affect depends upon the meaning that he or she gives to the caregiver's behavior. Work by Cassidy shows that affect regulation is influenced by the quality of attachment—such that, for example, the anxious/avoidant style tends to minimize, or *overregulate*, affects, while the anxious/ambivalent style heightens affects, resulting in *underregulation*. Fonagy et al. outline the development toward more mature *mentalized affectivity*, which involves the capacity to be conscious of one's emotional state and discern its meaning while still being in that state.

The authors challenge the increasingly prevalent assumption that behavior is determined by genes rather than by early environments. Noting the personal explanations for psychological difficulties given by several new patients seen on the same day (e.g., "it's my genes," "it's a chemical imbalance"), they comment: "In each case, as they answered, time seemed to collapse. There was no space between the moment their father's sperm penetrated their mother's ovum and the present moment" (p. 100). The authors' position is that early experience plays a crucial role in determining gene expression—in particular, by moderating the progress from genotypic potential to phenotypic outcome. They see mentalization as playing a critical role in this, with the point being that it is the child's interpretation of the environment, rather than the actual environment, that underpins the moderation.

A further important concept is the authors' distinction between two modes of representing mental states in very young

children: the *psychic equivalent* and *pretend* modes. In the psychic equivalent mode, the child assumes a correspondence between his or her thoughts and beliefs and the actual external world. However, this may be different from an omnipotent forcing of the world to fit the fantasy, which is sometimes seen as characterizing the psychotic state of mind. The authors comment that:

> When working with young children and other patients who are still functioning in this mode of psychic experience, it is external reality, not the contents of the child's mind, that is immensely and sometimes terrifyingly compelling; the child's thoughts and beliefs seem very vulnerable and evanescent by contrast. [p. 261]

The pretend mode of experience is kept quite separate from external reality—and children may show considerable anxiety if the internal pretend reality and the external reality collide. An example is given of a boy who requested that his father find him a Batman costume; after much searching, the father found an expensive costume in a fancy dress shop, but the costume was so realistic that the boy was frightened when he put it on and refused to wear it again, preferring his previous makeshift imitation of a cloak.

In optimal development, the child gradually integrates the psychic equivalent and pretend modes into a higher mentalizing mode of representing psychic reality; with this development, it is then appreciated that appearances can be deceptive, that other people may have different perceptions of external reality, that belief does not necessarily correspond to external reality, and that feelings may change. The development of mentalization requires the availability of the mentalizing mind of the caregiver. If this integration toward mentalization does not occur, there may be a persistence of a pretend mode that is kept excessively insulated from reality; this can happen partly as an escape from too-painful external reality. In such a situation, the child or adult may display a seemingly high level of symbolic functioning and may express preoccupations very

clearly in play or free associative fantasy, but this area is endlessly divorced from external reality. It is when the dissociation between external reality and the pretend mode breaks down that considerable anxiety may arise.

This conceptualization of a sequestered area of pretense strikes me as extremely fruitful in its implications for understanding a great many clinical phenomena, e.g.: analyses that are seemingly endless and show little benefit; the coexistence of psychotic and nonpsychotic parts of the mind; the occurrence of psychotic transference; the pretense-based features of dissociative identity disorder; and aspects of obsessive-compulsive disorder, where there is a continual intrusion of pretend-mode magical thinking into the perception of external reality. With this perspective, the psychoanalytic focus may shift from a concern that lies essentially with the *content* of unconscious fantasy to a consideration of the relationship of fantasy to the perception of external reality. Moreover, a deeper and clearer understanding emerges of the function of play, which takes some of the rudimentary insights of Winnicott much further.

A particularly valuable section of the book is concerned with the roots of borderline personality disorder in disorganized attachment. The authors see this pathology as based around failures of mentalization and in a particular disturbance of identity that they call the *alien self*. They note that psychoanalytic work with such patients tends to be difficult and prolonged, and may be characterized by transference-countertransference enactments and intense dependence alternating with ruptures of treatment, often showing limited therapeutic gains. They hypothesize that one aspect of the failure of mentalization in patients who were victims of child abuse may arise as a result of the contents of the abusive parent's mind having been perceived as too frightening to think about; and thus, the potential development of mentalization is defensively shut down. However, the authors also note that borderline patients may often display acute sensitivity to the mind states of others, particularly for purposes of manipulation and control. The answer

to this apparent puzzle, they suggest, is that such people are not *mind blind,* but neither are they *mind conscious.* Rather, they are perceptive to the mental states of others and use these inferences to influence others' behavior, but they do so unconsciously.

A further factor that makes analytic work with borderline patients so difficult, according to the authors, is the presence of the *alien self,* constructed out of the representations of the abusive or dysfunctionally mirroring other. This persecuting alien self, a parasitic introject, will tend to be continually reprojected onto the analyst. Such a maneuver provides some internal relief for the patient, but makes the analyst a frightening and useless figure:

> For the relationship to serve a function and to be tolerable, the analyst has to become what the patient wishes him to be. But at these moments he is likely to be too terrifying to be able to offer help that can be accepted. To be an analyst and help the patient overcome such primitive modes of relating, the analyst must be anything but what is projected onto him. Unless he is able to juggle responses to these opposing pressures, the analysis is doomed to become a rigid repetition of pathological exchanges. [p. 429]

The authors argue that all forms of psychotherapy in some way involve the *rekindling of mentalization,* often by forming an attachment relationship and using this as a context in which mental states can be identified and thought about. They recommend that in work with patients with severe borderline personality disorder, the analyst's interpretive comments should take the form of relatively brief references to emotional states and to the patient's experience and perception of the analyst. Confrontation with aggression and destructiveness is often not as helpful, they argue, as a focus on the emotional antecedents of the patient's enactments. They note that the tasks of creating a transitional space for the therapy and of working with the precursors of mentalization may appear awesome: "Yet progress is

only conceived by being able to become part of the patient's pretend world, trying to make it real while at the same time avoiding entanglement with the equation of thoughts and reality" (p. 369).

Another important phenomenon addressed here is that of *ego destructive shame*. This is the devastating humiliation that arises from the *brutalization of affectional bonds*. The authors argue that there is something particularly toxic about the experience of humiliation and shame in precisely the context where empathy and care are sought: "The expectation of being seen and understood as a feeling and thinking person, which is created by the attachment context, clashes violently with the brutalized person's objectification and dehumanisation" (p. 426).

I have tried to present here just a few of the many informative and intriguing ideas and insights to be found in *Affect Regulation, Mentalization, and the Development of the Self*. It is hard to do the book justice in a review since it is packed with scholarly material, complex argument, and detailed clinical illustrations. Many familiar psychoanalytic concepts are given new freshness and depth through the presentation of clinical and research data and associated theorizing.

Some analysts may be wary of the intercourse of psychoanalysis and developmental research, fearing that it can bring about a dilution of, or flight from, the fundamental and anxiety-laden work of exploring the unconscious mind. However, I believe that any analyst who immerses him- or herself in this book (and it is not a light undertaking) will find that nothing of psychoanalysis need be lost and much is to be gained. Indeed, for those of us who worry about the survival of psychoanalysis in the current intellectual and professional marketplace (and who today would not have such worries?), there is much that is reassuring. For here we can surely glimpse the viable future of psychoanalysis—and it is indeed exciting.

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STEPPARENTING: CREATING AND RECREATING FAMILIES IN AMERICA TODAY. Edited by Stanley H. Cath, M.D., and Moisy Shopper, M.D. Hillsdale, NJ: Analytic Press, 2001. 346 pp.

The literature regarding divorce has for many years focused primarily on what is in the best interest of the children.[1] There has been much debate about the impact of parental divorce on the lives of children. Wallerstein believes that divorce has long-lasting consequences on the children's self-esteem, consequences that linger into adulthood.[2] Conversely, Hetherington feels that the evidence favors children's development into overall well-adjusted adults, despite growing up with divorced parents.[3] Gradually, attention has been given to the psychological effects of divorce on the parents, as well as to the adult's capacity to parent after the dissolution of the marriage. In contrast to the mental health field, the court system has seemed more receptive to viewing the parents' struggles during painful divorce proceedings as nonpathological. It has become common to see judges awarding joint custody. Although some believe this is because it is difficult for judges to know which parent is the more suitable, and because of the desire to avoid the risk of the "unfavored" parent's alienation from the children and the court (i.e., in refusing to pay child support), the practice of awarding joint custody was actually spearheaded by guardians ad litem who recognized the psychological needs children have to maintain contact with both parents, despite inherent conflicts.

Most of us are familiar with the challenge that child psychoanalysis has faced to gain acceptance. One often hears the opin-

[1] Goldstein, J., Freud, A. & Solnit, A. J. (1986). *Before the Best Interests of the Child*. New York: Free Press.

[2] Wallerstein, J. S. (2000). *The Unexpected Legacy of Divorce*. New York: Hyperion.

[3] Hetherington, E. M. (1987). Family relations six years after divorce. In *Remarriage and Stepparenting: Current Research and Theory*, ed. K. Pasley & M. Hinger-Tallman. New York: Guilford.

ion expressed that "child analysis is not real analysis," and that it is the *stepchild* of the analytic community. I wish to emphasize the prefix *step* because it captures the feeling of "not being as important" as "the *real* analysis [parent]." Similarly, in the child analytic literature, there are few papers addressing the neglected issues of being a stepchild, stepparent, or stepgrandparent. These topics have received little attention in the field of child psychiatry as well.

Stepparenting: Creating and Recreating Families in America Today brings the attention to steppersons that has long been overdue. Cath and Shopper take on the arduous task of examining stepparenting in depth, which can be of great benefit in our work with children and the adults who care for them. The title of the book is actually a misnomer, as the book sensitively addresses a myriad of related issues beyond stepparenting. Chapters contributed by a wealth of experienced clinicians address stepparenting. Cath shares in the preface that

> . . . our original intent, inspired by previous work on fathers, had been to focus on the stepfather's adult experience in order to emphasize the opportunities to prevent further pain and pathology in the family system. Gradually, we found ourselves widening our horizons and including chapters on stepmothers and related topics. [p. vii]

The chapters are categorized in a helpful manner, with twelve of them appearing under the heading of "Developmental Considerations." These chapters cover complex issues and are written with sensitivity to the nuances of the conflict that exists between biological parents and stepparents. One such issue is the need for the biological parent to overcome shame after divorce, in order not only to function in a difficult parental role, but also to begin building a new relationship with a significant other. Each chapter allows the reader, through clinical material, to become immersed in the challenges faced by the clinician in understanding and helping steppersons. The

book highlights the complex task that parents have in negotiating their own needs as well as their children's, in addition to those of new partners. Each author shares his or her understanding of the dynamics between family members, as well as the intrapsychic issues frequently played out—mainly in transferences toward each other and the clinician.

Among some of the topics addressed in the book are:

1. the importance of the role of the stepfather during preoedipal, oedipal, latency, and adolescent phases;
2. adoption, and when and where its disclosure is appropriate;
3. the stepmother's role;
4. the stepsister's role;
5. death of the stepfather; and
6. psychological issues of a childless stepparent.

The book is painfully clear that there is no single way to assess stepparenting. There is much to be learned about the multilayered and multidetermined conflicts present in blended families. As Cath states:

> All these events [divorce, remarriage, adoption, or death] are colored by each person's initial and retrospective interpretation, uniquely distilled through the personal meaning of that event. When we add ethnic, religious, financial, educational, and family of origin variables, we often have as incomparable a research situation as has ever been studied. Yet, laymen and professionals alike try to ferret out some general, valid principles so as to make some sense out of chaos, to seek out some understanding in areas of seeming causality and thereby learn how to mitigate future stresses in such inherently turbulent settings. [pp. vii-viii]

Children who are hungry for a role model hopefully find the stepparent ready to accept this task. Conversely, other children believe that their sole responsibility is to make the stepperson (mother, father, or sibling) feel unwelcome—or even to make the

person disappear, as is poignantly captured by the Peruvian novelist Mario Vargas Llosa in his book, *In Praise of the Stepmother.*[4] Here, the stepson, in order to prevent his stepmother from assuming the role of his loving mother toward both his father and himself, sexually seduces the stepmother, thereby forcing his father to ask her to leave. A child's displacement of unresolved conflicts about the biological parent is a difficult burden to be overcome by the stepparent.

A film I use to teach child psychiatry residents about the impact of divorce is *Author, Author* (1982), in which Al Pacino portrays the stepfather of five children of three different fathers. He has rescue fantasies and tries to be emotionally available to all in order to compensate for their neglectful mother. Painful but realistic to those of us who work with children is the episode when one of his stepchildren, Debbie, says, "My mom's not coming back, she just leaves. I'm so sick of this, you can't imagine. I got one natural sister, seven stepbrothers, seven stepsisters, twenty aunts, twenty-six uncles, nine grandparents, five great-grandparents, and over two hundred cousins in America alone. When are you going to stop this?"

It is not uncommon to find children overwhelmed by the many conflicts in loyalty that arise in blended families. Also painful in the movie is the occasion when Spike, a stepson, advises Pacino, "My mom doesn't ever get over arguing, so if I were you, I would stop waiting for her. Okay?" Here, the stepfather is attempting to assume the role of father *and* mother; and unfortunately, he uses this—as the children point out—to avoid looking at his difficulty in recognizing their mother's character flaws and his own problems in maintaining healthy adult relationships.

The children in *Author, Author,* as well as those in many chapters of *Stepparenting: Creating and Recreating Families in America Today,* act out the adult-like roles assumed by many children of

[4] Vargas Llosa, M. (1991). *In Praise of the Stepmother.* New York: Penguin Putnam.

divorced parents. These adultified children give advice to adults and develop numbness to memories of their lost, idealized childhoods in order to cope with the painful reality of divorce.

In the best interest of our children, let us remain sensitive to the possible interference of unconventional circumstances in children's developmental tasks. Perhaps later, we will see more papers addressing the influential role that nannies and day care persons can have in children's psychological lives and well-being.

This book should also be commended for covering issues of incest, gender differences, and forensics, devoting three rich chapters to these categories. A pertinent topic covered by Bursztajn and Boersma is "The Psychoanalytically Informed Forensic Psychiatric Evaluation." A helpful evaluation outline is provided for the clinician working with forensic cases. This tool can be particularly important and useful in situations in which a stepparent has had a strong positive impact on the life of a child, enhancing the child's healthy development.

> Residual prejudice against stepparents makes it essential to have an evaluation applying the same standard to stepparents as to biological parents. Psychoanalytically trained forensic examiners will be more aware of their own potential prejudices and make diagnostic use of countertransference feelings, as well as the implicit prejudice that may exist in some legal arenas. [p. 320]

I would highly recommend this book to any mental health professional working with adults or children who are part of a blended family. The book not only helps us understand the psychological ramifications of this social structure; it also serves as a practical reference for the clinician.

> The ties between stepfathers and their children, no matter how psychologically strong in intensity or duration, nevertheless have very little legal foundation or legal protection. The law is more likely to recognize the kinship

of blood relatedness than the affectionate bonds resulting from psychological parenting. [p. 4]

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PSYCHOANALYSIS AND FILM. By Glen Gabbard, M.D. London: Karnac, 2001. 240 pp.

I like movies. I know that film is an important aspect of contemporary culture and a major modern art form, but to be honest, I think of them as movies and, most of the time, experience them as entertainment. Also, I do not know much about them. I read reviews regularly, usually before I have seen the movie (or decided not to see it), primarily to help me decide whether or not I want to see it and to enhance my pleasure and appreciation if I do. For me, a good review makes the movie more interesting, calls my attention to things I might not otherwise notice, provides context, and adds meaning. It cannot make a bad movie good, but it can make a good movie better. There are also good reviews of bad movies that explain how and why the movie fails, and can often be more interesting than the movie itself.

Glen Gabbard has assembled twenty-four reviews from the first four years of the film section of the *International Journal of Psychoanalysis,* his term as film review editor for that publication. They are brief (only three are more than ten pages each) and are written by analysts and critics from around the world (two by Gabbard himself, three by Emanuel Berman of Israel, two by Andrea Sabbadini of London, and the others each by an analyst or critic). Most of them discuss superior films or film "classics." The new *Zagat Survey Movie Guide*[1] ranks seven of them "extraordinary to perfection" *(Vertigo, Chinatown, Wild Strawberries, The Conformist, Saving Private Ryan, M,* and *The Sixth Sense),* and another twelve "very good to excellent." Only seven are unrated, including the only documentary discussed,

[1] Gathje, E., ed. (2002). *Zagat Survey Movie Guide.* New York: Zagat Survey.

Eric Nuetzel's review of Terry Zwigoff's *Crumb*. For the most part, these are movies one would want to see, but with a few exceptions, these reviews would not help one decide whether or not to do so. In fact, they are often hard to read if one has not already seen the film, although there are exceptions: Kimberlyn Leary's discussion of *Eve's Bayou,* and Ruth Matalon and Emanuel Berman's review of *Exotica,* both led me to films I had not seen before and enjoyed.

Most of these reviews will be of greatest interest to readers who both know the film (the reviewer often assumes even greater familiarity than that of the casual viewer) and know something about psychoanalysis. The reviewers rarely discuss whether or not the films are "good," and if so, "why," but rather use them as opportunities to discuss culture, psychodynamics, or something else. In effect, the film is often the occasion for an essay rather than the subject of an evaluation or inquiry. After reading them, we understand more about latent or hidden meanings, but not why the result is or is not effective.

In his introduction, Gabbard describes seven approaches to psychoanalytic film criticism, a classification he presented in his 1997 essay, "The Psychoanalyst at the Movies"[2] that introduced the *IJP* section. He believes that five of these approaches are illustrated by these reviews. They are (1) explication of cultural mythology; (2) reflection of the filmmaker's subjectivity; (3) reflection of a universal developmental moment; (4) analysis of spectatorship; and (5) analysis of character. I found these categories helpful, although as Gabbard suggests, the best reviews often involve several at the same time—for example, Jacob Arlow's analysis of *Wild Strawberries,* which discusses how a specific character type faces a specific developmental challenge.

I categorized the reviews myself using a much more superficial system. Seven of them focused on sexual fantasies or behavioral patterns that were central to the plot: transvestitism, trans-

[2] Gabbard, G. (1997). The psychoanalyst at the movies. *Int. J. Psychoanal.,* 78: 429-434.

sexuality, voyeurism, pornography, primal scenes, and incest (the last in two cases). Eight of them emphasized historic/social/cultural themes that provided the context essential to understanding the film: politics, racism, sexism, and so forth. The other nine identified familiar psychodynamic patterns (often oedipal) in the films. Several compared the experience of the film to the process of psychoanalysis, with the viewer gradually constructing an ever more comprehensive narrative out of the apparently incoherent and fragmented pieces with which he or she is at first provided. Some (generally the poorer ones) pointed to explicit references to Freud, therapy, or psychoanalysis in the film itself.

I was disappointed that another possibility was not represented in the book. Gabbard tells us that "the cinema and psychoanalysis have a natural affinity" (p. 1), and that the critical test for these reviews should be that they enable "the reader [to] view the film from a new and enlightening point of view" (p. 13). However, that affinity suggests a symmetrical possibility that a review might offer a new perspective on some aspect of psychoanalysis. This does not happen here. An outsider might even read some of these reviews as arrogant, with the analyst-reviewer writing from a position of authority, explaining to the auteur and the audience what the film is really about. That position has largely been discredited in contemporary clinical psychoanalysis; we no longer try to pretend that we know what everything is about. A humbler posture in applied analysis is overdue—an interest in learning from filmmakers as well as in teaching them. A more open attitude about our theories might lead to some interesting explorations at the boundary of cinema and psychoanalysis.

The film review section in the *International Journal of Psychoanalysis* and this book are an important start. I look forward to future reviews and volumes. It would be helpful if the next edition included descriptive information about the authors of the reviews and the citations for the films, as well as the references to the original reviews. It would be wonderful if it also re-

flected a growing intimacy in what Gabbard calls "the marriage between movies and psychoanalysis" (p. 1).

ROBERT MICHELS (NEW YORK)

CITY OF ONE. A MEMOIR. By Francine Cournos. New York: Plume (Penguin Putnam), 2000. 254 pp.

What do you do when you wake up from a terrible nightmare and realize that you haven't been asleep at all? You've been wide awake the whole time––and you haven't been dreaming! The nightmare was real! And it's not over! This is what happened to 11-year-old Francine Cournos on August 29, 1956.

Eight years earlier, when she was only three, her father died, suddenly and unexpectedly, of a cerebral hemorrhage. A brain tumor had invaded his body as a silent marauder that was intent upon destroying him. When it fulfilled its task, it set in motion a sequence of events that also destroyed any chance Francine might have had of having a happy childhood.

A jovial, kindly grandfather did his best to fill the void created by the departure of Francine's father. He didn't stay around very long, however. Two years later, he, too, suddenly died. A bleeding ulcer spilled his life's blood out of him. Shortly thereafter, Francine's mother was diagnosed with breast cancer and underwent a disfiguring radical mastectomy. *City of One* begins with a stark and graphic visual image of the missing breast.

This time, the disease process was less hasty in its determination to remove yet another vital piece from Francine's chessboard. It made up for taking its time while it snuffed out her mother's life by devastating her body as cruelly as it could manage. For the next six years, Francine looked on as her mother's body was ravaged by the spreading swarm of cellular locusts that was devouring her bit by bit and piece by piece until it managed, literally, to squeeze the breath out of her.

Francine alternated, as children do, between blaming herself for the series of losses she experienced and living in a state

of terror, in which she perceived her mother as an ominously dangerous, Medea-like creature who possessed awesome, female power over life and death. The latter piece of mythologizing was reinforced by her mother's production from out of her body of a baby girl, named for her absent father, just seven months after his death. Her mother seemed to have dispatched her father from this world and to have replaced him with Francine's little sister. Since her mother also had sent away her first husband and sent Francine's older half-brother, when his behavior became unmanageable, first into foster care and then into residential placement, Francine lived in intense fear that misbehavior could have dire consequences indeed. She, too, could be gotten rid of.

Francine's school-age years were nightmarish. She expected Death not only to suddenly swoop down and carry off her mother, but to take notice of her, too, as a tasty morsel with which to momentarily satisfy its ravenous appetite. Her intense yearning to be reunited with her father, in combination with her enormous fear of dying, propelled her toward periodic, counterphobic actions that put her in serious danger of losing her life.

Francine's mother left to go into the hospital periodically. She would return swathed in bandages to cover the places where bits and pieces of her had been cut out. In August 1956, too ill even to say goodbye, she left for the last time. She died in the hospital. Her mother's nightmare had come to an end—but not Francine's. Like a hurricane, it paused only to gather strength.

Francine and her little sister continued to live with their then-76-year-old grandmother. The three of them clung to one another, in a hopeless effort to dispel the grief that enveloped them like a thick, black fog that blotted out the sun and seared their eyes with acid tears. Francine was desolate but undefeated:

> For the past six years my life had revolved around watching the inexorable deterioration of her health, monitoring her downward course, trying to figure out how to im-

> prove things, however slightly. Yet the essence of my mother remained to the very end in her toughness, her determination, her consistently conscientious ministrations. The example she set of how to fight in the face of adversity would become the most important gift she bequeathed to me. [p. 66]

Francine held on as long as she could to mementos of her mother, and she grabbed on to whatever dribs and drabs of affection her aunts and uncles and cousins were able to proffer her. The loss of her mother was all consuming. She took solace in the expectation that one day, she would become glamorous, like the mental picture she retained of her Saturday Night Mother, dressed up, perfumed, and ready to go out with her faithful male friend. Like Anne Frank, Francine savored the wonders of her pubertal and adolescent transformations, despite the tragic circumstances of her life.

For the most part, Francine's grandmother was there for her and her sister in their time of need, but she, too, was human. In her wrenching anguish, fear, and feeling of helplessness, she broke down on occasion and lost her perspective:

> "If your mother hadn't been so busy taking care of you," she said, "she could have gone to the doctor in time and she wouldn't have died." I was horrified to discover that Grandma blamed us for mom's death. [p. 75]

Grandma's mental faculties deteriorated and crumbled, just like the South Bronx neighborhood in which they were living. Two years after their mother's death, Francine's aunts and uncles concluded that Grandma was no longer up to the task of taking care of two little girls. Although they spoke of taking them to live with them, this proved to be no more than empty words. Francine and her sister were suddenly taken away from their grandmother and placed in a foster home. Francine, now thirteen years old, and her little sister *had finally lost everyone who had meant anything to them!*

The impact was overwhelming:

> I don't think any amount of reflection will ever allow me to understand why my relatives were so lacking in any sense of empathy or responsibility . . . . There must have been something wrong with me, I concluded, or my family wouldn't have given me away . . . . The adults in my family each deserted me in turn, and whatever the explanation—that I was unlovable, that I was being punished, that I was intolerably bad—whatever it was, I was to blame. [pp. 97-98]

> For me, the deaths of both of my parents, while extremely painful, were not as traumatic as the abandonment by my family that followed . . . . my aunts' and uncles' indifference made me feel . . . utterly worthless and expendable. [p. 108]

Francine and her sister were more fortunate than many children who find themselves placed in foster care. They were not abused. They were not shuttled from one home to another. They were not lost in an impersonal system in which their cases were managed by overworked or uncaring bureaucrats, whose faces and names kept changing while they treated them like inanimate entities in need of no more than warehousing. The girls were assigned to one of the best of the foster care agencies, and a home was found for them with people who really cared for the children they took in to raise.

Unfortunately, the damage had already been done. Francine by now was so terrified of experiencing further abandonment that she had begun to distance herself from other people. Stubborn self-reliance had become a vital source of strength, and, in identification with her mother, it was important to her that *she* be her little sister's caretaker rather than anyone else. She could not accept her foster mother's offer to become their new mommy. She refused to let herself get close to her, although that was precisely what she wanted and needed. Hurt and rejected, the

foster mother almost sent her away after a year of adolescent distancing. Somehow, the message finally got through that Francine really did want to stay, despite her inability to say so, and she was invited to remain in the foster home. Fortunately for both of them, she accepted the invitation. Instead of leaving her foster mother, Francine sent away the first social worker who was assigned to her and had her replaced with someone else.

Francine's father had been a proofreader for the *New York Times* and her mother had had unfulfilled aspirations of becoming a schoolteacher. Francine made good use of these aspects of her identity and of her native intelligence. During her childhood ordeals, she had thrown herself into schoolwork and studying as a way of escaping from her unhappiness, demonstrating that she was not powerless, and proving her value in the world. She continued to do so during her adolescence. She also soaked up the elements of caring and of continuity that came from her encounters with a number of people who were there for her, which she desperately needed. In addition to her foster parents and foster siblings, there were the eccentric but lovable Austrian social worker who met regularly with her during her early years in foster care, the high school guidance counselor who *insisted* that she attend a four-year college, the pediatrician who believed in her when she said she would become a doctor some day, and the psychiatrist provided for her by the social work agency when Francine's years of emotional strain finally caught up with her—as well as the later therapists she found for herself (including a psychoanalytic candidate who did *not* abandon her when she proved unable at that time to give herself over to free association as a would-be clinic analysand).

Francine got through high school with flying colors, despite almost unremitting unhappiness, a need to dwell in loneliness while she held herself apart from "normal" people, and a host of hypochondriacal anxieties that stemmed from her expectation that Death would reach out to claim her. As a freshman in

college, at a time when those around her were moving out of their childhood closeness with their parents, Francine found herself with the need to *find* one of hers. As a patient of mine once told me, "in order to leave home, you have to have a home to leave." She had had no contact with anyone in her father's family since his death when she was only three. Since they shared an uncommon last name, she was able, via the telephone book, to locate her father's brother, a writer, then seventy-eight years old, who lived in New York City. Although they never really grew close, he helped to fill a void in her life. He also connected her with a paternal cousin and came up with a letter from her father that, to her amazement and delight, revealed that he had been a principled, courageous man who had been willing to go to prison for a worthwhile cause in which he believed. Prison, in fact, was something she could understand:

> I began to see that my halfhearted search for Dad and my haphazard choices of men and the sexual drive that convinced me I was still part of life, and my terror of choking and dying like Mom, and my appreciative but detached relationship to [her foster mother] were all part of the same maddening struggle between two warring parts of me. One side insisted on managing without being close to anyone, said it's just not worth it, people are too unreliable, only a fool would persist in the face of all the evidence that it never works out and never will. But the other part of me was desperate, needy, driven by desire, afraid to be alone. I hated my contradictory feelings and wished I could banish them, but there was no escape. [p. 154]

Francine raced through college and medical school as an outstanding student. Eventually, she came to realize that she had become a doctor in order to fulfill a childhood dream of curing her mother of cancer. When she had almost completed a residency in internal medicine, she found that she could no longer go through the agonizing experience of watching a patient die of something she could not cure. She also was begin-

ning to be able to talk with patients about their terminal illnesses and to comfort them, which few of her medical colleagues seemed able to do. She decided to switch to psychiatry as her chosen career. Once again, history demonstrated its power over human beings: "I'd decided to follow in the footsteps of my own therapist, my symbolic father, and become a psychiatrist, even training at the same institution" (p. 177). Uncannily, her beloved psychiatrist almost died of a heart attack during one of her sessions with him!

It was during her psychiatry residency that Francine (after some desperate and unfortunate relationships with men who were very wrong for her indeed) was lucky enough to meet the man who truly was able to fill the void created when her father left her—after having served in that role so briefly that the agony of the loss outweighed what she had gained from the relationship. This man even provided a family that embraced her lovingly as one of its own. Her husband helped her, despite her reluctance, to track down the balance of her father's story that she had not been able to obtain by herself. He even managed to obtain a photograph of him for her. To her amazement, her father turned out to bear "a startling resemblance" (p. 205) to her husband.

History is *extremely* powerful, however. Francine continued to live in terror of being abandoned, not only during the day but during recurrent nightmares that would not cease. She longed to have a baby, but when she finally did become pregnant, she found herself terrified that something would go wrong and the baby would die inside of her. Her daughter, unaware of the threat imposed by the dark specter her mother had felt hovering over her for most of her life, surprised her by being born alive and healthy, but Francine continued to experience almost constant panic:

> It was love at first sight, joy and amazement, great happiness, but the dark side did not disappear. The terror of separation still lurked, threatening to rob me yet again. Maybe it was me who would die now—that's what happens when you become the mother, you get sick and

> die. Or the other way around: to me every one of Elizabeth's childhood illnesses was the herald of the angel of death. I lived in fear. [p. 209]

Francine did not elect to go into private practice when she finished her psychiatric training. Instead, she took on the directorship of the division of the psychiatry department providing services for the indigent, a unit at the bottom of the professional totem pole for everyone else—but not for her! She fought, like a mother tiger with cubs, to obtain the best services possible for the woebegone, helpless, and hapless patients in her charge, who had been all but abandoned by society. And she would not tolerate either their giving up on themselves or her colleagues giving up on them!

In June 1979, when her daughter, now twenty months old, was going through a phase of separation anxiety and Francine was trying to become pregnant again, she descended into a deep depression that was to last eight months. She returned to her psychiatrist after a hiatus of three years for some necessary further work on her understandably ambivalent, internal relationship with her own mother. She ended the treatment when her depression subsided, but continued to be plagued by obsessive doubts about her capability of being a good mother after all she had been through. She decided to return to psychotherapy, this time with a female therapist. To her great good fortune, she was directed to a sensitive, compassionate, but also highly capable psychoanalyst, *with an Austrian accent like her foster care caseworker,* who shepherded her through a wonderfully successful three-year period of psychoanalytic treatment. During it, she was able to tackle and work through her terror of loss and abandonment and her conflicts about the competitive and ambivalent feelings she harbored toward her mother. Her nightmare could finally end, and she could allow herself to live an ordinary, happy life.

I met Francine Cournos when we served together in a symposium on adoption and foster care sponsored by the Institute for Psychoanalytic Training and Research on November 17, 2001. At that

time, she was heading a psychiatric program for children orphaned by the HIV epidemic. I not only had the privilege of working with her professionally in the symposium, but I also had the pleasure of sitting across from her and her husband during the dinner that preceded it, so that I had a chance to get to know them. Dr. Cournos came across as fiery, feisty, intelligent, and eminently likeable.

During the symposium, in which she read excerpts from her book and elaborated upon them, she demonstrated the sensitivity and empathic ability, and the admirable impatience with professionals who substitute theory for true understanding, that are so well expressed in *City of One*. During a break, I ran out and purchased a copy of the book. I heartily recommend that the readers of this review do the same. Anyone interested in learning about the impact upon human beings of early loss and abandonment and about what is required to overcome it will be amply rewarded by reading this book. It is an opportunity that should not be missed!

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ECSTASY. By Michael Eigen. Middletown, CT: Wesleyan Univ. Press, 2001. 106 pp.

RAGE. By Michael Eigen. Middletown, CT: Wesleyan Univ. Press, 2002. 194 pp.

In his two most recent books, Michael Eigen explores the intimate relationship between the antipode of rage and ecstasy in a highly intriguing, phenomenological fashion. These books are unorthodox in scope and structure, and even the content vacillates from phenomenological descriptions of case studies to history and hermeneutics, theosophy and faith, including personal anecdotes and confessions, with the explication of psychoanalytic theory interwoven throughout the author's transcendental investigations and meanderings. *Ecstasy* could arguably be considered a literary diary on the inner experience of

human desire that traverses the topography of base animality to the sublime, while *Rage* stays more closely focused on the dialectical intensity of destruction and vitality. These two primordial emotions have a hallowed priority for Eigen, as he situates them in the health and pathology that define us all.

These are not standard psychoanalytic books with a logical set of premises arguing for certain propositions or key theses backed by case analysis; rather, they are musings, like a writer's journal or a poet's pad. *Ecstasy* is the existential meditation of a feeling soul that loosely takes us from antiquity to modern philosophies of the will, mysticism, and spiritual reification, thus capturing the holism of image and idea, feeling and intuition, self and other, separateness and unity. This book is about cosmic questions—from metaphysics to therapy. There is no argument to these texts, just a series of reflections, sometimes non sequiturs. But this is the beauty of this style of work: like the prophetic utterances from an enlightened guru, they are both spiritual and inspirational, an intimate encounter with soma and psyche—psychoanalytic poetry. To attempt to provide a summation or interpretation of *Ecstasy*, and hence to give it structure, would do it a grave injustice; for it would dislocate the author's cryptic intention of conveying a deeply personal message to the reader, and therefore deprive him or her of a private dialogue with the material. There are no central unifying theses, just a flow, drops of experience, pulsating, moving—alive. As with Nietzsche's epigrams, one can contemplate each passage for hours, open to rich introspection and inner emotional resonance. Like a good literary novel, one has to immerse oneself in the experience.

Ecstasy is the merger of Eros and death, its essential form; but we only know it as moments—the way in which it appears. There is a confluence of life force and destruction in ecstasy —*jouissance*—the pain of the sublime, visions of excess, both beatific and horrific—it penetrates, *cuts*. Although Eigen wants to draw our attention to the cultivation and aesthetic pursuit of this coveted emotion, this book is ultimately about desire

—embodied, inhabited, fantasized, eviscerated, deracinated, incorporated—whereby satiation and lack, negation and affirmation, being and nothing are the dialectical complementarities and inversions of each other: "Agony and ecstasy, pain and joy" = unity: ecstasy (Eros) and rage (Thanatos), both animating *animus*.

Eigen's foray into psychoanalytic phenomenology capitalizes on the poignancy of inner experience as an impetus toward transformation. In *Rage,* he traces the instantiation of aggression in the self and society, in aesthetics and religious identification, in the consulting room and popular culture, and offers a very compelling analysis of the Bible. His case studies are carefully selected to highlight a particular piece of psychic effusion through very real narratives from the therapeutic encounter—not as clinical, staid, or antiseptic renditions of life. He shows his skill as a clinician both theoretically and technically, acknowledges his countertransference, and exposes personal aspects of his subjectivity through honest and intimate self-disclosures of a thoughtful world. With supple grace, he shows the resplendent complexity and marvel of the overdetermined nature of inner life through case illustrations and philosophical deliberation, casting an empathic eye into the core of human experience and speaking in beautiful prose. Ecstasy and rage are the Other—incorporated, alienated, enveloped, awakened—the other in us.

These books are extensions of each other, with a tacit attempt to reconcile the collective within the individual as equiprimordial processes. Ecstasy and rage build on the dialectic, a confluence of polarities:

> There are body ecstasies and transcendental ecstasies. Fear-rage ecstasies, erotic ecstasies, intellectual ecstasies, power ecstasies, hate ecstasies, love ecstasies. There is free-floating ecstasy almost any capacity can trigger and dip into. Hitler ecstasies. Saint Teresa ecstasies. Incessant amalgams of selfishness-surrender, twin ecstatic poles. Sensation, feeling, thinking, intuition, willing, imagining, believing, disbelieving, knowing, unknowing

> —all ecstasy vehicles. Do we have a clue what this is all about, what to do with it? [*Ecstasy*, p. 29]

What voice, what translation can we give to such philosophy? Eigen's combined work is a treatise on the ontology of emotionality that defines our inner constitution: both are vitalities—intensities of form that make their appearance as an unbearable sense of suffering desire that pines, seeks, finds—the positive significance of the negative. These are extremities of self-states with profuse and contaminating, affective, resonant organizations clamoring for fulfillment; some in response to pain, some resulting in pain: bliss and blaze are never devoid of their antitheses. Eigen succeeds admirably in alerting the reader that human emotionality—not reason—is our proper essence.

Readers who are looking for a tightly wound, articulate set of theses will likely be disappointed in Eigen's approach to the material, for these works are highly phenomenological and literary in breadth and structure, emphasizing the existential reality of the lived experience in the quest for meaning and transcendence—something secret, something sacred. There are sparse footnotes, and references to other works are minimal. But one cannot blame the author for a lack of scholarship: this book is a lifetime of ponder condensed into a few pages of wonder. There is a personal message in these texts to be mined, but the discourse is more arcane, perhaps bordering on a psychoanalytic mysticism or *Weltanschauung*, thus making demands of the reader to tarry below the surface through personal unconscious identifications, rather than dwelling in their mere conscious comprehensibility.

Faith is a paramount theme for Eigen, for he is preoccupied with the spiritual and *mysterium*. Those who are not favorably disposed toward such topics may not find his cogitations to be of personal reward. However, if one reads these works carefully, one cannot escape the overall impression that Eigen wants to underscore the inescapable conjunction of these feeling states

as condensed into a single unity, which may even help us orient our lives—much like the neo-Platonists, medievalists, mystics, idealists, and theologians before him, all in search of the transcendental, an *unus mundus*.

> What does one do with the emotional knot or core that is compressed pain, ecstasy, hate, domination, submission, caring, sex, hunger, fear, worry, grief, madness and the drive for truth?
>
> All of these fuse in a dense navel, congealed ball, fist. The knot can be radioactive, malignant, demonic, longing, aching for the freedom of good moments, hoping against hope it won't stuff good moments with rot. [*Ecstasy*, p. 86]

Although I have never met Michael Eigen, while reading these books, I cannot help but feel that I am in the presence of a wise man. Even for the ardent atheist, his words will awaken a *wish* to believe.

JON MILLS (TORONTO, ONTARIO, CANADA)

ON MOVING AND BEING MOVED: NONVERBAL BEHAVIOR IN CLINICAL PRACTICE. By Frances LaBarre. Hillsdale, NJ/ London: Analytic Press, 2001. 268 pp.

On Moving and Being Moved: Nonverbal Behavior in Clinical Practice is an ambitious effort to demonstrate the importance of nonverbal behavior within psychoanalysis from a two-person perspective. A dancer as well as a psychoanalyst, LaBarre concentrates on the ways her patients move and speak, how they *are in the room*, and how she, in turn, experiences her bodily responses to them, as well as how she uses these sources of information to shape her thinking in making analytic interventions.

In the thirty-eight pages of part I, "The Choreography of Conversation," LaBarre presents a condensation of the book, which she then expands over the subsequent one-hundred ninety-eight pages. She describes how various separable, identifiable moments

form an uninterrupted stream of nonverbal factors. Further, she organizes her examples to illustrate three distinct ways of looking at nonverbal behavior developed by researchers in the field: the intrinsic-meaning position, the cultural position, and the school of practical analysis. "These three levels of movement and action inevitably shape our responses and our thoughts as they emerge in countertransference experiences or intuitions" (p. 11).

According to LaBarre, psychoanalysts also tend to organize their ways of seeing nonverbal behavior into three categories: (1) the Freudian emphasis on certain kinds of behavior as symbolic of inner structural conflict and traumatic past experiences; (2) the interpersonal and relational emphasis on behavior as relevant to the patient's ways of handling interpersonal security needs; and (3) the British object relations emphasis on seeing current interactive behavior as symbolic of anxiety stemming from innate, inner conflict within the patient's object world. LaBarre believes that a knowledge of research in nonverbal behavior can enhance the analyst's ability to separate observation and interpretation. "Working from actual behavior can lead to a fuller repertoire and range of possible procedures and ways of understanding" (p. 13).

In the chapters called "Attunement" and "Temperament, Interaction, and Self," the author describes, through clinical examples, a wide range of nonverbal behavior, using both technical language—such as "the beat," "gestural/postural phrases," and "tension-flow"—and the vernacular: "I have no hope of a collaboration leading to understanding unless we can somehow shift this posture and attitude, which so thoroughly close me out" (p. 17). She brings together observations from ethnologists, anthropologists, developmentalists, students of speech characteristics, and analyst Judith Kestenberg, to name a few of the sources she cites. While enlightening, the effect of so much information, presented with at times unfamiliar terms and concepts, may be to leave the reader feeling overwhelmed.

Part II, "Psychoanalytic Theory: The Setting of the Unseen Scene," begins with chapter 5, "The Body." Here LaBarre reviews

the thinking of key figures in psychoanalysis and identifies four distinct positions in relation to the concept of the body and mind:

> (1) the body as the originating source and symbolic manifestation of psychological life; (2) the impact of the social world on the body-mind so conceived; (3) the body deemphasized as a factor in mental life in favor of the impact of the social experience of the individual; and (4) Freud's concept of body–mind, including drive, altered to directly incorporate social needs or experience. [p. 61]

Chapter 6, "Interaction: The Patient's Action," is devoted to ways in which different analysts have responded to patients, as determined by the analysts' attitudes toward nonverbal behavior. For example, Reich viewed muscular behavior as defensive and restrictive, while Alexander and French regarded patients' behaviors as based on the expected responses of others, amenable to change when the expected response is changed.

In chapter 7, "Interaction: The Analyst's Action," LaBarre again focuses on Alexander and French, Sullivan, and Klein, and adds comments about the work of Ferenczi, Loewald, Greenson, Winnicott, and Kohut. She posits that

> . . . each shift of conceptualization of a patient's problem also necessarily entailed subtle and obvious behavioral changes in the analyst's activity. These changes were chiefly conceptualized along three main lines: (1) fostering the "real" relationship (Loewald 1960, 1980, 1986; Greenson 1967, 1971); (2) making behavioral shifts of an explicit but ambiguous kind (Kohut's 1971, 1977 empathy; Winnicott's 1954, 1971 nonintervention and "holding"); and (3) making definite behavior interventions geared to getting to the right information (Sullivan's 1954b, directed inquiry) and toward containing actions of large scale (such as Winnicott's 1954, 1962, 1963a) "management." [p. 89]

She goes on to say that the involvement of the analyst "can't be avoided in fact, and also it is crucial in a pragmatic sense, for it is the only way one can have the full use of one's perceptual

range . . . . understanding necessarily takes place through involvement in interactive rhythmical attunement" (pp. 93-94).

In part III, "The Logic of Action: Studies of Nonverbal Behavior," LaBarre presents a comprehensive introduction to the depth and breadth of research on nonverbal behavior, interposed with examples from her clinical practice. This rich material is organized according to data from the three schools of research: the intrinsic-meaning position, the cultural school, and the school of practical analysis. In the first school, LaBarre takes the reader from Darwin's premise that universally meaningful nonverbal expressions in humans and animals develop to serve social adaptational purposes, to findings that are interpreted to mean that action and thought are not antithetical but are intrinsically related.

The cultural school was originated by linguistic anthropologist Birdwhistell, who formulated the idea that body movement and nonverbal communication are socially determined, rather than innate or biologically endowed. LaBarre describes his work in detail, bringing in other researchers who moved away from his strictly context-analysis approach. In this chapter, she cites those in the field who forged the link between social interaction and intrinsic biological systems affecting interactions and communications. She also brings in data from infant research, particularly highlighting interactive rhythms.

The first half of chapter 10, "The School of Practical Analysis," is devoted to a painstakingly detailed comparison of the work of Laban, a dancer and choreographer, with that of researchers in the other two schools of thought. Laban noted the qualities of each movement—their *space, weight, time,* and *flow.* Laban's work was extended to psychoanalytic thinking in the Kestenberg Movement Profile, which LaBarre presents at length as pertinent over the course of the life cycle. Her clinical material reflects the ways in which she is influenced by Laban.

In chapter 11, "Toward Complementarity," the author compares the fields of study of the three schools of nonverbal research, summarizing the information that each provides. She

concludes: "Thus, we see that the three schools of nonverbal behavioral research are not arguments against one another but together form a picture of a range of looking and seeing" (p. 169). She then adds that "the analyst needs openness to and familiarity with a widening range of behaviors that constitute and signify various levels of salience—in short, a developed 'eye' and kinesthetic sense, as well as an 'ear'" (p. 169).

In the final segment of the book, "The Logic of Action in the Clinical Setting," LaBarre illustrates how she uses her focus on nonverbal behavior to inform her psychoanalytic and psychotherapeutic work. In writing about seven cases, she delves into the repertoire of information from each of the three schools of nonverbal research, leading the reader through what she notices in her own body as well as her patients' bodies, how she uses this or chooses not to use it, and what unfolds sequentially. Her articulation of the details of her experience of her patient in the consulting room enables her to go from movement to metaphor and to cross the bridge from nonverbal behavior to psychoanalytic meaning.

Although LaBarre prepares the reader for the vocabulary peculiar to nonverbal behaviors in the early sections of the book, it is not always possible to understand exactly what she means. However, what she does convey unequivocally is that she can use her sensitivity to her own and her patients' bodies to discern and assign meaning to what is going on between them in the room. Unlike earlier analysts who wrote about nonverbal behavior, LaBarre expands the two-person position by focusing on her own bodily responses to her patients and how her behavior shapes, in turn, the ways in which her patients interact with her. The work is presented in enough detail and depth to enable the reader to follow her thinking, even though some of the language describing nonverbal behavior is arcane. The author shows herself to be a person of sensitivity and creativity as she brings together her two worlds: nonverbal behavior and psychoanalysis.

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THE DREAM FRONTIER. By Mark J. Blechner, Ph.D. Hillsdale, NJ: Analytic Press, 2001. 324 pp.

This book is one of a number synthesizing new research about the nature and function of dreams, how dreams are integrated into psychic life, what meanings they have, and how clinically useful they can be, both to the patient and the therapist. Blechner's unique approach, which makes this book a gem, is that he writes as a practicing psychoanalyst who both trains students and treats patients, clearly conveying his intense personal enthusiasm for both. He is obviously a deeply reflective man who seems capable of admitting his own lack of knowledge and errors in judgment as he presents many useful clinical vignettes and engages in an ongoing dialogue with the reader. Reading *The Dream Frontier* makes one feel as though one is engaged in a complex combination of philosophical discussion, treatment, supervision, and general social conversation with the author. He makes use of one of the more endearing features of Freud's technique of writing, whereby the reader is cast in the role of an interested skeptic and the arguments are directed to that skeptic. I wish more extant scientific writing used this approach.

If it has a fault, the book is to some degree overly comprehensive, shortchanging some areas for the sake of completeness; nonetheless, the author has, I believe, at least mentioned most of the issues critical to an understanding of clinical, theoretical, and neuroscientific aspects that are germane to the understanding of dreams. The prime value of this book is that it integrates, updates, and unabashedly questions many of the traditional approaches to dream understanding that Freud proposed and propagated, without there having been a great deal of change over the succeeding decades. This book modernizes current dream theory and suggests some quite radical ideas, couched in humble language without one iota of arrogance. Blechner even suggests that individuals can use nonclinicians to help them apply their dreams to self-understanding.

The Dream Frontier includes a comprehensive and useful introduction that directs the focused reader to specific sections. The first deals with the theory of dream formation; the second, the meaning of dreams; the third, the clinical use of dreams; and finally, the implications of dream phenomena to the understanding of how the brain works. Blechner points out that dreams, although intensely private and personal, are basically understood only after they are told. He quotes literature illustrating that speaking about a dream helps to clarify the dream material —and also revises the material. He does not avoid the consequently difficult clinical and hermeneutic problems that result from telling the dream and from interacting with others about it, even in groups, which may cause the dream to change dramatically, so that it is no longer the individual's dream but a group conglomerate or synthesis.

The author intelligently reviews a number of theories of dream formation dealing especially effectively with the concept of *random firing*. Although he advances the hypothesis that psychic determinism may be a flawed approach, especially if applied too extremely, Blechner also recognizes that chance events do occur both in real life and in dreams. He points out that even if dreams are random, the dreamer still creates and synthesizes a narrative from them through the projection of meaning into these firings, in much the same way that inkblots function in a Rorschach test. If seen from that perspective, dreams become very much a dialectical production of the dreamer and his or her biology, the dream interpreter, and the social context. However, Blechner's suggestion that "individual projections, especially in group dream interpretations, will cancel each other out," and that what remains is "a precipitant of meaning that may be more accurate and balanced than any individual interpretation" (p. 7) is questionable; it is seemingly contradicted by his dialectical view of dream formation (which requires a paper unto itself).

Blechner then launches into the notion of dream interpretation as coming from a much more contextual/dialectical position,

proposing that when attempts are made to understand the meaning of dreams, that understanding seeds other dreams and transforms the dream itself. Each step, as he says, both decodes and creates meaning—or, to put it another way, the brain's output (the dream) becomes part of its input (the interpreter of the dream).

In chapter 5, the author radically departs from the wish-fulfilling-disguise-censorship theory of dream understanding proposed by Freud. Blechner feels that dreams almost always convey "honest communications" (p. 50). He points out that it is hard to lie in dreams, but we can lie *about* dreams. He then qualifies his position by saying that, although dreams are not crafted to disguise meaning in Freud's sense, neither are they crafted to be readily understood. That is, dreams are a unique language, and in decoding and understanding that language, we may gain a great deal of information about ourselves that is not revealed in the real world of logical thinking and speech. From this perspective, a dream is a way of communicating and thinking that is not easy to translate into secondary process, but we must try to do so.

Blechner further questions the value of free association. He notes that "if the associations contradict the manifest dream narrative, they would seem irrelevant to it, and . . . have not led you closer to the meaning of the dream" (p. 57). Clearly, then, one of Blechner's approaches to dreams is to see them as reflective of transformed memories of actual experience or something analogous. He gives convincing vignettes to illustrate this point.

Much verbal communication in the real world is shaped by the unconscious mind's unique actions in selecting words to express thoughts. Some interesting lexical discussions in *The Dream Frontier* convey useful information about condensation and the odd way in which clang associations and other verbal oddities can be used to decode dreamed words. The same could be said, by the way, of dreamed images, given that for both words and images, consciousness ultimately selects—through some mysterious process —the "correct" idea in reality (i.e., the most appro-

priate one). This theory of dreams implies that since so much of human thinking is unconscious, those who do not really understand their dreams and unconscious processes—whether or not they are in psychotherapy or analysis—are missing a very great deal, especially a potential source of highly creative, "out-of-the-box" thinking. Blechner calls his theory of dream function *Oneiric Darwinism,* in which one dream function creates new ideas "through partial random generation which then can be retained if judged useful" (p. 76)—that is, useful in terms of evolutionary survival).

Chapter 7 provides a useful summary of some current hypotheses about the function of dreams, apart from Freud's ideas about maintaining sleep in the presence of unacceptable wishes. Blechner's theory excludes none of these hypotheses—which is perhaps both a strength and a weakness of his argument. Thus, dreams may compensate for one-sided conscious attitudes; communicate something that could not otherwise be said; occur for no reason at all; function as a housecleaning action; provide a way to consolidate and integrate information; and/or create a vehicle for remembering early experiences and integrating them with current ones. In addition, dreams may regulate mood; serve as a form of therapy; provide a way to think while in a safe place; and create new, nonlinguistic ways of thinking.

In chapter 9, Blechner addresses the various perspectives, or vectors, that one may take in gaining information from a dream. Listed succinctly on p. 106, these perspectives reflect a deep and obvious commitment to dreams as a major, if not *the* major, source of information about an individual's personality and the workings of his or her mind. The author goes on to suggest that dreams may not be wish fulfilling, but more homeostatic, like Freud's "imperative needs" dreams. Blechner then studies Erikson's approach to dream analysis, looking at the immediate context of the dream—the setting; the affective, interpersonal, and social aspects of its meaning; and its manifest content. Dreams thus illustrate how interpersonal interactions figure in the dreamer's daily living patterns.

I find the section dealing with dreams as an indicator of current and future health, and as prophecies (a very ancient view), to be the least strong in the book. On p. 130, Blechner writes, "It is not . . . a question of telepathy, but that we recognize more things unconsciously than consciously"; actually, modern theories indicate that this *is* telepathy. In view of the very broad, eclectic, and tolerant set of vectors that the author uses with his patients, it is interesting that he takes a relatively biased position on this topic; he quotes Levenson (1983) as saying, "Unless one examines the method by which one arrives at the truth and treats that as having an independent validity separate from the truth arrived at, then one simply is indoctrinating the patient" (p. 120).

This author exemplifies a new way to use dreams analytically, recognizing as he does that any form of interpretation or contextualization of a dream is embedded in the culture and era of the "interpreter's" belief systems, including his or her preferred school of analysis. Chapter 10 deals with how to analyze dreams; it is very specific, being full of suggestions about recording dreams and technical approaches to dreams and their symbolic meanings. Blechner suggests that both dream symbols themselves and what they symbolize are of equal importance. He reviews the piecemeal versus holistic technical approaches to analyzing dreams, incorporating an extremely useful section on dream understanding, as well as a unique section on the analyst's own dreams and whether or not to verbalize these to the analysand.

Much more could be said about this highly creative tome, but enough has been presented, I believe, to entice the clinician to read it. The complexity of the arguments and numerous literary references are integrated into a quite readable style that will keep the reader awake as well as informed. I highly recommend this text to clinicians and to any other individuals interested in the creative possibilities at the dream frontier.

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THE HIDDEN PREJUDICE: MENTAL DISABILITY ON TRIAL. By Michael L. Perlin, J.D. Washington, DC: Amer. Psychological Assn., 2000. 328 pp.

By any measure, Michael Perlin is an authority on mental health and the law. He is on the faculty of both medical and law schools, has served in governmental and advisory agencies, and is the author of numerous law review articles and several books. In 1990, he was awarded the Walter Jeffords Writing Prize for his three-volume work on *Mental Disability Law: Civil and Criminal.* In 1994-1995, his book entitled *The Jurisprudence of the Insanity Defense* won the Manfred Guttmacher Award of the American Psychiatric Association and the American Academy of Psychiatry and the Law, as the best book of the year in law and forensic psychiatry.

In *The Hidden Prejudice: Mental Disability on Trial,* Perlin makes a comprehensive sweep of the legal concepts impinging on the mentally disabled, convincingly demonstrating the profound and distorting effect of prejudice and irrational thinking within the law. He reminds us that the issues involved in mental disability law have implications reaching into many other areas of constitutional law, criminal law, and social policy. Yet significant decisions are often reached by what Perlin calls "vividness": a form of erroneous reasoning that unduly relies on cases that are unusual, are dramatic, or achieve public notoriety. As a result, rational thinking is overwhelmed and replaced by the assumption that the dramatic case is typical and statistically valid for the entire group.

The author's mission is to ferret out the dual errors of *sanism* and *pretextuality* from the cognition and reasoning of lawyers, judges, legislators, and the general public, and to combat the prejudices and errors—rampant in the legal system—that so adversely influence decisions affecting the mentally disabled. *Sanism* refers to irrational prejudice toward the mentally ill. Perlin borrows the term from Morton Birnbaum, a lawyer who was the first to articulate the legal concept that institutionalized men-

tal patients have a constitutional right to treatment. Sanism, by stereotyping the mentally ill, precludes an empathic response to the individual. Historically, Perlin notes, mental illness has been linked to concepts of sin, evil, God's punishment, and demons. Furthermore, it has been associated with loss of control, illogical and disturbed thinking, and deviant sexuality. Often, sanism becomes fused with other prejudices, such as anti-Semitism, racism, and sexism. The author restates the often forgotten truism that judges and the judicial system mirror popular prejudices, reflecting them in judicial decisions.

Pretextuality refers to the court's acceptance, explicitly or implicitly, of testimonial dishonesty—that is, testimony given on the *pretext* that it is genuine or truthful, when in fact the motive is otherwise. Perlin regards the use of such pretexts as particularly poisonous, as such use "infects all participants in the judicial system, breeds cynicism and disrespect for the law, demeans participants and reinforces shoddy lawyering, biased judging and, at times, perjurious and/or corrupt testifying" (p. 60). He uses the example of a case in which a police officer states that a suspect has volunteered a confession: "That's heroin and it's mine." Perlin emphasizes that everyone knows that the officer's testimony is not accurate; nevertheless, it is accepted as factual and is legally unimpeachable.

That the law and its practitioners are prejudiced is not a radical thesis. We need only review the history of the law's acceptance of slavery or of the legal restrictions placed on women. Perlin believes that the prejudices of sanism and pretextuality are even more insidious than those of racism and sexism, since they operate in hidden and often unconscious ways. Like the psychoanalyst, Perlin wants to bring dark subterranean factors into daylight, so that they can be evaluated, found wanting, and discarded. That mental disability law is considered of low legal importance allows sanism and pretextuality to operate invisibly, for the most part.

Perlin believes that the legal system "condones, and perhaps encourages, this entire web of deceit and pretextuality" (p. 59).

While the law prides itself on the determination of "truth" as a basis for fact finding and testimony, behavioral science teaches us that truth and fact are not always easily obtained, and even less easily agreed upon. As a result, the legal system "adopts pretextuality as a means of dealing with information or situations that it finds troubling or dissonant" (p. 61).

Pretextuality also infiltrates the presumed objective testimony of so-called expert witnesses. Perlin cites various distortions, omissions, emphases, and so on that an expert might—and often does—engage in, in order to present his or her own views on social policy, values, and morality. Judges often dislike and feel threatened by data from the social sciences, including psychology and psychiatry; on the other hand, such data are often accepted when they conform to a judge's bias, and conversely, are not accepted when that bias is contradicted.

Having thus set out his theoretical position, Perlin applies it to specific forensic issues: the right to treatment, involuntary civil commitment, the right to refuse treatment, the right to sexual interaction, the Americans with Disabilities Act, competence to plead guilty, competence to waive counsel, the insanity defense, and federal sentencing guidelines. In the chapter on the right to treatment, Perlin begins historically by citing the horrible conditions of State mental hospitals in the 1950s and '60s. He shows how the concept of a right to treatment first developed via a ruling that the "purpose of involuntary hospitalization is treatment, not punishment" (p. 114), in the 1966 case of Rouse versus Cameron. At the time, the official American Psychiatric Association position was very critical of the Rouse ruling, asserting that it interfered with medical decision making—a position that overlooked the fact that medical decision making was responsible for these horrid conditions in the first place. Subsequent litigation (Wyatt versus Stickney in 1971) concerning the substandard conditions of Alabama's mental hospitals resulted in a clear statement of the constitutional right to treatment, with the court promulgating the criteria for adequate treatment. But what had seemed like a decisive move against sanism

and pretextuality was later limited by a 1982 Supreme Court decision that there is no deprivation of treatment if "substantial professional judgment" has been employed by the institution.

In another chapter, Perlin discusses the more complex issue of an inmate's right to refuse treatment, despite judicial agreement that institutionalization does not per se deprive one of the right and ability to refuse medication. Through a careful review of court decisions on the right to refuse medication, Perlin attempts to show that available social science data have been ignored in order to promote pretextual and sanist thinking and decision making by the judiciary. Also faulted are defense attorneys, whose lack of self-education in these matters may be so great as to raise issues of adequacy of counsel. Sanist thinking is rampant in the legal profession when it associates mental illness with institutionalization and then equates that with incompetence to make decisions. Finally, Perlin documents the variability, both within a state and from state to state, in implementing the right to refuse treatment. Despite inconsistency, the common thread is the frequent assumption that drugs are the only "cure" for dangerous behavior.

Perlin subjects a seemingly small legal detail to both legal and psychological scrutiny. Should the standard for determining competency to stand trial be the same everywhere, or should a more complex policy be used in determining the defendant's competency to waive counsel and to represent him- or herself, *pro se?* In 1993, U.S. Supreme Court Justice Thomas, writing for the majority, decided that only one standard was necessary, provided the defendant came to that decision in a "knowing" and "voluntary" manner (Godindez versus Moran). Initially, this decision was ignored by both the legal community and the public, until Colin Ferguson was found competent to stand trial and was allowed to serve as his own counsel. While demonstrating his cognitive intelligence, as well as his paranoia and delusional thinking, Ferguson showed how the Godindez versus Moran decision played out in actuality—namely, the fact that the dignity of the court suffered, as did the appearance of a fair trial. Perlin uses

this material to support his argument that sanist thinking and pretextuality continue to be rampant, resulting in poor laws and poor legal outcomes.

Nowhere is the law more confused or more incoherent, both in theory and in application, than in the area of the insanity defense. This defense is seen as a bugaboo by defense attorneys, since it succeeds as a plea in less than one percent of all cases. When it *is* successful, it arouses intense controversy, social anger, and public outrage, and is viewed as undermining our legal and moral rectitude. It is as though mental illness can be easily feigned, mental health experts can be readily fooled and/or bought, and the "guilty" defendant will be allowed a short and pleasant stay in a comfortable hospital. But the reality is that those using the insanity defense have lengthier sentences than they would have if sentenced as criminals, and are housed in maximum-security institutions that are more restrictive than many prisons. Research developments in the behavioral and neurological sciences, as well as moral philosophers' and ethicists' learned discussions on causation, responsibility, and rationality, are virtually ignored. Perlin explains this failure in terms of the influence of sanism and pretextuality—i.e., that prejudice, bias, and stereotyping infiltrate and contaminate judicial thinking.

The Hidden Prejudice is not a book that most psychoanalysts will read unless they are specifically interested in forensic matters and are willing to accommodate to the typical format of a law review article. Positions and arguments are clearly stated, extensively referenced, and thoroughly detailed. Often, fully half a page is filled with references and citations supporting a statement or position. The author cites law review articles, texts of original court opinions, and the social science literature. Although each chapter can be read as an independent unit, when they are taken together as a whole, there is a cumulative effect on the reader. It is as though each chapter, in logical progression, provides yet another example of the correctness and extensiveness of Perlin's thesis. A psychoanalytic reader who may

intuitively support Perlin's thesis is readily persuaded by the author's erudition, passion, and logic, as well as his extensive personal experience with the issues discussed.

In documenting prejudice against the mentally ill, Perlin appeals to the reader's sense of fairness and humaneness. He speaks to us as members of a society that values logic and rationality, and will therefore establish laws and practices that support a civilized society. It is as though the author nurtures the hope that rationality and therapeutic considerations will prevail, almost spontaneously, once fallacies are noted. But, given Perlin's extensive documentation of long-standing and ingrained irrationality, I think this state of affairs is liable to continue unless and until more enlightened and better trained judges are appointed to the bench. Were more psychoanalytic and psychodynamically oriented clinicians to be involved with the law, perhaps their knowledge would be incorporated into legal training and law review articles, ultimately leading to greater rationality in legal thinking and decision making. This could result in an interdisciplinary collaboration similar to what we now undertake with members of such fields as literature, creativity, religion, and, recently, neuroscience.

Perlin tends to overlook something we are coming to realize more and more: the fact that judicial decision making occurs in a highly political context, within an established power structure, fueled by personal and often narcissistic ambitions—one that must cater to prevailing public opinion, particularly when judges periodically stand for reelection. The author also fails to consider the fact that many current judges were once prosecutors, as opposed to defense attorneys, whose professional advancements often seemed to depend on their conviction rates, no matter how such convictions were achieved.

The Hidden Prejudice is essential reading for those who wish to bring psychoanalytic knowledge, interdisciplinary involvement, and political pressure to the interface between the mentally ill and the law. Perlin mentions, but does not sufficiently emphasize, that there have been situations in which a single knowl-

edgeable and dedicated attorney who finds the ideal case or situation to establish a legal precedent has been able to mount formidable challenges. Often, such an individual has prevailed over the insidious effects of sanism and pretextuality.

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ABSTRACTS

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Abstracted by Louis Lauro, Ph.D.

Comments by Abstracter/Translator: Although there is no explicitly identified theme for this number of the *Rivista*, most of the articles deal with symbolization. Vallino describes the importance of ultimately enabling the symbolic representation of pathological transferences in trauma cases. In a sociological/psychoanalytic analysis, Contardi describes the current trend toward emphasizing action at the expense of symbolization and reflection, in both clinic and culture. Zilkha describes psychodrama as complementary to psychoanalytic work in enabling the representation of separateness in a severe narcissistic disorder of adolescence.

Theoretical-Clinical Journeys through Trauma. By Dina Vallino. Pp. 5-22.

The familial type of trauma is not necessarily experienced by the subject as a loss that affects him; but it is one that powerfully impacts and subsequently pervades the family environment. Patients who have suffered such traumas often end up in interminable analyses because these traumas bring about the collapse of normal identifications and the formation of pathological identifications, a phenomenon extensively described by Ferenczi. These pathological identifications resist symbolic representation and persist as introjects, persecutors of the Ego; they are not integrated into the developmental process, but are etched into the mind, devitalizing the self.

The analyst must recognize not merely the trauma as a painful event, but also its disruption of normal development via introjection. To avert interminable analysis, the analyst must create space for the symbolic representation of the original split.

The author describes a patient named Elio, who had had a long analysis years earlier, and now presented himself with a "hesitance to live," taking refuge in a tormenting hypochondriasis. He evoked in his analyst the need for medication referrals and for extra sessions. Once the analyst had conveyed to Elio that interminable analysis was very much counter to what was needed to benefit either his life or the analyst's own, the analysis was brought to a close, with the patient freed enough to marry, have a child, pursue a responsible professional career, and have a pleasant quality of life.

Nevertheless, the patient returned to see the analyst at several crisis points in his life. In these occasional encounters, the analyst was disappointed to realize how little mental relief the patient experienced after all the analytic work that had been done. The analyst could not forget that when he was eight years old, Elio's immediate and extended family had been exiled from their home in Yugoslavia after the war. That island home had often appeared as a backdrop of the patient's dreams during the analysis proper. Noting his indifference to news reports of current (1990s) strife in the Balkans, his childhood home, the analyst sought to explore the traumatic events of his childhood and to place them in a narrative context.

In postanalytic encounters, Elio reported a recurrent dream image of a window frame, which he did not know whether to think of as the opening to a view of a starry sky or the window of a prison cell. The window represented a window in the hold of the boat in which he and his family journeyed into exile. He recalled that he himself was not frightened by the trip and even regarded it as an adventure. But his family went into profound and endless mourning over the loss of their home. His pathological identifications, developing out of familial trauma, impeded the development of a robust self. The dream and its interpreta-

tion enabled the symbolization of the pathological identification (the prison window), counterposed against the starry sky, and ultimately the recognition of a self differentiated from the trauma and suffering of the patient's family.

Another patient, Giulio, was born with a defect, a cranial stenosis requiring extensive surgery and elaborate psychomotor rehabilitation, both of which were severely traumatizing. He had been in analysis as a child, following the development of a major psychosis. The patient returned to treatment as an adult after developing the symptom of an inability to urinate into any toilet away from home; the symptom was precipitated by a threat made by a work colleague. The threat reawakened terrors of attacks from without. Only as the early traumas became represented in dreams—i.e., symbolized—was it possible to analyze the pathological identifications.

This type of patient is distressing for the analyst because the analytic journey remains forever a journey, with only advances and regressions, and no consistent progress or definitive solution. Even substantial gains are fragile and require the constant presence of the analyst to prevent backsliding. The analyst must maintain awareness of his or her potential rejection of the "interminable analysis," so as not to turn against the patient, but instead to recognize and analyze the pathological identifications that obstruct symbolization in both patient and analyst.

Psychoanalysis and Culture—with Reference to "The Moses of Michelangelo." By Roberto Contardi. Pp. 69-92.

As conceptualized in *The Interpretation of Dreams* and exemplified in *The Moses of Michelangelo,* Freud brought "discontent" and "civilization" together as the focus of psychoanalytic study of the psychic work that the individual accomplishes through symbolization.

Modern culture, with its emphasis on immediate gratification, turns to technical/scientific solutions, e.g., psychotropic medications, to resolve discontent. These "solutions," denying the cardi-

nal role of psychic reality in the formation of all thought and desire, corrupt the soul, insofar as they promote quick fixes instead of soul-searching—that is, exploring and developing symbolic representation. The technical/scientific systems of symbolization are "scientifically" rationalized, even though modern science does not have a scientific basis for assessing the ends to which its discoveries are to be put. Psychoanalysis—through integration of metapsychology, clinical observation, and cultural study, as well as the study of tension between culture and the individual—possesses the scientific basis for the exegesis of symbolization within the individual and within the culture.

The Contribution of Individual Psychoanalytic Psychodrama in the Treatment of Narcissistic Transference in Adolescents. By Nathalie Zilkha. Pp. 115-128.

For adolescent patients to take possession of their lives and to better enjoy their later adulthood, they must recognize the Oedipus complex and its associated psychic conflicts. They need help in order to take charge of a potential space of reverie and desire. Individual psychodrama is especially adapted to enabling expression of the polarity joining/separation, particularly in narcissistic transference situations in which the patient lacks the capacity to "use the object."

The author describes a patient named Catherine, who, through an idealizing narcissistic transference, had made progress in her psychoanalysis in the middle years of her adolescence. Following a return from vacation, however, she suffered a severe regressive breakdown, provoked by departure from her home. Notwithstanding that it was Catherine who chose to leave, she suffered from an inability to symbolically represent her mother in her psyche, and subsequently from a sense that she had been "invaded" by a mother who became persecutory. In the omnipotent maternal transference, she implicitly attributed to the analyst the power to give and take her life. Her psychic apparatus was melting away, and there was a risk of suicide, which she had al-

ready attempted the year before when her dog died. Slight symptomatic reduction during brief hospitalizations vanished upon discharges, each experienced as another abandonment. Hatred of her mother for all that she had not given Catherine was all that persisted—but that hatred was what kept the patient alive.

Sensing the psychotherapy to be at an impasse, Catherine accepted the recommendation for psychodrama. The reassuring affirmation of her self by the psychodrama group notwithstanding, Catherine found it very difficult to engage in the scenes.

The psychodrama scenes immediately enabled the analyst to better understand the psychic functioning of this adolescent patient and the meaning of the therapeutic impasse. In psychodrama, Catherine attacked the idealized imago that was missing in herself, but in so doing, she lost all possibility of identification. She maintained that nothing was anyone's fault, while everything was the fault of her mother, and it was therefore necessary that her mother fix everything. At the beginning, Catherine proposed scenes revolving around mother--daughter symbiosis and an omnipotent mother—e.g., a nightmare in which she was hanging from a roof, while on the ground lay pickaxes. In the nightmare, the mother encouraged her to jump. A co-therapist then entered the psychodrama in the role of a doctor responding to an emergency call, confronting her about the omnipotence of her mother even in the moment of death.

In time, as the psychodrama spaces became more defined, "absence" became imaginable. For example, one scene represented the analyst sleeping in her own apartment; then Catherine entered the room, forbidding the analyst to dare to sleep while she herself was suffering so.

At first, it was uncertain whether the patient would turn toward a different psychic space capable of resolution, or whether she was presenting an endless drama about the futility of life. The treatment alternated between the space of psychodrama and the session of psychoanalysis, thus opening a pleasure in play—

the prelude to pleasure in thought, and above all, to a pleasure in living.

Hysteria: The Sacred Known Secret. By Maurizio Guarneri, Serena Indovina, Rosa Lo Baldo, Laura Nastri, Gabriella Russo, and Marina Terrana. Pp. 23-39.

The authors identify bisexuality, corporeity, multiple identifications, and dissociation as starting points for characterizing the structural invariants of hysteria. They hypothesize that within the oedipal structure alone, it is impossible to completely reveal the infantile, polymorphous sexuality that characterizes hysteria and to then reintegrate it into a differentiated adult identity.

They propose the integration of the oedipal model with a multinuclear and multifocal model, characterized by the mobility and interchangeability of representations, taking into account that hysteria is a complex configuration comprising both vertical and horizontal splits.

The myth of Dionysius provides the means to identify several regulatory principles that pertain to the areas of trauma, false connections, and transference.

Section Entitled "Beyond the Couch"

Freud and India: A Hermeneutic Discourse on a Missing Journey. By Livio Boni. Pp. 131-159.

A series of signs and indicators present in the works as well as in the biography of Freud dispels the idea that Freud was interested only in the Judeo-Christian culture. This hermeneutic pursuit through a series of symptoms and "omitted acts" ranges from the dialogue with Romain Rolland on the nature of religious experience (which developed into Rolland's interest in Indian mysticism) to Indian and Indian-type pieces in Freud's archeological collection; from the Nirvana Principle, with its Buddhist resonance and the myth of Androgenes—revisited in *Beyond*

the Pleasure Principle—to Hindu mythology; from the little-noted encounter between Freud and Rabindranath Tagore in Vienna in October 1923, to the testimony of the Swiss poet Goetz on his conversations with Freud regarding his Vedic philosophy.

The Unconscious and Psychoanalytic Theories in Present-Day Russia: The Return of the Repressed. By Alberto Angelini. Pp. 161-177.

The concept of the unconscious was already present in the Russian philosophic traditions of the nineteenth century and, in a limited way, in Pavlov's School of Objective Psychology. For about twenty years after 1909, the major works of Freud were translated into Russian. The first psychoanalytic society was founded in Moscow in 1911. In the 1920s, Alexander Luria attempted a synthesis of psychoanalysis and Marxism. In that same period, Dmitri M. Uznadze, founder of the Georgian School, advanced the concept of *Set,* a new theory of the unconscious based upon cybernetics. *Set* is an unconscious psychic configuration that forms during the growth of the individual, determined by interactions between the organism and the environment. Psychoanalysis itself, from the end of the 1920s, met with sharp criticism; not until the Rome Congress in 1989 were Russian scholars in attendance.

The story of contemporary Russian psychoanalysis will be elucidated by further research, once the limits of a mere chronicling of events can be set aside.