

## THE IMAGINER AND THE IMAGINED

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*A transference of the imager and the imagined, arising from largely unconscious fantasies of the way parent and child interact to construct a view of reality, is present in all analyses. For narcissistic patients, primitive fantasies of the imager and imagined form an enduring organization, and the enactment of these fantasies in transference and countertransference distorts the way analyst and patient construct meaning. Clinical material demonstrates the deepening that occurs when these fantasies are interpreted.*

In this paper, I will describe a group of transferences that I believe are present in all analyses and are prominent in the analysis of narcissistic patients. These transferences arise from a special set of fantasies about the way the child's inner world is shaped by interactions with the parent who tries to imagine it. I will call these fantasies *fantasies of the imager and the imagined* and the transferences to which they give rise *transferences of the imager and the imagined*.<sup>1</sup> Each of these fantasies includes a representation of the parent who imagines the inner world of the child; a representation of the child who communicates his experience for the par-

<sup>1</sup> I use the words *imager* and *imagined* with the meanings that they have in everyday speech: *to imagine* is "to form a mental image of (something not actually present to the senses)" (*Random House Dictionary of the English Language*, 1983, p. 711). Although the object relationship that I describe bears some relation to Lacan's (1977) *imaginary order*, it draws upon a different conceptual model and does not map out in a direct way with Lacan's theory.

ent to imagine; and a representation of the effect that the parent's imagining of the child's inner world has upon it.<sup>2</sup> Fantasies of the imaginer and the imagined are unique for each individual. They are compromise formations built upon memories and fantasies of relationships with early objects who participated in the shaping of the child's vision of external and psychic reality. Together they make up a special subgroup, or system, of fantasies that depict the way other fantasies and representations originate and change.

Because analyst and patient are always involved together in constructing a view of the patient's psychic and external reality—in fact, this might be seen as the central enterprise of analysis—transferences of the imaginer and the imagined are brought to life by the joint project of analysis. Fantasies of the imaginer and the imagined are stimulated by the patient's wishes and fears of the analytic process, and of the analyst in his function *as* analyst, and they become attached to the patient's experiences of his own efforts to communicate in analysis and of the analyst's thinking and interpreting. In turn, these transferences give rise to enactments that more or less subtly shape the processes of thinking and imagining for both patient and analyst. They might be seen as organizing fantasies that guide the development of the analytic third (Ogden 1994).

For each individual, fantasies of the imaginer and the imagined depict a series of parent-child interactions that are believed to have shaped the child's developing inner world. Bion's concept of *containment* is a good starting point for understanding these fantasies and the transferences to which they give rise. Bion (1962) describes a developmental sequence in which the infant communicates his experiences to the mother in affect and action; the mother takes them into her own emotional life and gives them meaning; and the infant takes in from her both a more bearable version of his own experience and the maternal capacity to think

<sup>2</sup> For the sake of brevity, masculine pronouns will be used to refer to both genders in this paper.

and represent. Disturbances in this process, arising from the side of either infant or mother, result in disturbances of both the child's represented inner world and his capacity for representation.

As the child participates in these interactions, as well as later on, he also represents the containment process itself in fantasies in which the figures of the containing mother, the infant, and their exchange are strongly colored by his own wishes and affects. Hence serious disturbances in containment lead not only to the failure to internalize the capacity for thinking and representation, but also to the construction of highly distorted representations of the containing mother, the infant, and their interaction. In analysis, these distorted fantasies of the infant's interaction with the containing mother are played out by patient and analyst and are reflected in disturbances in thinking and understanding in the analytic dyad (Bion 1957, 1959).

Bion believed that an adequate experience of containment was necessary for the normal development of the mind, and he linked the disturbances of thinking and representation that arise in analysis to the enactment of pathological fantasies representing disturbances in containment. However, Bion's brilliant dual insight, *that the child's representational world develops through a transaction between parent and child, and that this transaction is itself represented in fantasy and gives rise to transferences*, helps us to understand as well other sorts of meaning-constructing interactions that may be represented in fantasy. At the more primitive end of the series, these interactions are often nonverbal, and like containment, they depict the powerful or even magical influence of one mind upon another. They would include such diverse interactions as the mother's response to the child's spontaneous gesture, leading to the development of the true or false self (Winnicott 1960); the mother's function as word bearer to the child (Aulagnier 1975); the mother's discovery of the representational world that has arisen within the child (Bell 2003); and, at a somewhat higher level, mentalization (Fonagy and Target 1996).

At a still higher level, fantasies of the imager and the imagined depict interactions that occur largely in words, between a parent and

child who bring distinct inner worlds and independent capacities for thought to the exchange. At this end of the range, represented interactions would depict such exchanges as the co-construction of meanings (Hoffman 1991); and the maintenance of rigid or flexible boundaries between the minds of parent and child, and between the minds of parent and child on one side and the surrounding culture on the other.

The figures of parent and child that are depicted in fantasies of the imager and the imagined are also diverse. These images draw upon experiences of parents and self at many developmental phases and include both fantastical figures, such as those Bion linked to early disturbances in containment, and more complex and realistic figures that blend easily with identifiable historical images of parent and child.

Both analyst and patient bring fantasies of the imager and the imagined to the analytic situation. For the analyst, these draw upon memories and fantasies of the way reality was constructed in exchanges with his own early objects and with his analyst. The analyst's theories might be seen as special instances of such fantasies. Conscious, more or less rationally conceived models of the process of meaning construction that occurs in analysis, these theories link to unconscious models based on identification, wish, and defense (Goldberg and Grusky, unpublished). Like other fantasies of imager and imagined, they often appear in enacted form as ways of structuring thoughts. Ordinarily, the fantasies of imager and imagined that the patient brings to the analysis exert a stronger shaping influence upon the process that unfolds than do the analyst's fantasies.

In the analysis of narcissistic patients, transferences of imager and imagined are prominent and give rise to repetitive enactments. Both the patient's communications to the analyst and the analyst's constructions and interpretations may be dominated by the playing out of fantasies *about* communicating, constructing, interpreting, and their consequences. The replacement of other contents by the enactment of thoughts about thinking lends a flat, generic tone to the analysis. A failure to analyze this shift to-

ward the domination of thinking by enactment may lead to an impasse. Conversely, a focus upon the process of meaning construction in analysis, and a technical approach in which the enactment of fantasies of imager and imagined is seen as the potential cause of disturbance in the unfolding of an analysis, may provide a point of entry into difficult narcissistic states.

The fantasies of imager and imagined that are enacted in the analyses of narcissistic patients are primitive and magical. The parent's imagining is felt to control the child's inner world omnipotently, and often to control and transform external reality as well. Representations of parent, child, and their interaction are inextricably bound together, forming a single unit. Although images of parent and child draw upon later experiences as well as early ones, and may at first appear to be realistic, analysis shows them to be strongly distorted by primitive fantasy. Parts of the child's capacity to imagine may be projected onto the figure of the parent, and the figure of the parent is also colored by the child's projected affects (Bion 1957, 1959). Often these figures are split (Britton 1998). The mind of the child may be represented as containing the parent's unaltered thoughts (Fonagy and Target 2000) or as encapsulated within the mind of the parent (LaFarge 2002). Together, the group of fantasies of imager and imagined makes up an organization of object representations that is used defensively to ward off other fantasies and organizations.

A brief example from the early phase of an analysis highlights such a transference of imager and imagined as it appeared in a patient's associations.

### MISS P

Miss P began analysis with an explicit wish to find herself, but soon began to describe different versions of herself that *I* might discover within her. First, she saw me as discovering a new, happier, more fully realized Miss P, who would be entirely different from Miss P as she was then. A few sessions later, she likened me in her associations to Temple Grandin, an autistic woman who

devised a humane way to slaughter animals by keeping them unaware of their impending death. As I heard this, I felt horror, imagining the animals' terror and shock in the end, or even all along. Miss P, however, was confident that Grandin was helpful to the animals by keeping them unaware. For herself, too, she said, an illusion of safety would be better than being fully aware of her own terrifying thoughts.

This example illustrates two versions, or, as would become clearer later in the analysis, a split version, of a transference of imager and imagined. The first, idealized version reflects Miss P's fantasy that she, in the role of child, would convey to me in words an experience of her history in which an organized sense of herself was missing. I, in the role of imagining parent, would organize this communication and would construct an ideal self for Miss P that would be entirely new, divorced from both Miss P's current self and her history. My construction would in turn transform both Miss P's self experience and the Miss P to whom others responded in the world outside. She would be a new and wonderful person as a result of my imagining her.

In the second, darker version, Miss P would convey to me, possibly in action rather than words, some uneasiness grounded in her accurate perception of external reality. I in turn would offer her a false construction of her experience that would deceive both of us, erasing her perception of danger as I led her into it, convincing myself that this was helpful to her. In this dark version, Miss P's internal reality was transformed by my imagining (her anxiety was blotted out), but her external reality was not, and she was led off to her death.

It is characteristic of the early phase of analysis that Miss P's fantasy of imager and imagined was conveyed largely in her spoken associations. As analysis proceeds, these transferences are more often communicated in affect and action. The beginning of this shift can be glimpsed in my dual experience of the darker side of Miss P's transference, where her words convey the Temple Grandin fantasy, but the disturbing affect that she evokes in me conveys something quite different, a fantasy of someone who will

experience the painful affect that Miss P herself disavows. Further elucidation of this enacted fantasy might lead (as indeed it did later in the analysis) to an alternate version in which *I* played the part of the unheard Miss P and *she* assumed the role of Temple Grandin—or (as it did still later in Miss P's analysis) to a view of me as a more empathic parent who would help Miss P to bear her anxiety.

## ANALYSIS OF NARCISSISTIC PATIENTS

As the analysis of a narcissistic patient unfolds, a series of transferences of imager and imagined emerge, each with linked representations of parent, child, and interaction. Patient and analyst exchange roles within these fantasy constellations, as the patient alternately becomes identified with the internalized representation of the child and with the internalized representation of the parent, projecting the complementary role onto the analyst (Racker 1968). Because what is represented and projected in these fantasy constellations is the imagining, thinking, and communicating *functions* of objects, rather than other contents, or more complex, whole, and realistic images, the roles that are assumed by analyst and patient are those of certain kinds of thinkers and communicators.

As was the case with Miss P, transferences of imager and imagined may emerge directly in the patient's associations. It is useful for the analyst to explore the patient's fantasy of the countertransference (Hoffman 1983), with particular attention to the patient's fantasy of how the analyst constructs an image of him. However, as I have noted, the transferences of imager and imagined that arise in the analyses of narcissistic patients are most important as they emerge in a series of enactments about analyzing, thinking, and understanding that arise between patient and analyst. In order to observe these, the analyst must shift his attention from the content of the patient's associations to the more general properties of the patient's thought processes and communications during the session. Does the patient associate

freely? Are his associations rich or impoverished, communicative or empty? Do they appear to be addressed to the analyst or rather to the patient himself? Do the patient's communications make a demand upon the analyst to assume parts of his thought functions? For example, is the organization of thoughts, the drawing of conclusions, or the experience of affect left to the analyst? Is the primary effect of the patient's communications to confuse the analyst? To alienate him?

In his attention to his countertransference, the analyst must similarly focus on the quality of thinking that the patient evokes in him. Does he become in this patient's presence, at this time, a particularly imaginative thinker? Is he more logical or less so? Is his thinking mechanistic? Is he able to associate freely? Are the analyst's thoughts constricted, dull, repetitive, or generic? Does his thinking place him outside the patient's thoughts or within them? Is he unable to think at all in the patient's presence? Does he feel haunted by thoughts of the patient and the session, unable to put them away? What qualities do these thoughts assume for him? Are they intrusive presences or are they reassuring?

The patient's responses to the analyst's interpretations provide further information about the transference of imager and imagined that is alive in the session. Does the patient maintain the same role in the dyad that he did earlier? If, for example, he has enlisted the analyst to think or feel for him by passively laying out his thoughts without himself reflecting upon them, does he accept the analyst's formulation as a missing piece of his experience? Or, as is often the case, does an exchange of roles occur, in which the patient who earlier played the role of a child presenting his thoughts to a parent now treats the analyst's interpretation as the child's communication, acting upon it in the role of the imagining parent?

Using these clues, the analyst must try to piece together the stories about imagining that he and the patient play out as they develop their understanding of the patient and his world. Although these stories are often played out in a condensed way early on in analysis—and may be easy to see in retrospect—they are

often particularly hard for the analyst to recognize because they resonate with his own conscious and unconscious fantasies about the project of imagining that he carries out as an analyst, and that was performed with him in his own analysis and in his childhood. Often, as with other primitive transferences, the analyst's analysis of his patient will occur in tandem with a silent self-analysis, each process catalyzing developments in the other.

This was the case with the example of Miss P. Although Miss P stated quite clearly in the first sessions her expectation of being defined and miraculously changed by my view of her, I initially saw her only as a compliant, therapeutically optimistic patient. It was only when she brought up the terrifying image of Temple Grandin that I became aware of the fantastical quality of her expectations of analysis. Looking back, I became aware that her hopeful expectations were fantastical as well, and uncomfortably, that my hopes of my own analysis had also been quite magical. As the analysis progressed, understanding of the roots of Miss P's magical fantasy went hand in hand with my own understanding of my belief in the power of thinking and the power of being thought about, beliefs that were linked to my choice of profession and to my own early experiences.

The recognition that the process of thinking that occurs in the analytic hour may itself reflect the transference enactment of a primitive fantasy of parent and child and their engagement in the construction of meaning opens these aspects of the analytic process more fully to analysis. Awareness of the rigid linkage of representations of self, parent, and interaction that occurs in narcissistic transferences of meaning construction, as well as of the splits that frequently characterize these transferences, alerts the analyst to look for hidden aspects of a linked fantasy structure when only one part is evident. Attention to such linkages, particularly to the alternation of linked roles and of split constellations, permits the resolution of these primitive transferences and the emergence of other transferences that are hidden behind them.

## MISS O

A longer clinical vignette from the analysis of a second patient illustrates the analytic process that unfolds when transferences of the imager and imagined are dominant, as well as the deepening that occurs when these become the focus of interpretation. This analysis was conducted on the couch at a frequency of three sessions per week.<sup>3</sup>

Miss O, an unmarried law student, presented for treatment with the complaint of a life unlived. In intimate relationships, she felt that she could not be herself. Early on with a boyfriend, she would feel that she was playing a role; then, as the relationship deepened, she would become painfully preoccupied with his thoughts and feelings about her. There was a subtle tone of unreality to Miss O's descriptions of these boyfriends, as if they were characters in a novel and the relationships she had with them were predictable turns of the plot. A precocious child, Miss O had been able to excel at school, but she had never been consistent in her efforts, and felt unable to work creatively in an ongoing way. At times, her critical attitude toward teachers and peers also stood in the way of her success.

Miss O's initial approach to the analysis was as a futile exercise in which she participated because she was unable to think of another way to change her life. She filled many sessions with repetitive details of her daily life. These daily experiences included many of the disappointments with men and angry confrontations at school that had brought her to analysis, but she worked with these as issues to be dealt with rather than openings to deeper themes. Although she sometimes talked about her childhood, she rarely connected the past with the present. Often she was silent.

<sup>3</sup> This schedule reflects a deviation from the frequency of four sessions per week at which I ordinarily conduct an analysis. The reduced frequency was a necessary accommodation to Miss O's difficult schedule. Clearly, it also had many meanings for Miss O, protecting her from too much intimacy and the anger that she would have felt if she had had to make a greater accommodation to me; on a deeper level, it also meant that *I* was not willing to fight to be close to her. These meanings became clearer as the analysis proceeded.

Listening to Miss O's recitation of routine events, I had trouble hearing them as associations, or as a communication of anything other than the information they conveyed. I often found myself thinking of ways to solve Miss O's daily problems and making comments about matters that seemed unimportant to me. And sitting behind Miss O when she was silent, I also found that I could not associate productively. I was aware of a pull to make some intervention in order to fill the silence. When I did so, the flow of the session was interrupted. When I waited, Miss O did not reflect on the silence herself. If I asked about her silences, she did not associate to them. Sometimes she would say that she was tired of speaking for *my* sake.

When Miss O did bring in more revealing material—a dream, perhaps, or a fresh feeling or thought that had occurred to her on her way to my office—and my own associations became livelier, Miss O would dismiss new thoughts or questions that I might raise. Our work became more vivid and collaborative only for brief periods before breaks in the analysis. At these times, Miss O reported a series of dreams and fantasies about hungry carnivores. I was able to hear and interpret these as reflections of her own angry neediness, and Miss O in turn skeptically connected them to her reactions to my absences. Looking at the evolution of these fantasies, in which Miss O's fear of devouring sharks was succeeded by a fear of her own anger and starvation, it was possible for us to see a trajectory to the transference that was not evident at other times.

In my daily work with Miss O, I felt frustrated and ineffective. Miss O expressed frequent complaints about the quality of my relatedness to her. She was sure that I listened to her only because I was paid for it. She could not understand why her friends had liked analysis. It was a chore, a piece of work that did not yield any daily pleasure or insight.

Alongside our joint discouragement but unintegrated with it, Miss O and I also shared a more hopeful attitude toward the analysis. I liked Miss O, with her intelligence and wry humor. My anger with her never went very deep. And Miss O's dismissal of

me also had an exaggerated, ironic quality, as if we both knew that I could, and would, do better. Miss O admitted her attachment to me, and expressed confidence that I was a good analyst, the right analyst for her. Somehow, we both felt, the analysis would get better and come out well. But neither of us translated this hope into any useful understanding of the thinness that we both saw in the analysis, or into any productive strategy for changing this.

In retrospect, although I could not have formulated this at the time, I would say that Miss O and I played out together two versions of the transference of the imager and the imagined. In the more dominant, negative version, I was most often cast in the role of a dutiful but self-centered mother, who listened in a perfunctory way to her child's communications without fully immersing herself in the child's emotional reality, and hence was unable to help the child to manage her feelings and experiences. Miss O played the part of a withdrawn child, keeping up the appearance of talk while holding back feelings that she could not bear to have me dismiss. At times, particularly when Miss O discouraged my livelier interpretations, these roles were reversed, and Miss O became the emotionally dismissive mother, I the dismissed child.

Miss O and I enacted this negative transference largely in the way we carried out our *spoken* exchanges. Miss O's mundane, problem-oriented recitation of daily events brought out a superficial, troubleshooting response in me, in which I resembled and felt like a perfunctory parent. Her angry dismissal of my more imaginative interventions further constricted my thinking and pushed me away, locking me in an emotionally disengaged role. Further from my awareness, her dismissal also made me feel something of the helpless pain of the rejected child. For Miss O, my dullness confirmed her anticipation that the sessions would be futile; the interventions that I made to explore her silences cut off her potentially more creative thinking and reinforced her sense that my interest in *her* agenda was perfunctory.

Balancing this negative image of imager and imagined and held apart from it, Miss O and I played out a hopeful but magi-

cal paradigm. Here I was cast as a mother who would understand and even transform Miss O without her having to confide in me fully. In this hopeful view, Miss O would change without our having to acknowledge or integrate the angry, deadening exchange that was played out between us and its relation to the problems that Miss O had with people outside the analysis.

Miss O and I enacted this less dominant, positive transference largely *outside* our spoken exchanges. Behind her complaints, Miss O conveyed an attitude of unshakable confidence in me; and this in turn brought out in me an attitude of unquestioning optimism. And behind the manifestly rejecting quality of Miss O's silences, that very silence conveyed her wish for me to understand her without words.

Together, these two versions of the transference of the imager and the imagined made up a single split configuration. The two images balanced and stabilized one another, and each was used to defend against the other. Abiding but unintegrated hopes preserved Miss O's attachment to me from her disappointment in my actual performance, and protected my attachment to her from the frustration that I daily experienced in our sessions. And Miss O's daily dismissiveness, as well as my own unconscious withholding of more effective efforts to help her, expressed the anger that we both felt toward one another.

Our repetitive enactment of this split fantasy threatened to bring Miss O's analysis to an impasse. Constricted in my thinking, I was unable to put together a larger picture of the transactions that were occurring. And, aware as I was of the flatness of my work, I could not fully appreciate the transference quality of Miss O's response to it. Her depreciation seemed to me to be simply an apt assessment of my inadequate efforts. Nevertheless, our slow work together led to Miss O's assuming a more active and successful stance *outside* the analysis. In turn, this shift and its meaning had an impact on our relationship *inside* the analysis. One side (the negative side) of the transference of imager and imagined that we had long been enacting began to stand out more clearly, and I was able to interpret its meanings and defensive func-

tions more effectively. I will describe this shift, which occurred after two years of analysis, more fully.

### *Deepening of the Analysis*

Miss O was now preparing for her graduation from law school and was in the midst of a series of promising job interviews. We had changed our schedule to accommodate the interviews and were going to meet five times during one week and only once during the following week.

In the Monday session of the first week, Miss O described a weekend visit with her parents. She said that she was angry at both of them because both had seemed uninterested in her. She thought that she should just leave them behind altogether and start her life afresh.

The following three sessions were much more vivid than was usual for Miss O. Her detailed recounting of daily events gave way to thoughts and fantasies new to the analysis. Always an avid reader of thrillers, she spoke about the place that these stories and their characters had in her fantasy life. She was fascinated by criminals and liked the way they had a culture completely apart from the rest of the world. She said there was a part of her that was hidden, following completely different rules, like the criminals did. I felt that all this had to do with Miss O's sense of the consequences of her anticipated success. Her advance felt to her like a transgression that endangered both her parents and me, and their imagined indifference both punished her and undid her risky triumph. However, I waited for these themes to emerge more clearly in the transference and did not make any interpretations at that point.

In the last session of the first week, which I will present in more detail, Miss O began by saying that the day before, she had not accomplished much of her preparation for the coming week's interviews. She had wanted to write something on her computer, but the computer was down. She was afraid she had broken it herself. She told me about this in detail, with pauses, as if she wanted my advice with the computer.

As I often did with Miss O, I found myself focusing on the concrete problem she brought in and wanting to solve it for her. I said that she seemed to want me to give her instructions for the computer, even though I would not be of much help. Miss O laughed. She continued to talk about the computer, but with a sadder feeling that seemed to reach beyond the immediate situation. She said how unreliable the computer was and how hopeless she felt about its ever being fixed. She should just replace it.

As I listened to Miss O now, I was able to associate more freely. I felt that the unreliable machine that the patient was afraid of having damaged was me, as well as her parents. Miss O had in fantasy hurt us all by pushing forward in her career and by becoming more forceful and alive in her associations. Her idea that she should just replace the computer echoed her thought earlier in the week (with its implicit split between past and present) that she should simply leave her parents behind.

But as was often the case in my work with Miss O, I did not make these interpretations or even a superficial or inquiring approach to them. I felt that she would reject any transference interpretation as far-fetched and would feel that I was putting myself at the center of things when she was not thinking about me.

Miss O now said that she had thought about nothing else but the analysis all week. We had been talking about important things. Bringing together her feeling that there had been a lot going on in the analysis this week and my sense of myself as an unreliable machine who had been injured by the patient's aggression and would now be gone, I made a very tentative approach to the surface of the transference. I asked how it would be, then, having a short week with me next week after a long, full week.

Miss O exploded. "It has to be about you! You make everything about you! You just make cookie-cutter interpretations, and what is left of me that does not fit in the interpretations, you throw out!"

As I had feared, Miss O had heard my interpretation as confirmation that I was a self-centered, perfunctory parent. I now said that if I brought myself, or even us, into the discussion, she felt

erased, as if it were all about me. (This was an interpretation that I had made without much effect many times before.)

"That's just another cookie-cutter interpretation," Miss O retorted. "Analysis 101! You follow the guidebook, and that's what they tell you to say when the patient says what I did!"

Miss O's attack today was more explosive than usual. It had almost a caricatured quality, and perhaps in response to this, I was more aware than usual of the effect that her attacks had on me. Certainly, she saw me as perfunctory and dull, but at the same time, my anticipation of her attacks *made* me interpret in a cautious, generic way. I said that she was aware of her feeling that *I* was treating *her* in a generic way, but less aware that *she* was making *me* generic, depriving me of all my individuality by seeing me as entirely mechanical.

This was a new interpretation. Miss O was surprised by it and repeated it. She mustered up arguments against it, then stopped herself. "I can see that that's so," she said, finally. "I do close things down and close you out by seeing you as generic. But it feels impossibly dangerous for me to stop. What if I were to hope for more from you and make myself vulnerable, and you still turned out to be generic and self-centered? That would be awful!"

At the next session, on the Monday following, Miss O reported that over the weekend, she had felt panic about her impending interviews. She described her anxiety as "paranoid": she was afraid that the interviewers would purposely trick her with obscure questions. I felt that her panic was a reaction to our last session: my interpretation of the way she felt that each of us made our relationship generic had made her fears of her own dangerousness and my retaliation more real and frightening. However, I felt myself to be in my usual dilemma with her: if I said that I thought what was going on between us was the main thing, infusing her sense of reality, then she would feel that I had imposed my own self-centered view and dismissed her experience.

Miss O's associations turned to her parents and how unhelped by them she had felt. She had been the smartest child in every class. Teachers all knew that she was smarter than they were. Her

parents had sent her to a school for the gifted, but they had not shown any interest in how she fared there or in her academic productions.

As I listened to the patient, I became aware of a countertransference that I must have had to her for a long time: I felt angry and closed out (I had long been aware of this), but at the same time, competitive, lofty, and dismissive of her anxiety. I had a thought like "If you're so much smarter than I am, why can't you take care of yourself!" I sounded to myself like a parent who was ambivalent about her child's precocious gifts, taking narcissistic pleasure but also feeling competitive and envious. I became uncomfortably aware that this ambivalent involvement prevented my seeing how Miss O might be feeling. In effect, I had a split view of her: I saw one side of her, the bright and cantankerous side, in high relief, and failed to see another side of her, which included her insecurity and many other things as well.

As I struggled with these partly formulated thoughts, I felt shaken and uneasy. The picture of Miss O and her parents that I was beginning to construct was very familiar to me. It echoed my own experience with my parents. I had also been a precocious child, and I had felt that my parents had idealized my precocity and competed with me, and at the same time had ignored my anxiety. Now, cast as such a parent to Miss O, I sensed that my long-held view of my parents was not accurate. It would be difficult to sort out my thoughts during the session from my reflections afterward, but what I realized was that this view of my parents was partly true, but it was also a way I had chosen to see them, rather than the way it had consistently been. If I had seen my parents as emphasizing one part of me and warding off another, this view of *them* had anchored a lot of thoughts and beliefs for *me*.

With my recognition of my countertransference reaction, my sense of Miss O began to shift and become more layered. I saw her as she saw herself, as a lonely child who felt unable to turn to her parents for help. I could see that she emphasized her precocity to reassure herself against her loneliness. And, in a less formulated way, I could see that she also saw herself as having a real

success now, rather than a trumped-up one, and that she was frightened by this. I said that it was a struggle for her to imagine that she could succeed by working at something, rather than by just being smart, and that she was not sure I could empathize with this struggle or would help with it. The patient replied that she did have trouble believing that she could succeed by working. She doubted that I could really understand the plight she was in.

Following these sessions, a marked shift occurred in the analysis. Miss O returned from her interviews still panicking, preoccupied with the crushing humiliation that she would feel if she were rejected. However, she rebounded quickly, and the next day, she began to work reflectively, analyzing the reasons for her panic. As she spoke with more affect, I found myself better able to associate freely. She said that she had gone through her whole life believing that she was sentenced not to have anything. She had only gone through the motions of her life and the analysis, knowing that nothing could really come of them. She saw her parents as depriving and dismissing her, she said, but she knew that the conflict was inside herself; she had been infected by it like the AIDS virus.

Miss O began the last session in the sequence I will describe with a silence. Now, for the first time, she began to associate to the silence. She had been a silent child. At school, she had not raised her hand. She recalled an incident when she had gone sledding with a friend. She had had an accident and sprained her wrist badly, but she had said nothing to the friend or the friend's mother and had walked home, pulling the sled with her other hand.

"What were you feeling when you were silent?" I asked.

"I don't remember," Miss O said. "I was numb, sleepwalking. I had no feelings. This was my life, and I was not even in it." But even as she spoke of her numbness, she recalled a state of intense fear, anxiety so severe that she would not go out of the house. Her childhood began to come alive in a more complex and sadder way than before.

### *The Imaginer and the Imagined*

What happened in these sessions, I think, is that in the context of her growing success, Miss O responded to emerging oedipal

fantasies of her victory and my retaliation by *defensively reinforcing* a configuration of imager and imagined that we had long been enacting in the analysis. In this configuration, I was seen as a self-centered, unimaginative mother, and Miss O as a neglected, precocious child; and we were engaged in a futile, generic dialogue that could never lead to real understanding or change. Now this configuration served to punish Miss O for her success and to drain her triumph and my response of meaning and force.

As this oft-enacted fantasy was defensively accentuated, I was able to see it more clearly. In particular, I could now recognize that while Miss O consciously saw me as the mother in this object relation and herself as the child, in her approach to the analysis, she herself played *both* roles. As I interpreted these attitudes, the equilibrium of the analysis shifted. I began to see that, like Miss O, I had also played both roles in the interaction: although I had been more aware of my role as the dutiful mother, I had also assumed the role of the dismissed child. As our entrenched enactment of a transference of the imager and the imagined began to give way, the patient and I were able to associate more freely, and connections opened for both of us between present and past.

For my part, I became aware of a chronic countertransference reaction in which I was identified with a parent who was ambivalently involved with Miss O's precocity and neglected other aspects of her. This countertransference blended Miss O's fantasy of her parents and their view of her with what I now recognized to be my own defensive fantasy of the way my parents had seen me. The unraveling of this countertransference enabled me to imagine Miss O in a more complex way. She in turn was able to consider my interpretations less dismissively, and our work became more collaborative. The patient began to work more actively in the analysis and to connect her analytic silences with the sufferings of her childhood.

### *Further Evolution of the Transference*

I have described in detail a series of sessions in which a transference of the imager and the imagined, repetitively enacted, be-

gan to yield to analytic work. The transference that came into focus was a negative one, and there were two versions of it. In the dominant version, I was cast as an unempathic, dutiful parent, and Miss O was cast as a misimagined child. In the less dominant version, the roles were reversed, and Miss O was the unempathic parent, I the misimagined child. I will now take a broader view of the analysis in order to describe the unfolding of the transference of imager and imagined that took place over a period of several years.

After the sessions I have described, idealized fantasies of the imager and the imagined that had formed an undercurrent earlier in the analysis began to come into focus. It now became clear that the negative fantasy on which the analysis had foundered represented one half of a *split* constellation of fantasy. Each successive phase of Miss O's analysis was marked by the dominance and analytic resolution of her identification with a *different* figure in this split constellation. These identifications were condensed with, and also warded off, aspects of oedipal and preoedipal conflict that gradually appeared in a deeper and more workable form.

The first of these to emerge was Miss O's identification with the role of a child who would be magically understood and changed by a parent with perfect empathy. Miss O's silence now took on a different meaning, reflecting a wish that I would understand her without words. Wordless understanding would express my love for her. Wordlessness also permitted the nature of my love to remain undefined. In the most favored version, my love was restitution for the maternal understanding that she had failed to receive as a child. But this maternal love had erotic aspects as well, and we came to see that a second, paternal version was also present. In this scenario, a variant of the Sleeping Beauty story, my love and understanding would transform Miss O into a woman. As we came to understand this group of fantasies, a defensive function that they shared became clear: in all of them, Miss O remained a passive child, an innocent participant in the oedipal situation.

As this group of fantasies was analyzed, a second set of identifications began to emerge. Miss O now became aware of her own

qualities as an imagining parent. The storylike quality of her descriptions of others now came into focus. Miss O began to see that she fit the people in her life more or less crudely into her own story lines, discarding aspects of their lives and their feelings that would have contradicted her fantasies. Her stories were often dramatic oedipal romances, but an important function of them was that they confirmed that the main people in her life existed primarily in her imagination, where she could control them and they could have no real impact on her. Miss O was aware of the positive, loving side of these fantasies: she made people into what she desired in order to love them, and her excitement made her imagined version of them real.

Gradually, she also became aware of the aggression that was expressed by her ruthless "cutting to fit." By dismissing her partners' subjective experience, as well as their real circumstances and attachments, for example, she denied them both autonomy and the recognition and love that she herself craved. As the men she chose, and the other people to whom they were tied, became more real to her, she became painfully aware that her disavowal of the parts that did not fit her wishes reflected a cruel attack. In the transference, she now saw that while she had focused on my good and bad qualities as a parent who would imagine her, she herself had cast me in that role; and her earlier insistence upon seeing me exclusively that way had been a cruel rejection of my attempts to understand her as best I could.

Following the analysis of Miss O's identification with the imagining parent in her fantasy, and particularly of the aggressive aspects of that identification, another major shift took place in the analysis: the entire structure of fantasies about imagining appeared to give way, and Miss O's relationship with others and with her own inner life became less storylike. The people she described now had more complexity and depth. It took time for her to get to know them, just as it took time for her to learn about herself, and what she discovered was less predictable and final. The consequences of this shift were both pleasurable and horribly painful for Miss O. For the first time, she fell in love and developed

a lasting relationship. She also felt exposed to sustained bouts of the terror that she had experienced both in childhood and—fleetingly and at some remove—earlier in the analysis. Clearly, much analytic work remained to be done, but equally clearly to Miss O and myself, the analysis had entered a new phase.

I will end my vignette by briefly describing the sessions at the end of the fifth year of analysis, in which this major shift took place.

### *The Weakening of a Transference Structure*

Miss O began the first of the two sessions that I will describe by saying that she felt anxious. She had to take a new route to her job to pick up her car. It had needed repairs in order to pass inspection. This was the first time she had registered it in her own name. As she reflected more on her anxiety, she thought that it had to do with more than the car: she was frightened of the newness in her life as well. “I like having my radio stations pre-set,” she said. “Now I have to be thinking about the infrastructure.” She felt scared of losing the things she already had as she changed. It was like an existential fear, she said. The lack of an exoskeleton was terrifying. Her thoughts went to the analysis: how would she know when she was done? She wished I would just tell her without her having to share the responsibility for the decision. That was an old wish. She thought of an incident at court. An assistant D.A. had almost released a sex offender without knowing his history. Luckily, Miss O had reviewed the case.

I said that her fear was also of losing control of parts of herself that might be dangerous. She agreed, and went on: “I am afraid of something in that structureless state, but I don’t know what it is. I have been so frightened of it for so long. It’s like when you find an antique chair with layers of ugly paint and varnish. It will be a long time before you know what’s under there. Part of what I have layered it with is my own, and part is other people’s fears—my father’s fear, my sister’s. Part of the fear is that I don’t

know what part is mine. And then there is the fear that you strip all that away, and you did all that work for nothing, for a little piece of shit chair. Or by the time you are done, it is too late!"

As the session ended, she moved to another set of associations. She was going to the birthday party of a girl she had babysat four years ago. She was attached to the girl, and the girl liked her no matter what; her face lit up when she saw Miss O. In the past, Miss O said, "I would have said that she only loves me because she has no choice, but now I would see it differently. I would say that my existence gives her pleasure."

Miss O arrived the next day feeling very emotional. She had gone to a Seder at a prison where she did pro bono work as part of a group reviewing death penalty cases: "I felt overwhelmed. On this holiday celebrating a release from slavery, I was with people who might never be released."

Most of them were guilty of the crimes for which they had been convicted, Miss O added. "They were the dregs of society. I was overwhelmed. And what was overwhelming was that *everyone had a story*. Not all the stories were interesting, but each person had one! I felt present with each prisoner in the room. There they were, imprisoned by their bodies, imprisoned by the state; and yet they were real."

As Miss O told me about each of these prisoners, the vividness and emotionality of her descriptions broke my heart. I felt newly aware not only of the complexity and richness of Miss O, but also of the dimensions of pain and richness in human experience. I commented on the feeling of emotionality and connectedness that she conveyed.

Miss O agreed. Her anxiety had been about this, she thought. In the past, she had shunned this kind of emotional connectedness; if she felt for someone else, she was completely taken over by the other's story. The way she felt now, connected with other people and their feelings and stories, but still herself, with her own feelings and her own story, was a new way for her to be.

## THE TRANSFERENCE OF THE IMAGINER AND THE IMAGINED IN RELATION TO OTHER APPROACHES TO NARCISSISM

I have described an approach to narcissistic patients in which a fantasy structure linking representations of an imagining parent, an imagined child, and their interaction is the focus of analytic attention. My view of narcissistic transferences as the expression of pathological structures of self and object representations is built upon Rosenfeld's (1964) concept of omnipotent narcissistic object relations, Kernberg's (1975) concept of the pathological grandiose self, and Steiner's (1993) concept of pathological organization. Like these authors, I see the group of representations that gives rise to narcissistic transferences as an organization of part objects, in which the active use of projective identification binds the self representation to the representation of the object; omnipotence, and particularly omnipotence of thought, is prominent; and the organization as a whole serves as a rigid defense against paranoid and depressive anxieties. Like these authors, as well as others who have developed the concept of pathological organization (Joseph 1975, 1982; Malcolm 1970; Meltzer 1966; Ogden 1996; Sohn 1985), I believe that the narcissistic transferences that arise from part-object representations often emerge in analysis in the form of enactments.

With the concept of the imager and the imagined, however, I am singling out for special attention a subgroup of representations that have been relatively neglected by other authors. To clarify the focus that I am recommending, it is useful to return to Miss O's analysis. Clearly, something was played out rigidly and repetitively between Miss O and me. A broader approach to narcissistic structures might lead to an interpretive line that casts a broader net, addressing the many ways in which the patient assumed a grandiose parental role and cast me in the role of the devalued, frustrated child. In this version, I think, Miss O's aggression would stand out more sharply, but the intertwining of aggressive and libidinal themes with the construction of meaning

would recede somewhat. It is my impression that the narrower imager-imagined focus often moves closer to the patient's subjective experience and addresses a key resistance more effectively than the broader approach.

The concept of the imager and the imagined helps us to bring together a complex group of enactments in the realm of thinking and meaning construction and to understand these as manifestations of central, organizing fantasies about the way meaning is constructed between parent and child. Joseph (1989) and Feldman (1993) have elegantly described the way in which subtle enactments in the realm of thinking may be induced by the patient's projection into the analyst of parts of his mental functioning. Here my contribution is to describe the broader system of fantasy that these enactments may reflect.

Bion's work provides an organizing framework for understanding the organizing fantasies about meaning construction that may be enacted in the analytic situation. With his concept of containment, Bion (1962) introduces the idea that the child's capacity for constructing meaning arises from an early emotional exchange between infant and mother, and that this exchange is itself represented in fantasy. Disturbances in containment will lead both to disturbances in the child's developing capacity to construct a stable and integrated inner world, and, in addition, to his construction of highly distorted fantasies *about* containment. In analysis, the enactment of these fantasies will give rise to disturbances in the way that patient and analyst construct meaning together (Bion 1957, 1959). Bion observes that these fantasies acquire many psychic functions in the course of development, contributing to ego and superego development, to symptom formation, and to defense. In addition, Bion makes the important technical point that when fantasies about containment are enacted in analysis, analyst and patient alternate in the roles of infant and containing mother.

Britton's (1998) highly original contribution further develops Bion's linkage of disturbances in the construction of meaning to early disturbances in containment. Britton demonstrates that the mis-imagining mother who is represented in the fantasies and en-

actments that Bion describes reflects one half of a split maternal representation that has arisen as a result of a disturbance of maternal containment. He depicts a sequence in which the child preserves a positive image of the mother by constructing dual images of an idealized, emotionally receptive mother who is totally attentive to him and a rejecting, persecutory mother whose attention is turned toward the father. Hatred of the persecutory mother is displaced onto the figure of the father.

In analysis, Britton argues, such patients rigidly cast the analyst in the role of an idealized containing mother who exists for the patient alone. The analyst's inattention or independence of thought constitutes a threat of the emergence of the hated father, and ultimately of the persecutory mother, as well as of linked experiences of the self as chaotic, unknowable, deformed, or annihilated by misunderstanding. Awareness of the father and of triangular relationships cannot be tolerated. Further development of the capacity for thinking is blocked as the result of the early defect in containment because the exclusion of the father is linked to the exclusion of a third position from which self and objects can be observed. From a technical standpoint, Britton's work emphasizes the analyst's identification with the role of the containing mother, rather than the alternation of roles that I have observed.

Zimmer (2003) describes another split in the containing object, between an aspect that accepts secondary-process thinking and an aspect that operates in a primary-process mode. Like Britton, Zimmer emphasizes the analyst's identification with the role of containing object rather than the alternation of roles.

A focus on containment brings into high relief the shaping influence that early experiences of privation and aggression may have upon fantasies of the imager and imagined. These models help us to recognize the kind of split fantasy of imager and imagined that emerged with Miss O, and to hypothesize that such a broad disturbance in the organization of fantasy likely originated in a very early disturbance between infant and mother. At the same time, models of containment, with their emphasis on primal experience and the fantastical distortions to which the child's earliest

affects give rise, tend to neglect the contributions that later experiences and conflicts, and the real and complex characters of the parents, may make to fantasies of imager and imagined.

When particular attention is paid to the way analyst and patient construct meaning together, what comes into focus is a process of interaction and the usefulness of linking this process to a fantasy, or representation, of the two participants. From this perspective, containment appears to be only one among many modes of meaning construction. We also become aware of our inability to know with certainty the historical origin of the fantasy we can discern. Spillius (1993) describes a similar shift in her model that occurs when she considers the identification of envy from the differing perspectives of analyst and patient. As she shifts her attention toward the process of meaning construction, envious experience seems best described in terms of a fantasy structure in which the envier represents the perceived qualities of a giver and receiver and their interaction. The origins of this fantasy structure, and particularly its relation to internal and external reality, cannot be known.

Writing from a developmental perspective, several analysts have constructed models for the sequence of interactions by which an imagining parent may shape the child's representational world and capacity for representation. In these theories, normative versions of such interactions often also serve as models for the therapeutic action of psychoanalysis. Loewald (1960) exemplifies this approach in the parallel that he draws between the growth that the early parent fosters by imagining the child at a higher level of integration and the ego reorganization that the analyst catalyzes when his interpretations recast the patient's material at a higher developmental level.

In his classic paper on the true and false self, Winnicott (1960) depicts a normative sequence of interactions in which a good enough mother responds primarily to the child's own cues and fosters the child's structuralization of a true self that permits creative self-expression. He contrasts this developmental sequence with a pathological course in which the less empathic mother projects

her own fantasies onto the child, enlisting him in the construction of a false self, adapted to the mother's concerns rather than to his own.

Fonagy and Target (1996) describe a normative process in which an imagining other who thinks about the child's thinking and reflects this back to him enables the child to develop the capacity to reflect upon his inner world and to distinguish between his own psychic reality, the psychic realities of others, and external reality. The parents' failure to perform this function for the child will lead to the child's failure to internalize this capacity, which they have called *mentalization*. In the extreme case, where the parent has been grossly unresponsive, the child will internalize—instead of the capacity for mentalization—a concrete piece of the parent's own mental life, which will remain within the child's subjective experience as an alien presence (Fonagy and Target 2000).

In both Winnicott's and Fonagy and Target's models, a successful interaction with the imagining mother gives rise to an ego function in the child, without an elaborated fantasy of the mother's contribution. A pathological interaction with the imagining mother leads to a failure of internalization of an ego capacity; in analysis, this gives rise to a potential for new growth, with the analyst acting as a new imagining object. For Winnicott, and for Fonagy and Target in extreme cases, a disturbed interaction with the imagining mother also leads to the internalization of a pathological structure that gives rise in analysis to an elaborated negative transference. In my view, these models neglect the complex, shaded fantasy elaboration that is associated with the child's experience of being imagined by the parent. From a technical standpoint, this neglect leads to an inattention to the subtle enactments that arise from positive as well as negative fantasies of the imager and the imagined. In addition, the idea that the analyst who imagines well acts solely as a new object for the patient poses the danger of a split in the transference, with negative qualities of the imager attributed to the parent, and positive qualities, or often idealized ones, attributed to the analyst.

This issue arose during the midphase of Miss O's analysis. Following our analysis of the long-standing enactment in which I

had been cast as an unempathic mother and the patient as a misunderstood child, Miss O experienced me as someone who understood her better than anyone ever had. My recognition of the good work that we had done together, as well as the excitement that now colored the analytic process, pulled for me to accept this transference rather uncritically, and to focus my interpretations on the sexual fantasy that was mixed with it, a fantasy that my understanding and love would make Miss O into a sexually alive and loving woman. I think that this choice would have been a mistake, and that it was only the work of linking Miss O's experience of me in the present to wishes and experiences with her early objects that led to her awareness of her own identification with her unempathic parents—and, ultimately, to her greater capacity for object love.

Aulagnier (1975) describes a complex, multiphasic process by which the child's developing capacity for representation interacts with the parents' representations of the child's experience. In her model, successive phases of the child's development are characterized by different modes of representation and different subjective experiences of the process of representing. At first, the child, who is unable to represent unpleasure, believes himself to have omnipotently willed all pleasurable experience; then, as pain begins to be represented, he believes his world to have been willed by an omnipotent, imagining other. From the first, the mother's attention, and the parents' unique fantasies of the child and his relation with them, shape and limit the aspects of subjective experience that the child can represent. Disturbances may arise from a preponderance of painful, and hence unrepresentable, experience at the earliest phase, or from a mismatch or gap between the parents' imposed representations and the child's subjective experience. These disturbances will result in the ultimate failure of the child to construct a coherent narrative for the self and the possibility of regression to earlier phases.

Aulagnier's sophisticated model illuminates the host of meaning-constructing experiences that may contribute to fantasies of the imager and imagined. However, in the clinical application of

her theory, her emphasis is upon the problems that result from a failure to internalize the capacity to construct a coherent narrative for the self, rather than upon the fantasies to which the process of internalization may give rise. Thus, in considering the narcissistic patient, she focuses on the narcissist's reliance on the analyst to patch over the patient's deficient capacity by constructing a narrative for him. I would argue that the patient's belief that the analyst must construct a narrative for him is, in fact, the narrative that the patient has constructed for himself; and that the analyst can best approach this mode of narrative construction as an enacted fantasy, shaped, like other fantasies, by experiences, wishes, and defensive needs.

The parent's imagining of the child's inner world is an important aspect of the parent's selfobject function that Kohut (1971) described. From the standpoint of self psychology, the salience in the analysis of the narcissistic patient of interactions around meaning construction arises not from the enactment of structured fantasies, as I have hypothesized, but from the revival of an archaic potential for growth of the self. The patient relies on the analyst as imaginer because of a defect in development (rather than as the transference enactment of a fantasy *about* being imagined); and the patient's gradual internalization of the analyst's imagining function contributes to the development of a stable, continuous self. Qualities of the real parents contribute to the shape of the self-object transferences that arise in analysis. Here Goldberg (1995) makes an important addition to Kohut's work by linking splits in the child's attachment to selfobjects (and to the selfobject transferences to which these attachments give rise) to the child's dependency upon disparate figures, or disparate aspects of the same parent, as selfobjects.

In my view, self psychological models have made a particularly valuable contribution by giving central importance and detailed attention to the transactions around imagining and being imagined that emerge in the analysis of the narcissistic patient. In addition, they help us to understand the shaping effect that the historical parents have upon these transactions. With Miss O, for ex-

ample, Goldberg's (1995) perspective helps us understand the way her split self experience, as a precociously intellectual child and as a storylike, unreal being, could have arisen in a family where her parents were intensely but ambivalently related to her mind and dismissive of other aspects of her experience. However, these models neglect the strong contribution of fantasy, and particularly of early aggression, to the figures of imager and imagined that arise in narcissistic transferences. A view of these transactions as the result of a failure of internalization prevents the analyst from seeing their multiple defensive functions. In addition, a neglect of the countertransference as important data about projected fantasy leads to a failure to recognize and analyze the patient's identification with the role of imager and the analyst's identification with the role of imagined.

## CONCLUSION

I have described an analytic stance in which particular attention is paid to the way patient and analyst together construct a vision of the patient and his world. This stance is of value, I believe, because the process by which patient and analyst construct meaning in analysis is more or less subtly shaped by enactments, in transference and countertransference, of fantasies about the way that the child and his early objects together shape his experience of reality. In the analysis of the narcissistic patient, enactments of fantasies about the construction of meaning may come to dominate the analytic process; and an understanding of this phenomenon may prevent stalemate.

In my clinical example, I have tried to demonstrate the deepening that occurs when fantasies that shape the process of meaning construction are interpreted. My clinical material also demonstrates the alternating roles that analyst and patient assume in these enactments, and the importance of interpreting identifications with both imagining parent and imagined child as they arise.

The model that I present, in which the process of meaning construction that occurs in the analysis of the narcissistic patient

is regarded as the enactment of fantasy, differs from analytic models that view this process as the unaltered repetition of early historical experience, as a reflection of developmental arrest, or as a composite arising partly from deficit and partly from pathological early experience and fantasy. I believe that an approach that treats these elements evenhandedly as fantasy has considerable advantages over other views. From a technical standpoint, this approach draws the analyst's attention to the dynamic factors that shape meaning construction and open them to interpretation and analytic resolution. Awareness of the role of conflict in shaping representations of the imager and imagined opens the analyst to awareness both of the fantastical forms that these imagoes may assume and to the more subtle and fluid distortions that they may undergo as they are altered by the pressures of wish and defense. A view of the figures of imager and imagined as parts of a fantasy structure also attunes the analyst to the potential for shifting identifications that this structure affords. By contrast, a view of meaning construction as a process in which arrested development is resumed tends to fix the analyst in the awareness of his role as the imagining parent, to the neglect of his enactment of the role of imagined child.

In addition, a view of the imager and the imagined as a fantasy structure stays within the realm of inferences that we can draw from the data of the analytic situation. It is possible to observe, by focusing on meaning construction and its disturbances, that analyst and patient may be engaged in playing out repetitive dramas about this process. Interpretation and its consequences can also lead us to see the value of viewing these dramas as enactments of representational structures, and even the wishful and defensive functions that these structures may serve. However, the origin of these structures cannot really be linked by clinical data to developmental, historical, or instinctual origins.

In the model of the analytic situation that I suggest, neither analyst nor patient is vested with final authority to know or interpret the events that occur. A focus on the process of meaning construction that takes place in analysis highlights the contributions

of both analyst and patient to the constructions that emerge from their work (Hoffman 1991; LaFarge 2000; Ogden 1994; Vaslamatzis 1999), as well as the powerful mutual influence that two minds thinking closely together exert on one another (Schafer 2000). The idea that the analyst's mode of thinking, as well as the patient's, is shaped by enactments of fantasies about thinking necessarily makes the product of the analyst's thinking less authoritative. And the view that countertransference as well as transference contributes important data to our understanding of the analytic situation diminishes the authority of the patient's subjective experience as a guide to the meaning that is constructed.

In the complex system that I describe, the hope for analytic change resides in the capacity of both participants, and particularly of the analyst, to shift from enactment toward observation. It is hoped that this contribution to the study of enactment will facilitate that shift.

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## THE ANALYST'S FANTASY OF THE IDEAL PATIENT

BY HENRY F. SMITH, M.D.

*Using detailed clinical vignettes, the author illustrates how the analyst's fantasy of the ideal patient can be used to advance an analysis at the same time as it fuels mutual resistances. The author suggests that all analysts carry with them a fantasy of the ideal patient that varies from analyst to analyst and from school to school. Such fantasies are often related to images of an ideal free-associative process. They are for the most part descriptively unconscious, becoming conscious only when prompted by the clinical moment. As such, they are part of a countertransference, broadly defined, that is responsive to both the analyst's and the patient's conflictual life.*

### INTRODUCTION TO THE FANTASY

It was the middle of my third year as a psychoanalytic candidate. My patient was difficult, often silent, insistent that I answer her questions and, on occasion, supply her with interpretations. "Where's the meat?" she asked repeatedly. "I thought this was analysis. Give me the meat." Her speech matched no known model of free association, and my attention was anything but evenly hovering. Uncertain what meat she wanted me to deliver, or what might hap-

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pen to it if I did, I was barely able to see where she left off and I began. Thus, riveted to her words and full of self-doubt, I turned each week to my supervisor to help me out of my clinical difficulties and my own self-critical states.

One day, my supervisor said, "Think of her as an ideal patient. An ideal patient would talk a bit about the present; that might remind her about something from the past; then a dream, perhaps, or a fantasy about you; she'd be more of a do-it-yourselfer." His description of the ideal patient was based upon an image of an ideal form of free association, and it implied an ideal form of evenly hovering attention such a "do-it-yourselfer" might allow. And it helped me out of my dilemma, for the moment, because, set against this ideal type, I thought I could glimpse a bit more clearly who she was and something of what needed to be analyzed, including the mutually constructed resistances that were evolving, the most superficial expression of which was an inhibition in her associative life and my own.

By pulling me out of the mix of projection and introjections in which we immerse ourselves in our work, my supervisor's comment also rescued me momentarily from my own self-critical state, focusing me temporarily on my *patient's* failure to live up to an ideal, rather than *my* failure to do so. As analysts, we are always needing to find ways first to combat our reluctance to immerse ourselves in the patient, and then to extract ourselves from that very immersion. I would suggest that the Kleinian use of the concept of projective identification, in addition to its heuristic value, serves just such a practical purpose, but every clinical methodology must include some such mechanism in its repertoire. My supervisor's evocation of the ideal patient was a personal variation on this theme.

In actuality, there is, of course, no ideal associative state, either for the patient or for the analyst, and no ideal patient. In fact, if we were to encounter one, I suspect there would be nothing to analyze. In this regard, note that the ideal free associator my supervisor imagined, carried to an extreme, describes a patient without inhibition, conflict, or resistance. And just as the hypothetical

patient without conflict would have no use for our services, so if an analyst were to encounter his ideal patient or, for that matter, a patient her ideal analyst, resulting either way in some sort of "ideal match," I suggest no analytic process would develop. Nevertheless, it is my argument that all analysts carry around with them a personal fantasy of just such a patient. Think of it as an imaginary companion (Bienvenu 2004), living just at the edge of awareness or hidden in the descriptively unconscious depths. I have noticed that, from time to time, my own fantasy of the ideal patient emerges into consciousness when prompted by the clinical moment. I see it as part of a countertransference, broadly defined, which, as always, is responsive both to the patient's conflicts and to my own (Smith 2000).

Conscious or not, however, the analyst's fantasy of the ideal patient is, I suspect, continuously influencing the work for better and for worse—that is, in both productive and unproductive ways. I say for better and for worse because I find that, when examined closely enough, all the analyst's activities, including his or her unspoken observations, shape the work in multiple directions, simultaneously advancing the analysis and fueling the resistance, and that the progress of an analysis and its therapeutic action are built in part on mutual, unconscious negotiations about the paths the analysis will follow, as well as on mutual resistances to the roads not taken.

Molded by the analyst's character, history, inclinations, and theoretical preferences, each analyst's fantasy of the ideal patient has evolved, like any other embedded ideal, from conscious and unconscious identifications of training and practice—from personal experience, that is, both as patient and analyst, supervisee and supervisor, student and teacher (Smith 2001). As such, it reflects not only who we are and how we were trained, but also the kind of patient the analyst wants to analyze, and—even more to the point—the kind of analyst the analyst wants to be. In other words, we are speaking not only of a fantasy that both interferes and facilitates, but also of a structure that may be mandatory for the work to happen at all.

The fantasy of the ideal patient, then, is a compromise formation—or, more accurately, a set of compromise formations—shaped by loving and aggressive wishes, defenses, self-punishments, and miseries. I will try to show that it is in the dynamic tension between the analyst's fantasy of the ideal patient and his or her experience of the actual patient that analysis begins to emerge. This is the counterpart of the tension between the patient's fantasy of the ideal analyst and his or her experience of the actual analyst that forms the basis for many initial transferences. I am not speaking here solely of the idealizing transferences and countertransferences, but rather something more fundamental; namely, in the discrepancies between the internalized ideal and the actual other, each person, patient and analyst, begins to experience and discern the other person.<sup>1</sup>

The terms *actual patient*, *actual analyst*, and *actual other*, while meant to convey the sense that there is someone in the consulting room distinct from the fantasies each has about the other, are somewhat misleading. Notice that in each case, the tension lies between the *fantasy* of the ideal and the *fantasy* or *experience* of the actual. An analyst may encounter a patient's fantasy of the ideal most acutely and often painfully in their initial meeting, when hearing the discrepancy between the patient's expectation—the analyst the patient imagined meeting or hoped to meet—and the actuality, the patient's perception of the analyst in the room. As I have suggested elsewhere (Smith 2000), the conflict between the patient's internal representation of the analyst and the analyst's self-representation can be a source of considerable narcissistic suffering for the analyst, as is its counterpart for the patient, the discrepancy between the analyst's internal representation of the patient and the patient's self-representation. As a reader of this paper put it quite

<sup>1</sup> The contrast between the ideal and the actual, as I am describing it, is implicit in the work of many artists and explicit in a few, such as in the drawings of Leonardo da Vinci, who depicted in turn both the ideal and the actual (the latter bordering on the grotesque), each emerging more clearly by contrast with the other and both necessary to the viewer's experience of either one (see also Rothstein 2003).

simply, "somewhere in and among the competing transferences of analyst and patient, the traction is had . . . [and] what we analyze are our assumptions, ultimately, of one another and what we're up to" (Samstag 2003). The analyst's fantasy of the ideal patient and the patient's fantasy of the ideal analyst are frequently neglected components of those competing transferences.

To characterize the analyst's state of mind, rather than evenly hovering attention, I prefer Gardner's (1991) term, *free attention*, which I understand as the analyst's capacity to think freely over a range of subjects, consciously and preconsciously, and to reflect on the obstacles that lie in the way of both the patient's thinking and the analyst's own, thus encompassing many disparate forms of attention, from the more dreamlike to the more focused. The concept of free attention, as I am using it, includes, among other characterizations, the evenly hovering variety first outlined by Freud, Isakower's (1992) more dreamlike states, Anna Freud's (1936) equidistant posture, Bion's (1962) reveries, and the more focused attention that both Brenner (1982) and Gray (1986) advocate from somewhat different methodological perspectives.

As it is impossible to free-associate, so it is impossible to freely attend. In this regard, the patient's form of free association and the analyst's form of free attention exist in a symmetrical and dynamic balance with each other, defining together a particular interactive process at any given moment, based on the histories of each of the participants and unique to that dyad. Variations in either the analyst's or the patient's associative state will inevitably be reflected in that of the other.

If each analyst has a sense of what he or she publicly considers to be an ideal patient, each must also have a private view. Publicly, for example, there is the characterization of the ideal patient commonly cited in discussions of analyzability: intelligent, psychologically minded, and self-reflective, someone who remembers dreams and can associate freely, the "do-it-yourselfers" my supervisor extolled. Privately, analysts may prefer to work with other sorts of patients, those who elicit more active engagement, perhaps, or are more prone to action themselves—patients, in other words, who

delineate a particular pattern of resistance and evoke a particular kind of counterresponse from the analyst.

I suspect, moreover, that both one's public ideal patient and one's private one must vary in highly specific ways, not only from analyst to analyst, but also, more generally, from school to school. This is something we might fruitfully study. Would a self psychologist, for example, or a relational analyst, harbor a markedly different fantasy of the ideal patient from that of a contemporary Freudian or contemporary Kleinian colleague? If personal preferences cross theoretical boundaries, might they define new affiliations if we could access them?

While we might assume that all analysts prefer a patient with whom they can actually *have* a relationship, some of our public descriptions call this assumption into question. Menninger (1958), for example, implies that an ideal patient might traverse an entire analysis without the analyst's uttering a single word. Clearly, such a patient benefits an analyst who wants to be left alone.

I have been speaking of the fantasy of the ideal patient as a partly conscious and partly unconscious entity, but there was a time in the history of psychoanalysis when the concept of the ideal patient was a well-articulated and wholly conscious aspect of both theory and practice. Patients were considered ideally suited to analysis by virtue of their diagnoses or psychological profiles, and candidates were taught ideal versions of analytic process. Menninger, in fact, was a highly influential proponent of just such a notion, and, as one might infer from the above, for him, the ideal hour was one in which the analyst might say only "hello" and "good-bye."

Menninger (1958) also taught a more structured version of what I have reported as my supervisor's advice, arguing that the ideal patient's associations will follow a particular sequence from the patient's "reality situation" to the "analytic situation" to the patient's "childhood situation," back to the "reality situation," and so on, the three areas constituting what he called the "triangle of insight" (p. 148). To be precise, the patient might begin speaking anywhere in this triangular pattern, but the patient's associations *should* then

travel in the designated sequence, which Menninger regarded as "typical, proper, and correct" (p. 151). If they traveled in the "wrong" direction, from the analytic situation to the patient's reality and then to childhood, or in some random order, or remained stuck at one point or another, it was a sign of "serious resistance difficulty" (p. 151). The version I have attributed to my supervisor in the opening paragraphs of this paper reflects my own understanding that, however useful ideal models may or may not be, there is no "correct" or standard sequence for a patient's associations in contemporary clinical practice.

I ran up against one analyst's personal idea of the ideal patient when I first considered applying for analytic training. My well-intentioned medical school advisor, himself an analyst, said, "Don't tell them you had childhood asthma. There's often a lot of feeling there." Although I now have some idea of what he meant ("feeling" being a euphemism for trouble in the analysis), it was the first time it had ever occurred to me that feeling—even a lot of it—was in itself a bad thing. No doubt if I had a lot of feeling, I would fail someone's test as an ideal patient.

These fantasies of the ideal that I am describing, then, are derived in part from each analyst's own narcissistic needs; they are related to what Levine (2003) calls an analyst's personal "aesthetic" of analysis; and they define the analyst's image of the ideal analytic process. As such, they provide fuel for what Friedman (1988) has termed the *demand structure* of analysis.

## AN IDEAL PATIENT

If the fantasy of the ideal patient comes to mind at moments when the patient is being less than ideal, and usefully illuminates the figure of the actual patient against the ground of the ideal, as in my initial vignette, it can also get us into trouble when we least expect it. As a case in point, I have found, as have many analysts, that if one listens carefully to the interaction between the patient and the analyst in the first hour of their work together, it is possible to predict something of what is likely to unfold in their relationship.

So, if I tell you that many years after the above exchange with my supervisor, I heard myself say to a patient at the end of an initial interview that she was the “ideal patient for analysis,” you can probably guess the disasters to follow.

What was it about Ms. T that met my ideal? To be honest, I found her quite dazzling, not so much in appearance, though she was not unattractive, but in the agility and range of her mind. A successful architect in her mid-thirties who had been in therapy many years earlier with a woman in another city (to whom she had been devoted and who now recommended analysis), she seemed to me extremely smart, full of literary and cultural references, and yet with considerable ability to talk about herself with a variety of feelings and thoughts that ranged over past, present, and what I assumed to be incipient transference. As some might put it, she could free-associate, and she engaged my free attention as well; that is, I found I had many stimulating thoughts and feelings that seemed to “hover” in response to hers. You can see that my fantasies of the ideal patient and of the ideal attentional states—hers and mine—were fueled in part by my own desires (my term *dazzling* gives it away)—for myself, for my patient, and for the work. Such desires can quickly run aground, either at the beginning or quietly and persistently throughout the work.

So what happened with my patient? Ms. T looked at me a little puzzled, and then set about constructing plans for her ideal analysis, with totally unrealistic expectations of what it would cost, both financially and emotionally. Soon she was anything but the ideal patient, and I was anything but her ideal therapist. That designation was reserved for her former therapist, against whom I failed to measure up in almost every respect. Having forgotten the words of a trusted mentor many years earlier that he found he worked least well with those patients he liked the most, in short order, I found that Ms. T and I did not like each other at all.

Looking back on it, my patient and I seemed to have initiated our relationship with a kind of mutual seduction—another word for the sort of idealization I am describing—one that led rather quickly to a mutual disappointment. Silence, provocation, and

confrontation soon became the order of the day, and before long she was convinced that not only my expectations for her, but hers for me and for analysis, were unrealistic. When this occurs, it can bring about a swift and devastating end to an analysis, and sometimes it can be the beginning of one.

How had we gotten ourselves into this muddle? In retrospect, I could recognize in my patient something from my own history, in particular my relationship with my older sister, who, when we were children, used to “dazzle” me with her knowledge of the world, with her energy and her ideas. What I had failed to remember, however, was that behind that dazzle lay darker and more painful affects. Behind the particular dazzle in my patient lurked an angry competitiveness and a sense of injustice. She had been devoted to her father, but he had been ill for much of her childhood and so depressed that she felt unnoticed by him for long stretches of time. And these, too, it turns out, were echoes from a past that my sister and I had shared.

Putting all this together, one might say that our mutual idealizations in the initial interview were designed to keep these earlier disappointments and deprivations at bay, Ms. T’s and mine, as well as the more vicious entanglements they might elicit. It was another lesson in the aggression and depressive affect that hides in such idealizations, and the power of the enactments that defend against them.

As I began to examine the disjunction between my ideal patient and my “actual” one, along with my role in the creation of that disjunction, and Ms. T struggled with the contrast between her ideal analyst and her “actual” one, we began to understand the way in which many of her relationships followed this same pattern with identical results. In other words, what had seemed up to this point to be an unconscious process, enacted between us and threatening to overwhelm our analytic negotiations, now became the very substance of the analysis itself.

In time, my patient began to speak of how she managed to turn anything promising into “shit,” and to bury any optimism in a protective layer of pessimism. Together we came to see that she strug-

gled at all times with an incipient and pervasive sense of disappointment, which she could patch over with seductive and exciting personal relationships or with high-profile architectural projects, but in spite of how much she longed to find someone she could love and who could love her, the prospect of doing so deeply frightened her, and she settled instead for a series of men on whom she might blame her disappointment. I was one of many whom she had drafted for the task. Beneath all of this, she had a fantasy that she needed to remain forever faithful to an envious and repeatedly depriving mother. The disappointments in that relationship were all too familiar, but were preferable to the terrifying sense of aloneness she experienced without them; in addition, they provided a built-in punishment for her disloyal wish for a more pleasurable life. As idealization faded into disillusionment, it was this mother whom I came to represent.

All this was foreshadowed in my initial comment—and the fantasy from which it sprang—that she would be the ideal patient for analysis. In sum, it is my sense that in our initial reaction to each other, Ms. T and I re-created a type of object relationship familiar to us both, one that allowed the work to begin and simultaneously introduced us to the first major resistance to its progress.

I do not mean that my comment to Ms. T was a necessary one, nor that there might not have been many other, perhaps more effective, ways to elicit an analyzable transference; but the ingredients of what will make up both the transference neurosis and the countertransference neurosis (Smith 2000), if you like, will inevitably make their presence known, one way or another, if an analysis is ever to come alive around an actual object relationship, without which any analysis, in my view, will forever lie fallow. In short, this was the way this dyad negotiated the beginning of analysis and simultaneously resisted that beginning.

## TRANSFORMATIONS OF THE FANTASY

I have found that the analyst's fantasies of the ideal patient and of the ideal associative process hover around the initial phases of an

analysis, highlighting the patient's own particular use of the analytic relationship in general and of the free-associative method in particular. As an analysis proceeds, these fantasies appear less often, but they do not disappear. As time passed in my work with Ms. T, for example, my fantasy of the ideal patient reemerged when prompted by the clinical moment, and called to mind aspects of her behavior and my own that needed attention. It helped that I could now understand my fantasy of the ideal patient and hers of the ideal analyst as part of our joint histories together, with the potential not only to derail the work but also to lead us to meanings and experiences that lay buried beneath the surface of our interaction. But if my fantasy now alerted me to my patient's continuing inhibitions, it also alerted me to the corrosiveness of my expectations, which were also inevitably ongoing.

Sometimes, Ms. T seemed uncannily to sense my reawakened reverie of the ideal patient, prompting either an intense self-critical attack on her part or a determination to thwart my wishes. Or did her "reaction" precede my fantasy? I could never be sure. In either case, you can see that my fantasy of the ideal patient played a continuing role in shaping the work, both for good and ill. In fact, remembering Freud's (1900) description of free association not as random associations but as freedom from criticism, it is not surprising that the implicit criticism in the analyst's fantasy of the ideal patient would fuel a patient's own self-critical faculties.

My sense is that, as an analysis unfolds, the analyst's fantasy of the ideal patient merges gradually with his or her experience of the actual patient. This may be due to the patient's overcoming old inhibitions, or to the analyst's increasing ability to hear what the patient is trying to communicate, or to all the other many-sided accommodations each makes to the other.

Accommodations, in other words, come with risks as well as benefits. Think of how difficult it is to preserve the first impression one has of a patient—or of anyone else, for that matter—and yet how often we say that we learn more in the first hour with a patient than we will ever learn again. Remember how bizarre a schizophrenic patient may appear at first meeting when we are compar-

ing that patient to some image of a person with intact thought processes. After several weeks of work with such patients, even if they are no less psychotic, how familiar they may seem to us, so accustomed have we become to their language and syntax. Might that very familiarity, based upon empathy and understanding, also blunt an aspect of our therapeutic edge, one that we use to evaluate progress and focus the goals of our collaborative work? I would suggest that the fantasy of the ideal patient, for all its liabilities, also helps us retain that edge.

Over time, however, yet another modification in the fantasy takes place. With increasing familiarity, the analyst's image of the ideal patient is gradually replaced by a fantasy of the person the patient might become—a fantasy, that is, of the patient's future (Kotkin 1986; Loewald 1960). It is another sort of ideal fantasy, defining the analyst's sense of the patient's potential. In allowing this transformation, the analyst mourns the loss of the ideal patient and the idealized process, thus accepting the actual patient and the actual analysis into the consulting room. These transformed images, while no less fraught with burdensome expectation and misunderstanding than are the original impersonal ideal images, are continually being modified as experience with the actual shapes them.

The process I am describing here bears some resemblance to the development of psychological structures more generally. I am thinking, for example, of the evolution of the ego ideal, in which the child passes through a phase of identification with highly idealized figures, mythical heroes in early childhood and idealized public figures in later childhood, before accommodating to more realistic models. We might, in fact, consider the negotiation and modification of such idealized templates as an essential ego function, and as such an aspect of cognition in general and of psychoanalytic work in particular. In that sense, we are always modifying our ideal types.<sup>2</sup>

<sup>2</sup> We can draw an analogy here to Stern's (1985) view of *Representations of Interactions that have been Generalized* (RIGs). While Stern is not speaking specifically of idealized representations, the infant's capacity to "aggregate experiences and

In response to this notion, Robertson (2004) suggests (correctly, I think) that the modification of these ideal images evolves as part of the postgraduate development of every analyst, during which we mourn the loss of idealizations not only of patients but of our own analysts and teachers, and of analysis itself. He further indicates that with each new patient, we revive these idealizations and mourn them anew in much the manner I have just described.

### THE PATIENT DEFINES THE IDEAL

During the middle portions of Ms. T's analysis, I not only continued to use my fantasy of the ideal patient to guide me to the nature of the obstacles in the way of her associating more freely, but I also began to consider the ways in which her method of associating was more free than I had realized. In this sense, every patient defines for herself a particular form of free association. For if we consider all communicative gestures on the part of the patient as associations—not only the words, but also the silences, interruptions, affects, and actions—it becomes clear that we are watching an associative process as unique to that patient as a fingerprint, one that carries with it all the patient's efforts at communication, along with her resistances to doing so. In other words, every element in the patient's associative drift is both free and constricted. In that sense, it may be useful with every patient to imagine just how this patient's way of proceeding may be the best choice imaginable for this particular patient, her own ideal free-associative process, one that communicates and conceals simultaneously, as do all associations. In so doing, the analyst begins to free his or her attention

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distill (abstract out) an averaged prototype" (p. 98) would constitute a generalized type, against which each new individual experience might conceivably be compared, much as I am describing. I would suggest that, as analysts, we continue to carry with us such generalized representations, aggregated and averaged prototypes, against which we compare and discern the actual patients we encounter. I also suspect that Stern is describing an aspect of cognition that accompanies us throughout the lifespan.

from much that is extrinsic to the patient, including the fantasy of the ideal patient and the ideal free-associative model.

In light of this realization, and as a check against the tyranny of the ideal, I have come to view my supervisor's advice to "think of her as an ideal patient" not only as an invitation to *compare* her to an ideal patient, but also as an invitation to think of my patient *herself* as an ideal patient. I imagine my patient to be redefining free association as a type, and that draws me back to immersion in what is transpiring between us. These two uses of the fantasy of the ideal patient are part of a *dialectical process*,<sup>3</sup> in Hoffman's (1998) use of the term, not unlike many other such processes in analysis, each guarding against the excesses of the other and together shaping the direction of the work from apparently opposite poles.

The balance I am describing here is similar to Goldberg's (1999) view of the balance between judgment and empathy, or, for that matter, Arlow's (1981) view of empathy itself as a two-part process of identification *with* the patient followed by thinking *about* the patient. In accepting the patient's form of associations, that is, the analyst bends his or her working model and makes an accommodation, akin to validating the patient's point of view (Schwaber 1983), but in this instance it is a matter of validating the patient's personal methodology. Thus, part of the analyst's ideal process may be to work against the use of ideal types altogether.

Approaching the patient's free associations in a way that allows the patient to define his or her own associative freedom might lead to an interaction such as the following, which I have presented in a different form elsewhere (Smith 1990).

My patient had begun analysis because of a sense that he was drifting in his life. Soon the experience of drifting appeared in the moments at hand. Long silences ensued in which I felt we had both lost our way, and my fantasy of the ideal patient came frequently and longingly to mind. One day, in such a silence, I asked, "Did you drift off again?"

<sup>3</sup> See Hanly (2004) for a cogent critique of the use of the term *dialectic* in psychoanalytic discourse.

"Yes," he said, and then reported what had been on his mind before he had drifted away. His reaction seemed a compliant response to my question, as if I had been demanding his missing associations.

Rather than trying to interpret this behavior, itself a resistance, and choosing not to explore the conflictual content that might have prompted him to drift, I decided to treat the actions both of drifting and returning as associations in themselves. And so I said, "When I asked about your drifting away just now, it seemed to bring you back. I wonder what that's about, drifting away and then coming back when I comment."

He said, "I don't know. Maybe I wonder if you really want to hear it. So I wait until I get the cue. It feels like a cue."

Thus began an analysis of my patient's lifelong search for cues, which turned out to have begun in his earliest years and had become a key component of his character, now expressed in the transference.

The need to see patients as defining their own ideal process was brought home to me forcefully by a bilingual college student, who was much freer in one of his two languages than in the other. He struggled with giving up a measure of control. This was reflected in a particularly constrained form of speech in our work, which was by virtue of my own bilingual inadequacy conducted, in the main, in English, the more constricted of his two languages, even though it was his native tongue. Born in this country to English-speaking parents, he had spent much of his childhood in Italy, and Italian had become the language by which he communicated with his peers, the language of his autonomy, competence, and independence, a secret language free from the rules, constraints, and regressive pulls of the language of his parents.

Despite the fact that we had learned a great deal about his experience of his two languages as we analyzed the constraints on his freer expression in my office, one day he said to me that he did not like what we were doing. Specifically, he wanted to do the work of analysis in such a way that he would be "adding something to what

I am, rather than taking something away so that I can do it better.” Remember that his second language, Italian, and its accompanying sense of freedom was something he had added to his repertoire when he moved with his family to Italy. My focus on his resistance to speaking more freely, on the other hand, felt to him as if I were “taking away” an essential aspect of himself, his prized control, and the implications of such a loss were vast and frightening.

## IDEAL TYPES OF FREE ASSOCIATION

Although we think we know what free association is, there is no consensus about its constitution. I once taught a seminar in which we tried to derive from the candidates’ own experience what each considered free association to be. It included different things for different candidates: a relative ease of verbal expression for some, a freedom with feelings, images, dreams, memories, and bodily sensations for others; for some, silence was a free association; others included action and the action component of words. Regardless of individual preferences, however, all were agreed that essential freedoms were bound by equally essential constraints, and that the concept of free association itself included a peculiar kind of engagement with the analyst.

In other words, we were, by definition, speaking not just about free associating, but free associating in the presence of an other. Moreover, in these descriptions, it became clear that the candidates were themselves defining an ideal, and that if all these pieces are put together—freedom of thought, words, affects, fantasies, dreams, memories, along with a particular kind of relatedness, and a tolerance for examining the obstacles to all of the above—they describe someone with the capacity for a whole-object relationship, which is, I would suggest, another version of the fantasy of the ideal patient.<sup>4</sup>

<sup>4</sup> While Friedman (2004) usefully questions whether any patient’s behavior in the artificial laboratory of analysis can be used to judge that person’s capacity for whole-object relatedness, my point is that the very concept of the capacity for a whole-object relationship is itself a fantasy of the ideal patient (or person), viewed

Even though the fantasy of an ideal form of free association is enshrined in such negative characterizations as that of the "Monday crust" or of the patient who is "reality bound," both of which depend upon some comparison to an ideal type for their detection, some readers may still be dubious about the existence of this fantasy in their own work, or remain convinced that it simply denotes a kind of verbal freedom. If so, consider the following as a form of free association:

Id love to have a long talk with an intelligent well-educated person Id have to get a nice pair of red slippers like those Turks with the fez used to sell or yellow and a nice semitransparent morning gown that I badly want or a peachblossom dressing jacket like the one long ago in Walpoles only 8/6 or 18/6 Ill just give him one more chance Ill get up early in the morning Im sick of Cohens old bed in any case I might go over to the markets to see all the vegetables and cabbages and tomatoes and carrots and all kind of splendid fruits all coming in lovely and fresh who knows whod be the 1st man Id meet theyre out looking for it in the morning. [Joyce 1914, p. 780]

Gorgeous as this prose is and free as the speaker is in her associations, I do not think any of us would mistake it for analytic process, or for the kind of free association some consider to be part of that process. What is it about the invented form of stream of consciousness adopted by Joyce to convey Molly Bloom's inner train of thought that is so unlike analytic free association? We hear memories, fantasies, and affects. The speaker's body is fully present. Her associations are, in one sense, decidedly free, if bound nonetheless by her own repetitive preoccupations. But the presence of an other, the transference elements that might lurk in the shadows, and the resistances that would be stirred by that presence,

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from within a particular theoretical tradition, and serves many of the same functions I have been outlining. Bienvenu (2004) adds another layer of complexity when he suggests that what we are after are patients who can be intensely involved in part-object relatedness without losing hold of their analysts as whole objects.

are not in evidence.<sup>5</sup> Molly Bloom's solitary voice defines a particular kind of object relationship, and if we heard this voice in the consulting room, we would feel closed out by so detached a patient, lost in her own erotic meanderings. As the candidates in the seminar discovered in their own way, our ideal of free association incorporates a particular relationship to and awareness of the analyst, including the constraints that relationship imposes.

I remember a patient who could associate copiously about a variety of topics with memories, affects, and insight, but her thoughts and feelings appeared unrelated to me as her analyst. As a result, her associations for a time seemed to have little meaning to either one of us, as if she were removed from the process itself or making use of it for its defensive and erotic potential, much as with Molly Bloom's musings. At such moments, the image of the ideal patient would come to my mind, prompted in part by my own reciprocal detachment, and it led me to conjecture about what my patient was experiencing, what she was eliciting in me, what sort of object relationship she was both seeking and defending against, and what unconscious wishful fantasies underlay her strangely detached use of the free-associative method. In other words, set against my image of the ideal associative method, I could begin to listen to what her highly specific use of that method was both communicating and resisting, and why it was ideally suited for those purposes.

To hear such a patient's associations not as unengaged, but rather as fully engaged in a unique and peculiar way, necessitates a change in the analyst's listening stance, comparable to the one Schafer (1983) advocates in his "affirmative approach to the analysis of resisting" (p. 171). A similar shift occurs when, instead of viewing a particularly avoidant patient's stance as a resistance to

<sup>5</sup> I do not mean that within Molly Bloom there are no internal figures who are listening to her and to whom she may unconsciously be speaking. Such ghosts always accompany us and render every monologue a dialogue (Smith 2001). But the actual presence of another person—in this case, the analyst—alters the function of these internal figures in specific ways that mark the difference between self-analysis and two-person analysis.

engagement in the transference, we consider it a fully engaged transference that accurately reflects the patient's own internal object world—a patient, that is, who wishes not to be known, reached, or understood, as Joseph (1983) has described, or, put another way, one who is re-creating a particular kind of object relationship and defending against another sort of object relationship at the same time. What I am suggesting is that both forms of listening are necessary to the analyst's stance: the one that infers that the patient is resisting something, and the one that infers he or she is communicating something quite precisely and fully. These two modes of listening yield different sorts of data, and the shift from the one to the other and back again is an essential characteristic of the ongoing process of analyzing.

Some patients, rather than setting out to frustrate the analyst's wishes, become expert free associators as they try to model their productions on what they perceive to be the analyst's expectations. Michels (2003) tells of such a patient who faked her free associations as she faked her orgasms. I remember a time at the start of my first analysis, when my effort to free-associate seemed to me masterful, its appearance, no doubt, a bit like "word salad." One day, clearly exasperated, my analyst interrupted me to say that he knew almost nothing about me, except the interior of certain rooms in the house in which I grew up. Those rooms eventually turned out to be of considerable significance, but for the moment my efforts at free association, so far from my analyst's ideal, were saturated with my wish to comply, to conceal, and to frustrate.

Many have commented over the years on the use of free association as a defense. In view of Brenner's (1982) teaching that every mental function can be used in the service of defense, this does not surprise us. In fact, we would expect to find in every instance of even the freest of associations a defensive component, both in the content and the process.

I have suggested that our ideal image of free association is shaped by our own analytic experience. Mine is built on yet another memory—think of the two as a split-screen image—of a moment or series of moments late in my second analysis. From time to time

toward the end, I had the sense that I was “completely” free to think, feel, and say anything at all, my mind moving rapidly from one state to another, with my analyst fully present and listening. It felt liberating, and it comes back to me in my life, now and then, at moments that once again feel creative and promising.

This is an analytic experience I clearly want to replicate, and I want to replicate it partly in my experience with my patients, for them to have it, too, and for me to have it again through them. In other words, however much I may have their best interests in mind, this is my agenda and not theirs. And, while what I want to replicate remains for me a very real memory, it is also an idealization. It is an idealized image from my own experience in analysis that I impose on my patients and rarely find, or fail to recognize when I do. It has occurred to me that perhaps I do not know what to look for, and that when, instead of looking for a match to my own experience of free association, I listen with greater acceptance of my patients’ experience of free association, I hear them say that their experience is no less important to them than mine was to me, however different in form the two may be.

### A PATIENT WHO DID NOT MATCH THE IDEAL

As must by now be apparent, the fantasy of the ideal patient, however useful methodologically, can be hazardous as a basis for judgment. Consider those patients who fit no known free-associative template, but who in analysis make more far-reaching changes than many who associate in a more classical fashion, or patients who might never make it to the couch to begin with if we judged them solely by their free-associative style in the chair.

I am thinking of an obsessional woman in her mid-thirties, whom I have described in another context (Smith 1999, 2003a), a successful structural engineer, who, while bright, personable, and attractive, felt defeated by her lack of advancement in her predominantly male profession and her failure in finding a mate. While in twice-weekly psychotherapy, she was frequently silent or

spoke with great caution, carefully choosing her words to tell me about the day-to-day events of her life. Early in our work, she had asked me to draw her a map so she could find her way to my office and home again without getting lost, and it soon became clear she hoped for a map for her associations as well, so that she might know where she was going before setting out. In fact, she tried her best to find that map in the expressions on my face, which she watched as carefully as she could.

For my part, the fantasy of the ideal patient came frequently to mind, as I found it difficult to listen to her and, drifting away from her scrutiny, hoped for something more lively to catch my attention. As I talked with her about the way in which she kept me at a distance by speaking in cautious abstractions and presenting conclusions without details, she could see what I meant, but complained that I, too, seemed remote, which of course I was. And so we struggled to understand what was her response to me and what was mine to her and whether she might have some investment in both her withdrawal and mine.

After several years of laboring under the burden of our mutual inhibitions, I felt that a trial of analysis might free us both from her visual scrutiny of my responses. I was advised by a consultant to refer her to someone else, perhaps a woman. When I broached the topic, however, she would have none of it. If it was to be an analysis, it would have to be with me. No sooner had we begun to increase the frequency of our meetings to three and, subsequently, four times weekly than she, now using the couch, began both to associate more spontaneously and to reflect on her constraints. She said she feared that if she spoke more freely, she might "get stuck in the operating system" and "stuff would start coming out other places where I don't want it to." And then this compliant, controlled woman started to reveal aspects of herself that I had only faintly glimpsed from our previous work together, now emerging from repression in all their shameful and frightening specificity.

My patient dreamed that she was lying in a bed in my house, and I was uncovering her and leering at her; she dreamed that I was tucking her in at night, and I kissed her and said, "Now you

give *us* a kiss." It was then that we learned of her father's repeated mocking of her developing body, and her fear that any confession of erotic feeling toward me would be silently mocked by me or lead to erotic chaos. It turned out that her mother had been deeply humiliating as well. In a telling moment, she recalled a time when she was three years old and she and her sister were taking a bath. "I was checking us out and I discovered that both of us had a second mouth and a second throat and a second tongue. I was telling everyone the good news. They laughed at me." The most humiliating laughter came from her mother, who, responding to her daughter's excitement over the discovery of her vagina, said, "Oh, that's nothing." "I knew it was *something*," she said to me.

Beyond this denigrating "mother," whom the patient came to see as a piece of her own self-representation (both as mocker and mocked), we discovered in her experience of my behavior an active unconscious fantasy of her mother as "psycho-killer," who could unpredictably and viciously turn on a dime; and in time she revealed her fear that she herself might be "psycho-killer," too, were she not watchful of what might "leak out."

I am not suggesting that the move to the couch eliminated all this patient's cautions. Rather, my point is that, had I held onto my image of the ideal patient and used it as evidence for her unsuitability for analysis, we would have traveled a very different path together. Analyzability, in my view, is nearly impossible to predict.

## ARE THERE ANY IDEAL-FREE APPROACHES TO FREE ASSOCIATION?

In contemporary work, there are many efforts to approach clinical material with as little bias, theoretical or personal, as possible. Some of these efforts involve a particular methodological use of the patient's free associations (Smith 2003b). But are they truly bias-free, or do they, too, utilize ideal templates in the very way we have been considering?

Acknowledging that there is no theory-free approach and that every analyst listens to associations in idiosyncratic ways, Kris (1982), for example, defines free association as "a joint venture in which

the patient attempts to express whatever comes to mind . . . and the analyst, guided by his own associations and formulations, contributes *only* with the goal of enhancing the expression of the patient's free associations" (p. 3, italics added). While I fully support Kris's intent, one could infer from this passage that the analyst's interventions are governed primarily, if not solely, by the exigencies of the process itself, without a highly personal image of what would constitute an "enhanced" associative process against which the analyst is comparing the patient's associations.

When Kris says (1982), "I am apt to show my patients that their associations come to an unsatisfying halt, or that they miscarry, or that ordinary language breaks off and symptoms continue the expression of the patient's associations" (p. 2), not only must he have in mind what an associative process would look like if it did not miscarry; but also, for the moment, he does not seem to consider the halts, breaks, and miscarriages as associations in themselves. One man's miscarriage is another man's freedom.

Kris is using a particular model to examine disturbances in the *process* or *form* of the patient's associations ("halts," "breaks"). Gray (1986), on the other hand, utilizes a different though related template to examine deviations in the *content* of the patient's associations. Arguing that there is no need to attend to the countertransference if the analyst pays what he calls "close process attention" (Gray 1996, p. 88) to evidence of conflictual interferences in a patient's associations, Gray (1991) compares his methodology to "apple sorting": Along the conveyer belt comes one drive derivative after another until, at a certain moment, one of the patient's associations veers off. That association is the "bad apple" that signals a moment of conflictual interference, to which the analyst can call the patient's attention. Gray was quite explicit about the ideal patient for whom his methodology was designed.

If we consider Brenner's (1982) position that every mental event is a compromise formation, however, then every communication from the patient must be simultaneously free in certain respects and bound in others, every activity both revealing and concealing, wishing and defending against that wish. In other words, every association and every interruption in association would then be viewed

similarly, as compromises shaped by wishes, defenses, self-punishments, and painful affect—the “symptom,” as Kris (1982) puts it, no different dynamically from the association it replaces; and each would then be handled in much the same way: as data in the formulation of a hypothesis. The potential risk in not viewing free associations in this more complex way is precisely that a particular associative pattern, in form or content, and the analysis of deviations from that pattern (however useful at certain moments) might appear to provide a royal road into the analysis of unconscious conflict.

Before presenting my final vignette, I want to comment that some who have read earlier versions of this paper have felt that I am describing an analyst who works from too “subjective” a point of view, while others, by contrast, are puzzled by my continuing use of what they see as the more “objective” model of conflict and compromise. While it is true that I have tried to integrate various frames of reference in this paper, I would suggest that subjective and objective aspects of analytic listening can and do coexist harmoniously both on different levels of clinical theory and in the mind of the analyst at work (Smith 1999, 2003b). The model of conflict and compromise, as it applies to the patient, reveals a rich intrapsychic life in all its particularities, which is our primary focus. Apply the same model to the mind of the analyst, however, and we discover the continuous interaction of two intrapsychic lives at a degree of complexity that can only be described as “radically subjective,” as one of my critics put it, one that functions both as a fundamental underpinning of the work and a source of considerable data. Whether this data is accessed through the compromise formations we observe on the surface of the patient’s material and infer in its depths, or through the subjective reveries of the analyst, our ultimate goal is the further definition of the unconscious life of the patient. As Lacan (1978) put it succinctly, “Transference is the putting into action of the reality of the unconscious” (p. 149).<sup>6</sup>

<sup>6</sup> Lacan’s original comment was “*Le transfert est la mise en acte de la réalité de l’inconscient.*” In translating *mise en acte* as *putting into action*, rather than Sheridan’s

THE FUNCTION OF THE FANTASY  
IN CLINICAL PROCESS

I would like to consider a final look at the fantasy of the ideal patient in somewhat greater detail. A number of years ago, a university administrator in his mid-forties had recently begun analysis with me. As a child, he had been very close to his mother and her favorite of several children. While he may have been his father's favorite as well, my patient was always somewhat fearful of him. In the early months of our work together, he would observe me carefully when I greeted him in the waiting room, asking me nearly every day, "How *are* you?" What was unusual was that, despite his polite manner, if on occasion, as we walked to the consulting room, I acknowledged the question but did not answer it, he would repeat it, tenaciously insisting on an answer, either before or after lying on the couch. I might add that I did not invariably leave these initial questions unanswered, but developed quite a repertoire of responses in the hope of making them a focus for inquiry.

We made brief forays into the implication of his questions, his anxiety about what might lie in store for him on his analytic journey, and, as they continued, his lifelong need to attend to how the other was feeling, his fear that his mother might not be there as his anchor, and his worry about his father's labile temper, to name a few of their many determinants. But in the beginning, he greeted any inquiry of this sort with a polite but clear dismissal; it made little sense to him. And he continued the practice.

As you might imagine, I found this daily inspection of my state somewhat wearying, and noticed that my fantasy of the ideal patient was a frequent companion in my office, especially at certain moments. Here is one such moment from the start of an hour in the middle of the second year of analysis.

My patient comes in, lies on the couch, and says in a rather flat tone of voice, pausing frequently between phrases:

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(Lacan 1978) rendering of it as *enactment*, I am adopting a more recent translation of this phrase by Simpson (2004).

I made a point of not listening to the radio and not doing voicemail on my way in, just to clear my head. I had a good meeting with Bill yesterday. I'm thinking about the world I'm in. Both my home world and my work world. I'm not doing enough. I'm redefining my job. I imagined becoming free of all the worries and constraints in my job. Being bolder. I'm the one who pats the kids on the back. Walking down the street, it popped into my head that I'm worried. Is it a fundamental fear of aggression? Or concern about something bad that's going to happen? Did I pick up a sense of worry genetically from my mother or osmotically from her? I'm not as worried as her. I'm thinking now of the sense of relief that comes when I get praise from Bill or Mary. The sense of concern when the criticism is flowing or there's silence. The woman before parked in your driveway. Another patient parked behind her—or is it somebody else altogether? Will she get out? What makes me this way? I should learn to be a worrier and love that . . . I *am* getting better. I've taken away some of the worry, at least. I have more control of it. I feel good about the notion of being less responsible, less constrained.

Compare this to Molly Bloom's soliloquy (Joyce 1914). Despite his protestations to the contrary, my patient's associations feel to me quite constrained, as he puzzles over aspects of his character and wonders how he can free himself from his confinement, a concern he displaces onto the patient whose car is blocked in my driveway. In terms of our work, he has heard some of what we have discussed, but not yet made it his own. He wants, as he says, to be in control, even as he tries to loosen that control. On the other hand, despite this constraint, we can hear echoes to a transference, the presence of an other in the room. Notice, in fact, that we hear these echoes precisely *because* of the constraints, the pauses, the notes of compliance, the longings and aggression that inform them, and the fear of attachment, confinement, and abandonment they will prove in time to contain.

Listening to my patient, I feel constrained myself. The image of an ideal patient comes to mind. I picture someone freer with

feeling, memory, expression, bodily sensation, and fantasy, someone who allows me to feel freer as well. This image highlights for me the constraints with which this man surrounds himself, and it leads me to listen for the source of those constraints. It is an example of how the analyst may use the conflict activated within himself as a signal to advance the work (Smith 2000).

My image of the ideal patient, however, not only alerts me to the expression of my patient's resistance and directs me to listen for its sources in him and in us; it also binds some of my own irritation with this resistance. And this fantasied embodiment of my irritation is itself an enactment of the relationship he feared with his father, one that he and I will continue to examine, as we come to see how minutely he studies people to decide how he can best please them. In other words, my fantasy of the ideal patient, with its implicit criticism of the "actual" patient, participates in a mutual re-creation of a particular type of sadomasochistic object tie that will become for long periods the focus of our work. He invites me to love him, to scold him, and to confine him, as he wants to love, to scold, and to confine me. His earlier questions were just such an invitation. Thus, even unspoken observations on the part of the analyst are part of a subtle script the analytic couple is playing out, and, depending on the use the analyst makes of them, they may help advance the analysis at the same time as they inevitably fuel another aspect of the resistance.

I have come to regard the worry and sense of constraint this man engenders in me as an identification both with him and with his internal objects (Racker 1968), or, more precisely, with his self and object representations. I am identifying with his own frustration and sense of being bound, that is, and with the frustration I imagine his parents must have felt when they found his needs and questions binding. My irritation is also his irritation. Having tried to be the ideal son, he is now repeatedly irritated with his own son and feels self-critical as a result. To be sure, it is partly because of the self-doubts he elicits in me that I am compelled to invoke my ideal patient. If only he were here, not you, I might be saying, I would feel more comfortable with myself. He, too, it turns out,

has just such a punishing image in mind. "I am sure there is someone you would rather be with," he tells me. And it matches his experience as a small child, unable to fully meet his mother's needs or to please his exacting father. You see the complexity with which the image of the ideal patient participates in the very enactments we are attempting to analyze.

I might add that my patient has by now had many freer moments than this one. Hence, in my fantasy, I am comparing him not just to a *generic* ideal patient, but to a patient I have already glimpsed and to the person I imagine he may become. And that expectation both guides my approach to him and, inevitably, shapes both my disappointment and his.

As the hour continues, there is a subtle shift.

My patient says, "I worry about the medication we are giving Joanie [his daughter]. Are we taking away who she is and who she will become? Are we letting her be the best she can be? There's something joyous about her being unbridled and unsated. What does it do to her self-esteem to have her medicated?"

Picking up on his fear of his own destructiveness, I say, "You worry not only about doing her harm, but harming her with your help, constraining her instead of enjoying her unbridled state."

He says, "It leaves me tentative and sometimes paralyzed and sometimes angry. Why can't I allow myself to be happy? Am I getting freer? I don't know if I've ever been described as happy-go-lucky. It wouldn't be such a bad way to be."

The transference implications of his concern now more immediate, I say, "I think you worry that I am constraining you, as you fear you are your daughter—that analysis is paralyzing you, undermining your self-esteem, rather than helping you to be freer."

With this more focused engagement with me and with himself, he seems momentarily less constrained, and for the moment I feel liberated, too. They are, to be sure, short-lived feelings for us both, as he returns almost immediately to familiar worries about the details of his work. I point out, as I often do, how fleetingly he allows himself a sense of hope and freedom, but he is gone, and I am left once again with the solitary image of his potential future.

It is important to remember that every analyst and every patient are at all moments constrained by each other in ways specific to the dyad, and these constraints are reflected in the patient's particular mode of free association. In fact, it may be only by examining the kind of constraint the analyst feels that he or she can begin to reconstruct the nature of the object relationship the two are re-creating together. Notice, however, that my interpretation, in addition to its potential benefits to the patient, also felt liberating to me, if perhaps constraining to him. Thus, as seems to be frequently the case, the act of interpretation itself participates in the very set of dynamics that are being interpreted. Even the analyst's most benign effort to help free the patient from his or her characterological and free-associative constraints must be considered part of a countertransference enactment that includes the analyst's wish both to grant the patient more freedom and to obtain a freer state for him- or herself.

If freedom from constraint is not always the patient's agenda, however, neither is it always the analyst's. Free association and free attention are radical procedures that threaten, both in fantasy and in fact, to introduce patient and analyst to the unexpected and the traumatic. The patient's and the analyst's collective interest in avoiding such dangers fuel mutual resistances that accompany the work at all times. While the fantasy of the ideal patient can initiate the analysis of those resistances, in its defensive function it can also be a vehicle for the analyst to distance himself from the patient, to avoid freer attentional states, to contain the patient within familiar structures, and to protect himself from his own self-punitive trends.

As we have seen throughout this paper, the analyst's self-criticism, once expressed in the fantasy of the ideal patient, can stimulate the patient's own self-criticism for failing the analyst's expectations. I consider this only one example of the many ways in which the analyst's self-punitive inclinations fuse with those of the patient to shape what can become intractable resistances. In that sense, analysis places a demand structure (Friedman 1988) on both the patient and the analyst—one that, once recognized, provides

a powerful incentive for self-analytic attention to the expectations we impose, deliberately and unconsciously, on both patients and ourselves.

## CONCLUSION

The fantasy of the ideal patient is closely linked to the fantasy of the ideal form of free association by the patient and the ideal form of free attention by the analyst. Such fantasies are compromise formations, containing all the components of conflict, including loving and aggressive wishes, defenses, and self-punishments. I see them as inevitable aspects of the analyst's thinking. They remain for the most part descriptively unconscious, emerging into consciousness only at discrete moments and for particular reasons. In either form, conscious or unconscious, they both advance and retard the work of analysis, as they illuminate opportunities and simultaneously darken the paths to their fulfillment. I hope to have demonstrated some of the ways in which such fantasies function in my own mind as I analyze, and how awareness of them may benefit both the patient and the analyst.

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## THE PSYCHOANALYST AS INDIVIDUAL: SELF-ANALYSIS AND GRADIENTS OF FUNCTIONING

BY ANTONINO FERRO, M.D., AND ROBERTO BASILE, M.D.

*The authors discuss the position of the analyst as an individual and the idea that his mental functioning can be seen as a meaningful element of the analytic field. The first part of the article shows the importance of the analyst's self-analysis, with particular attention to periods when the analyst is facing a difficult time, self-analysis in supervision, and the exploration of transgenerational influences. The authors go on to discuss the many gradients of the analyst's mental functioning, and these are mirrored in the patient's text, an indication of attunement.*

I am deeply convinced of the centrality of the analyst as an individual.<sup>1</sup> Better still, I believe in the centrality of the analyst's mental functioning during the course of an analytic session.

The analyst cannot be a simple mirror, purely neutral, or a reflecting surface. His life experiences<sup>2</sup>—the joys, suffering, losses, and memories—combine to form a “dough” that cannot fail to co-determine the vicissitudes of the analytic encounter, notwithstanding

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Portions of this paper were translated from the French by Steven Jaron and from the Italian by Isabella Negri and Gina Atkinson.

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<sup>1</sup> The theoretical portions of this paper were fully coauthored, but for the sake of simplicity, the authors prefer to use first-person singular pronouns.

<sup>2</sup> For the sake of brevity, masculine pronouns are used to refer to both genders in this paper.

ing the analyst's respect for the integrity of the otherness of the patient.

I have been led to pursue this line of thought following the stimulation of authors such as Smith (1997): "Further advances in our work will come about only as we become more confident in describing not only what we think we do or how we conceptualize what we do, but what we in fact *observe ourselves doing*" (p. 29, italics in original). I am increasingly persuaded that what matters most in analysis is what we *do* in relation to what we say. By what we *do*, I mean all the mental processes we experience in the presence of a patient. We are familiar with some of them (for instance, the way we respond to projective identifications—the way we work them over and return them, the reveries we arouse, our ability to modulate our interventions according to the absorbing capacity indicated by the patient, and so on), but there are surely many other mental processes that we undergo without being conscious of them, and whose description and "discovery" await the results of future research in psychoanalysis. The analyst's psychic apparatus causes him to function or to be dysfunctional in a certain way with patients, and with each patient in particular, and this goes well beyond the concept of countertransference.

## THE BIPERSONAL FIELD

The very concept of the bipersonal field (Baranger and Baranger 1969), as well as the idea of the psychoanalytic field as it has been more recently developed, particularly in Italy, attributes to the analyst the role of co-protagonist—that of an active participant in analytic work. Most recently, Cancrini (2002) has taken a step forward by showing us what happens behind the scenes of the analyst's work—or, to use a metaphor very dear to me, by showing us the analyst with the patient not only in the restaurant's dining area, but also in the kitchen with his tools, ingredients, and utensils, each of which has its own history. Cancrini even brings us down to the restaurant's wine cellars and to still more "private" zones, such as the granary and the analyst's underground life and history—which,

inevitably, do not fail to co-determine the field, whether the analyst wishes them to or not, and whether he is aware of them or not. I believe that the more the analyst is unaware, the more he is apt to advance violently onto the analytic terrain, bringing along personal blind spots, as Guignard (1997) might say.

Bion (1985) says that the patient always knows what the analyst is thinking, and that this is the price the analyst pays for being an analyst. If a patient speaks about someone who is far away and absent, says Bion, for the analyst, it is easier to interpret the meaning as relating to the end of the week or to a vacation. It is more difficult to intervene by admitting "You feel that I'm not really paying attention."

It is by thinking of the patient as the analyst's best colleague (Bion 1980) that the foundations and rules of the analytic partnership are changed, a naturally asymmetrical partnership with regard to the responsibility of the analytic organization and working through, but one that is equal with regard to the co-determination of emotional facts. In this way of looking at things, the patient becomes the principal indicator of the way the analytic field is either *functional* or *dysfunctional*. We no longer think of the patient as someone who understands poorly, who attacks and distorts, nor as the beneficiary of the work of a so-called mirror—the analyst.

In 1987, Ferro published an article entitled *Il mondo alla rovescia: l'inversione del flusso delle identificazioni proiettive* (republished in English as *The Inversion of Flow of Projective Identification in the Analyst at Work* [Ferro and Meregnani 1998]). Ferro took up these topics also in *The Bipersonal Field: Experiences in Child Analysis* (1992), in which he showed the effects on the patient of poor mental functioning by the analyst in session. Today, the concept of *negative reverie* or *reversed reverie* is supported by many authors.

As a human being, the analyst naturally possesses his own constellation of anxieties and defenses that constitute the moral imprint making the analyst a unique person. But, in my view, more important to the analytic process than these characteristics are the moments of dysfunction in the analytic session, and in particular, when we think of these as a way to gain access to the weight of the

analyst's mental life in the analytic encounter. I do not believe that the analyst can always be, like a virtuoso, at his very best.

Let me illustrate these remarks with a clinical example.<sup>3</sup> I had just received a visit for the first time from a very psychotic little girl, who not only tore apart my office, but also my psychic apparatus. In the ten minutes between her departure and the arrival of my next patient—Daniela, an adult who was finishing her analysis—I did my best to put my office and my head back in order. But I must confess that, during the first ten minutes of the next session, I felt very confused, absent, and distracted, when suddenly I found myself at ease and freed from the anxiety absorbing me. The session proceeded—I thought—normally.

The following morning, Daniela opened her next session by telling me that she had had a disconcerting dream. In the dream, she had gone with a friend to a bar in a beautiful park, where they often went for walks, and she ordered her usual orange juice, when she saw with horror that the waiter was cutting the head of a child in two. He then squeezed it and insisted that she drink the dark liquid he had just poured into her glass.

I do not know whether Daniela had intuitively understood, perhaps only unconsciously, the actual difficult meeting between the child patient and me. But I am sure that during her session that immediately followed it, Daniela had a very disturbing experience of impingement, which was then recorded in her dream.

## THE TRANSFORMATIVE PROCESS

In order to illustrate to psychoanalytic candidates how the transformative processes work, I frequently borrow the image of a waiter preparing orange juice from whole oranges and serving it.<sup>4</sup> In other words, containment *per se* (holding the oranges) is not sufficient: the analyst, on his part, must also provide peculiar and intense mental operations, the “transformative process” (the orange juice) that Rosenfeld (1987) defined as the “function of putting

<sup>3</sup> This was a case of Dr. Ferro's.

<sup>4</sup> The autobiographical portions of this paper refer to Dr. Ferro.

experiences into words" (p. 160). Thus, in Daniela's dream, a core of shared images was created that, in their turn, enabled her to share with me the loss of transformative function she had experienced in the previous session. With her dream, the patient (who was not an analytic trainee) showed herself once again to be the analyst's best colleague, as Bion (1980) would say, at the same time signaling to him a representation in images of her own pain, as well as, in this case, perhaps also the pain of the psychotic child.

Slips in the analyst's mental functioning may be summarized as falling into the following general categories of causation:

1. poor functioning due to an excess of projective identification on the patient's part, which the analyst is unable to metabolize;
2. poor functioning with a particular patient due to too great a projective identification on the preceding patient's part;
3. poor functioning due to the analyst's emotional congestion originating in painful facts of his personal life.

Naturally, all of this is generally noticed by the patient, and may very well be the means by which he eventually gets out of a painful situation.

If it is true that mental dysfunction comes into play, then it is naturally the same for other mental and human characteristics that make up the analyst's being—in other words, what we might call the analyst's "emotional dough." I believe that the *person of the analyst* is also one of the factors in healing that is worth discussing. In fact, Bagliacca (2002) has recently written that it is the person of the analyst that actually heals, rather than the use of metapsychology itself in the session.

## WORK WITH PATIENTS AS SELF-ANALYSIS

I would now like to suggest two ways of thinking about the theme of the analyst as a person: first, the view of the analyst's self-analysis

as a practice necessary for utilizing the self as a serviceable tool; and second, the degrees of the analyst's mental functioning.

One type of self-analysis occurs whenever the analyst is working with patients; at bottom, as previously stated, each patient may be considered to belong to an as-yet unexplored "province" of the analyst that is enriched and transformed with each patient. I myself was able to "penetrate" in depth the concept of autism, thanks to the work I did with patients showing significant autistic pockets, which enabled me to get hold of the autistic clumps inside myself. I had never had the opportunity to accommodate and acknowledge these, or to then transform them, until, that is, a dream from childhood returned to me. In the dream, I was nearing the port of a city in a boat and saw the entire landscape in two dimensions, without depth, as if the buildings were only facades, like sets in a film.

We can see autistic clumps as manifestations, sometimes only transitory ones, of nuclei of *bidimensional life*, as Meltzer et al. (1979) defined it, in which the reflective density of thought is attenuated, experience is only muscular, and evacuation of mental content is at its peak. This may depend either on the analyst's more permanent internal organization, or on a momentary oscillation that he may experience in shielding himself from excessive stimuli—whether these come from an experience of his in session with a specific patient, or from his personal existential vicissitudes.

In analysis with Cosimo, a psychotic patient,<sup>5</sup> toward the end of a session that was very full of content, I fell asleep for a second and dreamed the scene of the session in progress, but the lower part of my armchair had become a toilet. This dream, from which I immediately awoke, enabled me to regain my mental capacities in the session, making me realize that I had fallen into a condition of overload, had exhausted my capability to listen, and that I needed to evacuate.

More generally, autistic clumps, if they are not reconsidered by the analyst in constant self-analysis, are destined to remain encumbrances in his professional life, and, in some cases, they take the

<sup>5</sup> This was a case of Dr. Basile's.

clamorous form of a refusal even to consider treating whole categories of patients. For example, why are some colleagues afraid of the idea of having children in treatment, or drug addicts, psychotics, or adolescents? What experiences might they have and what is there of themselves in these patients that they cannot encounter? As McLaughlin (1991) puts it, we are in the presence of an analyst's

. . . regressions to less evolved perceptiveness in consequence of the stirring in him of old and only partially mastered conflicts, now given fresh and specific intensities by the particular qualities of the patient's dynamics and transference concerns . . . that can encompass the many defensive factors that contribute to selective ignorance (dumb spots) and theoretical-technical preference (hard spots) in the analyst. [p. 600]

## REVIEWING THE COUNTERTRANSFERENCE

There is also a self-analysis that every analyst carries out in reviewing the countertransference related to each patient, and the ways in which the analyst metabolizes the projective identifications that each patient sends into him, which can go so far as to influence the analyst's own reveries, enactments, and, I would say, his countertransferential dreams. Nevertheless, the factor I wish to refer to above all others is not the analyst's self-analysis as it relates to daily life, but rather to his self-analysis as a human being, who, having undergone analysis, has particular tools at hand to work on his own psychic apparatus. I am obviously talking about the basic precondition of an authentic receptiveness when working with patients.

The ability to carry out self-analysis is triggered during moments of suffering, congestion, and urgency. And this is precisely what I wish to speak about through first describing certain moments during which my psychic apparatus suffered, and then how I was able to face this situation. I was brought to a consideration

of the concept of the *hurt analyst* through a discussion with colleagues (Boccaro and Riefolo 2000). While I believe that every analyst has been “hurt,” I hold that the analyst’s personal analysis should have sufficiently “healed” him. I further believe that a certain “painful sensibility” to healed wounds may be a tool—something that enables the analyst to be in harmony with what has hurt the patient. Obviously, when old wounds start bleeding again, or when new wounds form, this becomes problematic.

Self-analysis has its place here, while maintaining the understanding that if the bleeding exceeds a certain threshold, then the analyst, from an ethical point of view, has the obligation to seek a slice of renewed personal analysis, so as not to worsen the “illness” of his patients, nor to try to be cured by them—which, if the analyst did so, would become a perversion of the practice of analysis. Nevertheless, this situation could occur in any analytic treatment.

## THE ANALYST AS HIS OWN PATIENT

It is a particularly difficult time for me. I do not know how a serious family matter will evolve, and I am anxious and worried. And then a dream and a reverie bring some understanding. In the dream, I see two children, one who is doing well and the other who is in great pain. I insert the small tube of my father’s phonendoscope into the suffering child in order to suck out the liquid that is stopping him from breathing.

This dream helps me to define my worry in relation to a situation where I do not know if the outcome will be positive or if it will necessitate a specific action. At a deeper level, it places me in contact with a part of myself that is full of anxiety, and that needs to revive an analytic, paternal function capable of “sucking out,” and, I hope, of altering something that seems to be choking me.

In addition, a moment of reverie helps me begin to smile again—as well as I can, that is—about my troubles: I “see” a house with a huge elephant’s foot hanging over it. What is the elephant going to do? Is he going to crush the house with his foot or will he miss

it? In this way, at least, I am able to visualize my anxiety while waiting to learn how the problem hanging over my head will turn out.

During the same period, I dream that I have a blister on my armpit, a blister that opens and in which I see my entire innards—all my organs—whereas, on the contrary, my whole skin is stretched and swollen. I understand right away that I am “swollen” with anxiety, but that on the inside, I feel all shriveled into a kind of depressive wilting of my vitality. I work on the “bereavements” that I need to go through, but the “crack” in my ability to hold is expressed, nevertheless—either by blacking out into sleep while with a patient, who in turn is telling me about his problems with depression, or by coming down with a serious cold which, on the one hand, stops me up, but on the other hand clears my head. Then, the following day, I have a dream in which I need to have an electrocardiogram. But after much worry, the results turn out to be normal. The dream even lets repressed desires filter through.

The confidence I regain and the end of my personal emergency are marked by two dreams. In the first, I am attracted to a pretty girl who makes me give up “doing medicine” because I would be obliged to be on call Saturdays and Sundays, and so I accept a less demanding job in order to give her more time. In the second dream, I understand that I already have my medical diploma and that my desire to take a few exams at the university does not come from my wish to earn the diploma—because I am already a doctor—but only from the anticipated pleasure of deepening my know-how about something that interests me.

The effect of these dreams is that I cancel a series of working weekends and reschedule them in order to take a quiet vacation. The analysis has furnished me with the instruments and the “cooking equipment” to be able to cook new foods, even under conditions of life emergencies that are, alas, unpredictable.

## THE ANALYST'S SELF-ANALYSIS, THANKS TO THE SUPERVISOR

Sometimes the analytic supervisor is the person who revives self-analysis in the trainee in supervision, so as to enable him to effect

beneficial analytic work. If we remember that we cannot be analysts without continually exploring the province of our own selves, then supervision becomes necessarily an occasion of self-exploration. And this is true for both the supervisee and the supervisor.

Stefania was a very competent young analyst.<sup>6</sup> Nevertheless, after much hesitation and a great deal of fear during a session in which her patient, Marcella, spoke about her wish to have a child, Stefania stiffened up; she was therefore unable to “receive” this material with all the receptiveness that was its due. She even allied herself with that part of the patient that was opposed to any change, and she also found herself thinking that this project was contrary to the development of Marcella’s analysis.

During her next session with Stefania, Marcella recounted a dream inspired by a book she had read. She found herself in a community of orthodox Jews, orthodox to the point of being fanatic, and in a painting, in an exhibition, she saw her mother crucified. I could not help remarking to Stefania in supervision that her rigidity from the previous day had generated Marcella’s oneiric sequence. Stefania thought of herself as belonging to a fanatically orthodox community (the psychoanalytic community), and the baby project had “crucified” her.

I asked Stefania, as my colleague, to explain her rigidity, and she told me—gradually coming to an understanding of it herself, as she spoke—about a situation of conflict in her past, which surreptitiously began to resonate with her patient’s project, and which made her hostile to the project, also because . . . (and here she added more personal information from her past). Thus, one can observe how a slice of self-analysis developed, in part, with me as the witness—or enzyme—and that the young analyst was then able to carry on until she was able to harmoniously share in the projects and desires of her patient. It was enough to have understood the present and infantile roots of the analyst-trainee’s “opposition” to the patient’s project for the analyst to become capable, in subsequent sessions, of providing a softer form of listening and inter-

<sup>6</sup> Stefania was a supervisee of Dr. Ferro’s.

pretation; she was then able to communicate that, initially, she had not sufficiently grasped the evolutionary value of the patient's project.

## TRANSGENERATIONAL INFLUENCES ON THE ANALYST

An important category of self-analysis, which ultimately continues to influence zones left unexplored at the time of the analyst's personal analysis, is the cross-generational one. And while I believe that even a good analysis may not provide a well-drawn map of the zones to be explored, it can furnish the tools necessary to carry out these explorations. If this were not the case, then one could not share Bion's (1970) conceptualization of a continuously expanding unconscious. As Grotstein (1981) puts it, the alpha function is

. . . Bion's conception of a gating mechanism which receives the sensory data of emotional experience, processes it, "alpha-betizes" it, and transforms it into alpha elements for further mental "digestion," to be thought about or to become dream elements for postponement and storage.  
[p. 503]

Alpha function can be seen in both the patient and the analyst. Using his alpha function, the analyst activates the transformation processes of the sensory data in dream-thoughts, providing the alpha elements through which the psychic reality is continually generated. Thus, conscious and unconscious are in continual formation and expansion; and this state of flux includes changes in their conceptual foundations, since they can no longer be considered simply as stable psychic provinces, but are rather transitory and reversible mental states.

A cross-generational territory that is exempted from exploration due to certain life contingencies is what I would call a *disasterism*. This is something I never thought of as present in my own daily life, but that nevertheless cast its shadow during certain spe-

cific moments. I could then formulate that the disasterism was related to a fantasy about my need to anticipate any unexpected event, concerned as I was that I did not have sufficient resources or “presence” to help me in difficult times. It was a vague belief that the ability to foresee the unexpected, particularly any possible misfortune, could buy one time, could allow one to believe that there existed a way of preparing oneself beforehand—like the unfortunate man who, having once had to swim away from a shipwreck, from that time onward equipped himself with a life-jacket and rubber ring even when crossing a short bridge.

It occurred to me that the “fringes” of disasterism might have come to me from an experience of my great-grandmother (at least, that was what I told myself). At the beginning of the last century, as a young girl from a good but impecunious family, and thus poorly equipped for survival, my great-grandmother married a fairly well-known musician who died suddenly, leaving her a widow with seven young children. Among them was my grandmother, the youngest child, who was surely the most affected by this “disastrous” experience, even though my great-grandmother was able—and I am not sure how—to manage things and provide for all her children.

In order to develop, the child’s mind needs the thinking mind of another person alongside it. The matter of the child’s dependence on the thinking mind of the other has been explored under different perspectives by various authors in the past and the present debate (Bion 1962; Coates 1998; Fonagy and Target 1996; Schore 1994; Winnicott 1967). I believe that, if the other person’s mind—let us say, the mother’s—has blind spots, then those specific areas of unbearable content are inevitably passed on, unaltered, from adult to child. Transgenerational transmission—with its blind spots that, since they cannot be elaborated, are passed on as such—seems to me a bit like serving to subsequent generations food that has not been cooked through, and without providing instructions on how to finish cooking it properly.

According to Bion (1962), the mother’s alpha function processes the baby’s beta elements (the raw sensory perceptions of emo-

tional experiences), detoxifying them, enriching them with meaning, and returning to the baby the purified and digestible alpha elements that are essential to the development of a mind for thinking thoughts. While doing so, the mother also provides the baby with a method for thinking thoughts. If the mother cannot digest—or, one might say, cannot “cook”—what she receives from her infant, but instead ends up feeling overburdened by its beta elements, she will return them “uncooked” or “undercooked” to the baby. As a consequence, the infant will develop a precocious mind not as an apparatus for thinking thoughts, but for evacuating or encapsulating experience. Thus, not only are blind spots inevitably maintained through transgenerational passage, but also, the “solutions” are transmitted with them—such as, for example, *disasterism*.

Disasterism might be seen as a way to shield oneself from some feared, catastrophic change, where instead of elaborating the contents, there is rather an attempt to set up a *cordon sanitaire* that isolates them preventively. Luckily, the field itself signals these dysfunctions, and the analyst therefore has the opportunity to hear the call for additional self-analytic work, which brings him into contact both with new parts of himself and with a recovery of his own history. In transgenerational passage, some of Meltzer’s (1975) mimetic-adhesive identifications are created, which should be seen as primitive learning mechanisms, first and foremost, as well as serving as defense mechanisms.

On one hand, we may say that disasterism constitutes a limit on interpretation—or, even worse, it may provide an opportunity to inject the analyst’s own anxieties into the patient. This is a real risk, which I think is always present for all analysts. I cannot say that this must never happen, but only that it is to be hoped that it happens as little as possible. On the other hand, I believe that it would be very disturbing for a patient to have a “perfect” analyst, just as it is for a child to have a “perfect” parent. Obviously, to a limited extent, defects, rigidity, errors, and misunderstandings in the patient’s life, just as in analysis, contribute to creating the subject’s mental independence, through de-idealization and development of the capability for independent thought.

The analyst's mind is inevitably a "field variable," since, although he has undergone analysis, he is not immune to the oscillations that every mind encounters between the paranoid schizoid position and the depressive position (Klein 1946), and he is not immune to bereavement or to difficult moments, which must not break into the field in an injudicious way. It is the analyst's responsibility to try to return, as quickly as possible, to his best mental functioning.

### GRADIENTS IN FUNCTIONING OF THE ANALYST'S PSYCHIC APPARATUS

As I will now discuss, gradients in the functioning of the analyst's psychic apparatus are intimately related to the analyst's ability to undergo self-analysis. For example, I was once going through a particularly difficult time, related to family problems that were worrisome to me, and that even produced intense anxiety attacks and confusion.

I succeeded in doing analytic supervisory work in which the "experience" helped me, and in which I did not notice a lowering of my usual efficiency; I was simply less of a "player" and not as "creative," but I maintained a respectable level of functioning. In addition, I was able to follow and understand the meaning of my patients' discourse, but I felt my inner availability and receptiveness diminish in relation to their emotions and contents. I felt that I was able to grasp the patient's "answer" in my painful state of sensitiveness.

I found myself in the position of a wife who suffers from vaginitis or pelvic pain, but who cannot say no to having sex with her beloved one (all the while quite aware of the different quality of her receptiveness, and also of the other's disappointment, dissatisfaction, and annoyance). As an analyst, what is one to do in such cases? In a case of intense suffering, the analyst has no choice but to cancel his sessions until he has been psychically healed. It is more difficult to say what must be done when suffering is drawn out, and when, for instance, it is strongly connected to painful life experiences, which can very well upset analysts as much as anyone else.

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In these cases, I believe the following goals are important:

- (a) to work to get back up to speed;
- (b) to “metabolize” all the signals originating in the text of the patient, in such a way that there is no risk of attributing to the patient “things” that do not belong to him, and also to avoid self-disclosure;
- (c) to remember that, with the most ill patients—those who always know the truth about our mental functioning—it may be most useful and most authentic to indicate when the analyst is having problems; this can be done, for example, in the course of an interpretation, without making confessions about the analyst’s personal life or source of suffering.

### *Working to Get Back Up to Speed*

Let me illustrate how dreams may help us reweave the holes in our psychic apparatus. A few years ago, I had two significant dreams. (I should first note that the dreams occurred during a period when I had to wait a long time before learning the prognosis in a relative’s health situation, in which there had been a symptomatic remission, but no one really knew whether it constituted a recovery.) In the first dream, I went to a doctor for a check-up, and he told me that I had lung cancer and only six months to a year to live. I woke up and worked over the dream in my mind. I fell asleep again and immediately had a second dream: While in a large piazza, I was attacked by an enormous, frightening dog, which, instead of biting me and eating me up, stopped a few inches away and became very subdued. I called for a friend who, for the moment, did not come. This friend had a paternal function.

During the same period, a patient spoke to me about her husband, whose cell phone was not turned on at the very moment when she needed him. She also recounted a dream in which she took her son to the doctor, who could have been a very dangerous and unreliable person—indeed, someone who practised vivisection. In another dream, the patient saw an aunt with whom it was

never possible to communicate; she also dreamed of a marriage between a young woman and a “deranged” young man, a marriage that in fact would not take place.

Another patient came to her session crying. She said that “everyone where I work is crazy,” and that she wanted to leave her job so that she could get some peace.

In such cases, it is never necessary to make self-disclosures (Renik 1999), or, I should say, it is never necessary to speak about the analyst’s emotional reality. Here I am ruling out self-disclosure not to make a pretense of anonymity, but primarily with the idea of not overwhelming or saturating the field. It is not difficult to work in an unsaturated way on the themes suggested by these two patients, helping them to work through them. Working in an unsaturated way means using what might fall into the category of impressionistic language: the interpretations come to be directed less to the here and now of the relationship, and are aimed more at allowing greater activity on the part of the patient (Ferro 1991), as was also suggested by Winnicott (1971). Such interpretations have a broad semantic aim and are intended to maximize consciousness of the intersubjective and dialogic nature of the interpretive work, as Winnicott (1971) suggests for the squiggle game with children.

### *Metabolizing Signals*

It is important to try to metabolize all the signals that originate from the patient’s text, remaining close to it, and thus avoiding introduction of one’s own material into the interpretation. Obviously, a difficult point is how the analyst distinguishes between reveries that speak to his own feeling states or thoughts from those that speak to his patient’s feelings and thoughts. In my experience, in difficult situations, the analyst tends to become more prudent; and, in fact, a danger is that the analyst will not be in sufficient contact with his actual pain, but instead will negate it. When he realizes that he is in a state of suffering, the recourse to interpretations around the concept of projective identification should be utilized with maximal judiciousness and with an augmented negative capability, in the sense of a capability to tolerate uncertainty

(Bion 1970). This negative capability can be placed in the field to counterbalance the risks of negation of real pain.

Certainly, in the end, the monitoring of the patient's reply remains the decisive instrument in judging the adequateness of the analyst's interventions. I will not attempt to reconstruct here the intricate dynamics of various patients, but each one behaves in a different way, according to his specific type of functioning. My own interpretive incontinence was once underlined for me by two patients in the middle of the same work day. The first was an emotionally incontinent young boy who began to tell me about his mother, who "had to be completely crazed because, rather than oil, she poured alcohol into a pan, creating a risk of fire." A second patient, on the same day, had gone to see a fashion show where "the accessories weren't adequate for the clothing." In the first case, my interventions were dangerous, and in the second, inadequate.

On the other hand, however, the task is not just to establish whether the difficulties belong more to one or the other of the two parties; they can also be seen as difficulties of the couple at work together. Can that particular couple continue to work in the presence of those identified problems? As Smith (2003) frankly puts it, "even when I am at my worst, there is considerable variation in terms of what I experience with different patients"; that is to say, "the analyst's reveries are shaped to a degree by each individual patient, and so may not be totally useless." One might ask whether the analyst's reveries on the defective functioning of the mind (either the patient's or the analyst's), and the reveries that call for interpretation on a symbolic level, belong equally to the analytic discourse. Smith (2002) reports Green's intervention at the discussion of the panel on "Creating the Psychoanalytic Process" at the 42nd International Psychoanalytical Association Congress in Nice in 2001. On that occasion, Green "contrasted the *phenomenological* approach in which *discourse is everything* with a *structural* approach in which the analyst focuses on the functioning of the psyche and recognises that not everything the patient says has to do with that functioning or can be interpreted as such" (Smith 2002, p. 220, italics in original).

I think that the analyst's reverie constitutes, by definition, a symbolic act, and as such, it is always tightly tied to the unfolding of the analytic discourse, independent of the material to which it addresses itself. I see reveries on the malfunctioning of the mind as nothing other than symbolic representations of the function of producing symbolic representation, a sort of dream of the mind, which the dreamer himself dreams—or, more precisely, he dreams the symbolic function of the analytic couple at work. This calls to mind the last chapter in *Through the Looking-Glass* (Carroll 1876), "Which Dreamed It?," in which Alice, awakening from the dream whose narration takes up the entire book, asks her cat:

"Now, Kitty, let's consider who it was that dreamed it all. This is a serious question, my dear . . . You see, Kitty, it *must* have been either me or the Red King. He was part of my dream, of course—but then, I was part of his dream too!" . . . Which do *you* think it was? [p. 306, italics in original]

A patient sensed that my mental presence was lacking as she spoke about her rage when, having traveled rather a long way to another city to attend a seminar, she discovered upon arriving that "no one was there" because the professor was "on sick leave." Her rage was directed against the seminar's organizers, who had not told her in advance of this "absence." I had no trouble seeing what she told me as a description of my lack of mental presence, and I woke up and intervened actively, saying that what she was telling me was also a way to let me know that she had felt *my* mental distance, but that she had succeeded in regaining my attention—exactly as had happened with her mother, who had sometimes been lost in her own thoughts. The patient followed up on this by talking about a friend who had met me at a congress and who found what I had said interesting and lively.

### *Working with More Severely Ill Patients*

Here I would like to draw from a session with Edgardo, during a period in which I was distracted because I had just learned that my

father had a very serious disease.<sup>7</sup> I suddenly realized that the patient had begun talking about my office entry intercom, which was not working that day; the bell would ring, but no words were transmitted. I usually answered the bell verbally, but on this occasion, I could only open the door without having heard or said anything. At the patient's words in the session, I immediately acknowledged that today, it had been difficult to get into my office, to be recognized. I added that, unfortunately, the problem had been ongoing for some days, and that everyone else who came to see me had experienced the same difficulty. The patient's anger and demands decreased in this atmosphere, and he started to tell me about having been treated rudely by a woman who ran a coffee shop. But he soon realized that the woman was crying, and subsequently learned that her mother was very seriously ill. Not only did Edgardo forgive her ("I understood that they didn't have it in for me at the coffee shop"), but he also felt closer to her.

I will add here a brief note, going beyond the theme of the analyst's pain, on the role of dreams and dreamlike flashes that occur in particularly difficult moments during sessions. I think that oneiric flashes especially, with their modifications, may be the occasion for the analyst to "directly" understand himself better and to more accurately "find" his patient. The analyst's visual images have become part of the debate about countertransference (Bion 1992; Gardner 1983; Norman 1989, Schust-Briat 1996). In Bion in particular, it is noted that images of things can open the way to thoughts and ideas. The route could be summarized schematically as follows: emotional experience—visual image (or ideogram)—alpha function (the production of thoughts)—dream work. Moreover, Gardner maintains that not all analysts work on the basis of visual perceptions, but that there may be, in reality, a variety of sensory channels, especially physical ones, that can offer some analysts various degrees of motivation for self-inquiry.

<sup>7</sup> Edgardo was a case of Dr. Basile's.

Material from a session with Paola is illustrative of these points.<sup>8</sup> During the second of two consecutive sessions with her—which were very difficult because of the fragmentary nature of the material and the degree of resentment in the atmosphere—I had the image of broken pottery glued together to reconstruct an antique vase, but the vase was upside down. I was first struck by the reconstruction of the fragments, as I have frequently felt in viewing items in archaeological museums. I think to myself that this might be a good road to follow with my thoughts. This metaphor expresses the way I find the energy necessary to collect various elements of the fragmentary discourse of my patient and to achieve an overview that sticks them together in what I think is an adequate and convincing way. But Paola is still irritated; the emotional atmosphere between us does not change; and I retain the image of the reconstituted vase that is upside down, all the while grasping the arms of my chair and wondering what I should think.

I then realize that the fact that the image of the vase is upside down must have meaning. So I remark to the patient that it is as though she were unable to use the reconstruction work that I have tried to do, or the consideration in which I hold her that transpires from this work. After a short pause, Paola answers that she actually notices everything, but she does not say so. The atmosphere relaxes and I have the image of the same vase, now at last the right way up. Here it was necessary for me to intervene in an unsaturated way with a patient who could not yet fully work symbolically. Alternatively, we could view this dreamlike flash in waking life that came to me as the image of the containing function of the mind, finally restored. In a difficult moment of the session, it enabled me to understand the need not to content myself with reconstructive work alone, but instead to create the conditions for Paola to receive the value of that reconstruction, of that commitment, and of the affective experience that she was going through. Otherwise, all efforts would fail, and it was as though the contents bounced on the bottom of the upside-down container without ever

<sup>8</sup> Paola was a case of Dr. Basile's.

being received, even though the vase might appear to me to be reconstructed and valuable. I would say that this represents an opportunity to come closer, both to the patient and to myself, and to better understand my way of working.

## THE DANGER OF ABUSE BY THE ANALYST

At this point, I would like to turn to the abuse an analyst can inflict on a patient. I am not talking about intense abuse, such as sexual abuse, which arises when he loses control of the rules of the setting (Gabbard 2000). Rather, I refer to subtler situations in which the analyst's psychic apparatus is encumbered, in which it is less receptive than usual, and in which it actually becomes "traumatizing" for the patient. Vittoria, a very competent young analyst<sup>9</sup>—after telling me that she had just been through a week during which she was less receptive than usual, due to a series of personal and family situations—spoke to me about a patient of hers who was furious with his medical doctor because he had given the wrong prescription to another of his patients. The incorrect prescription led to an increase in that patient's edema. In other words, Vittoria's patient was pointing out to her that the responsibility of the analysis and the analyst is to relieve the patient of what he retains, of the weight bearing down upon him, and that if the analyst is cramped, instead of having a diuretic function, the analysis will wind up having the opposite effect, that is, only increasing the patient's weight and edema.

But is it really possible to avoid this pitfall? It is one thing to say that it *should* be avoided, and quite another to acknowledge honestly that it is not always possible to avoid it. Rather, we are talking about the extent to which it can be avoided. Gardner (1991) holds that self-analysis is a "noble human endeavour more desirable than possible." Often, he seems to believe that there is no such thing as self-analysis, but also that without it, there would be no such thing as psychoanalysis.

<sup>9</sup> Vittoria was a supervisee of Dr. Ferro's.

## CONCLUSION

Winnicott (1967) has written about the good enough mother; the analyst can hope to be only good *enough*. Provided that the analyst knows how to recognize moments when he is dysfunctional, and that he is capable of remedying these moments by working over the countertransference or focusing on self-analysis, a dream or a series of dreams often help him to recover a good enough mental functioning. When these resources are insufficient, the analyst should ask for help, to “metabolize” what is blocking him at that particular moment in his professional, family, or personal life. It is entirely normal and desirable for even an experienced analyst to undertake one or many slices of additional personal analysis during the course of his life, as Freud himself suggested, and indeed, this is spoken about openly in many psychoanalytic societies.

What seems to me entirely fundamental is that we remain fully conscious that the analyst’s mental functioning is a meaningful variable in the field.

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## ONE FORM OF SELF-ANALYSIS

BY FRED L. GRIFFIN, M.D.

*Beginning with Freud, psychoanalysts have discovered media through which they may achieve a self-analytic experience (for example, by use of dreams, fantasies, reveries, memories, and even visual images). Each of these media is a kind of "fiction" created by the analyst that provides an imaginative space where he or she may gain access to unconscious life. The author demonstrates how a generative self-analytic experience may be accomplished through the medium of psychoanalytic writing: a fictional autobiographical form of writing through which a self-analytic experience is created that has much in common with the analytic experience created by the analyst and analysand.*

### INTRODUCTION

Truth lives in fiction. Consider the creation of the transference-countertransference as it comes into being and takes on a life of its own. It is written in the presence, actually through the presence, of the analyst and patient. This "text" is a metaphor—an imaginative creation—that brings to life the shape and texture of the analysand's life story.

The writer of fiction creates a kind of landscape in the text, a place that embodies the author's imaginative rendering of experience. It has a form—a shape and mood—of its own. Here I am not referring to the theme or plot that is woven into the text; I am speaking of the manner in which meaning is created and contained in the form itself. This is what Archibald MacLeish (1926) is

describing when he writes, "A poem should not mean/but be" (p. 107). (Of course, in clinical psychoanalysis and in psychoanalytic writing, we need both meaning and being: meaning-as-being.) Through this form of being, the writer provides a psychological landscape in which the reader, through reading, creates an experience with the text not unlike the emotional form/context that the analysand provides the analyst, in which the two create a unique form of unconscious life (the transference-countertransference) that emerges from the depths of the analytic relationship. In the case of the reader, emotional experience beyond the reader's awareness—which therefore cannot yet be put into words—may be similarly accessed through imaginative entry into the three-dimensional world potentially living in the texts created by the writers. The act of reading has created an imaginative space (akin to analytic space) between the reader and the text. Some people who later enter psychoanalytic treatment may have begun a kind of analytic process through reading fiction in this way.

While psychoanalytic terminology is often inadequate to convey the substance of emotional experience, the language found in works of fiction frequently makes possible the communication of such experience, just as dreams do. Writers of works of fiction employ verbal symbolization in order to convey and create their experiences and perceptions in language. When we read these writers' stories, we enter a place where we can come to life in a new way in the symbolic medium they have created.

There are certain circumstances in people's lives wherein they do not possess sufficient capacity to symbolically represent experience. This capacity to symbolize may be *temporarily* lost as a result of ambient conditions in a person's life (for example, in emotional trauma) or through the impact of some types of transference-countertransference phenomena that collapse the analytic space in the clinical setting (for example, in certain forms of profound regression). In other instances, the loss of the capacity to symbolize may be *long-standing* (though this incapacity may be focal) as a consequence of early environmental impingement or hypersensitivity on the part of the infant or child, leading to a re-

striction of the imaginative process. This constriction of imagination may then become institutionalized as part of the patient's psychic structure. In each of these circumstances, the ability both to find words for one's experience of inner and outer worlds and to enter into self-reflection are lost or never sufficiently developed. In such cases, the capacity to conduct self-analysis privately or to engage productively in the analytic process in the analytic situation may be virtually impossible.

For some, reading works of fiction may restore or develop this capacity for verbal symbolization of emotional experience. If the writer has created a potential (or "analytic") space into which we are able to enter, as readers, we may become so engaged by participating in the symbolic form created by the writer that our own capacity for symbolization may be stimulated. These phenomena occur through unconscious resonance with the text in the presence of the imagined writer and are much like those generated in the analytic space in the analytic situation, in which a process is set in motion that stimulates the imaginative capacities of the analysand (and analyst).

Utilizing a form of writing familiar to writers and readers of imaginative works, I will demonstrate in this paper a form of psychoanalytic writing that may be used productively in the conduct of self-analysis. I intend to illustrate how the writer's form of symbolization created in the text can foster access to emotional experience beyond awareness, thereby facilitating the capacity for self-observation and the ability to use language to communicate with oneself and with others. My emphasis is on the manner in which texts are constructed—whether it be the metaphorical "texts" created in the analytic situation or the "real" ones found in the works of imaginative writers and in papers written by analysts for publication in scientific journals.

We generally distinguish creative (or imaginative) writing from psychoanalytic writing by focusing upon the word *creative*. Through the reader's own experience of reading this paper, my hope is that he or she will consider that the differentiation between these two types of writing does not lie in the degree of creativity in the form

of writing; rather, it resides predominantly in the objectives set forth by each.

ANALYST-AS-READER /  
READER-AS-ANALYST:  
THE TRUTH IN FICTION

Literature translates information into experience. It turns facts into fictions . . . It is only when facts become fictions, become stories, become experiential. That's the only time they become real.

—Weinstein (1998)

Like an analyst at work, the reader of fiction must be attuned and receptive to the palpable form of the text in order to participate in the experience being created. Like a reader considering the possibilities of the text, the analyst must enter into creating meaning while reading the patient. When we enter into this mode of relating with our patients and with the works of fiction we read, we participate in a *form* of communication that has been structured by the patient's and by the writer's experience. This form of listening and reading, of participating, provides access to what has been unconscious, much like the kind of rendering of unconscious experience that occurs in dreaming or in reverie. Of course, we do not actually see or feel the unconscious directly. The shape of experience we perceive is like a hologram projected from "behind" the barrier where the unconscious lives. This projection is then created and animated in one's preconscious experience of it. Thus, this form of (preconscious, then conscious) experience is a metaphor (something that is *like* something else) for unconscious experience. What is created in the type of listening and reading to which I am referring is not *the* unconscious; it is shaped emotionally *like* unconscious experience.

I have been moved, startled, held, comforted by the stories I have read. I have thus been transported into that liminal space created by the writer (and by me, the reader). Certain pieces of fiction speak to me. Perhaps they even read me, as I read them. I believe this is a common occurrence. Fiction can be sought out as a

place of refuge during difficult times or as a means through which to find or create meaning, to come to know oneself. For some, this refuge of reading has been transformative. A friend of mine who has written several novels and books of short stories went so far as to say that the experience of reading had saved his life in his youth. Thus, the act of reading the works of imaginative writers and becoming engaged in the forms they create may provide a healthy, imaginative shape to the derivatives of unconscious life.

My patients have told me of similar experiences and have referred to particular works of fiction that were especially meaningful to them. As they talk with me about their reactions to their reading, it often initially seems that it was the dilemmas that were entered into and resolved, or not resolved, that engaged them. It frequently turns out, however, that the stories worked on these patients and through them in a manner that was not so apparent. In these situations, the reader-now-patient has developed a kind of relationship with the text that bears some resemblance to our analytic relationship.

When the patient runs into the limitations of such a relationship with a book, he or she may find it necessary to turn to a human being in order to continue the process. Such is the story of Mr. M.

### MR. M

After four months of working with Mr. M, I was puzzled about why he had come for psychoanalytic treatment at that particular time in his life—actually why he had come at all. He was a 45-year-old, married, professional man. Listening to him, I heard the words with which he spoke his story, but no music through which I could feel his unhappiness. I could not find his sense of imagination, and my attempts to engage him in becoming involved with the world inside him were deflected, or so it seemed to me. I came to believe that he did not know the language in which I was asking him to speak. I wanted to think that there was more to this man, but I could not find it. While the words contained in his narrative changed from hour to hour, they were conveyed in a repeti-

tive way that provided no freedom and no room for new experience. We were locked into a kind of existence in which there was no life, no motion in the hours we spent together.

In this period of the analysis, Mr. M casually remarked that he had discovered an author while browsing in a bookstore several months before he entered treatment. Arnost Lustig, he indicated, is a Czech concentration camp survivor who uses fiction to write of his experience of the Holocaust. Mr. M was struck by the title of one of Lustig's books, *Street of Lost Brothers* (1990a), a collection of short stories, and had begun reading the first story while still in the bookstore. The manner in which he told me about this experience caught my attention, because there was a perceptible change in his affect and a quickening of his usually monotone voice. It struck me that, unlike our experience together, Mr. M's time with Lustig had affected him, enlivened him. I also suspected that reading this story engendered in him a desire to enter into an analytic relationship. I asked if he was aware of how important this story was to him. What did he think and feel as he responded to it? In his characteristic manner, Mr. M replied that he had no idea how he felt when reading the story or whether his reading of it had been important to him at all. "Perhaps," he added, "you should read it yourself."

Being both curious about his experience in reading fiction and desperate to find an analytic object (Green 1975) through which the two of us could enter into exploring his inner and outer worlds, I decided to seek out this author myself. Since I was invading a part of the patient's private world outside of the analytic setting, I felt that I should obtain his permission to do so. "Yeah. Sure. Why not?" he replied. I said that my doing so would affect our relationship in ways that we could explore as we came to know more about them. I decided that I would take careful notes of my experience in reading.

Before I read the story, my first thoughts had to do with how Mr. M seemed to be trapped in the concentration camp of his mind. I was not sure whether he himself felt stifled by his own being, or whether this was how I imagined life to be for him. I then

recognized that the concentration camp to which I referred was the analytic experience, where *I* felt tortured by a relationship that I found dead and deadening. It was an analytic relationship in which we were defined by the two-dimensional roles of “analyst” and “patient.” There was no escape into a more lively, colorful world where words and described events possessed meanings, where he, I, and the people in his life were animated into complex human beings. These associations of mine were all evoked prior to my reading the story.

The first story in *Street of Lost Brothers* is entitled “Morning till Evening” (Lustig 1990b). In it, the character Emanuel attempts to go on living after having had important people ripped from his life. Two brothers for whom he had worked disappeared one night, apparently victims of the Gestapo, and his son was murdered in a Nazi death march. While the portrayal of his wife, Emily, evokes the barrenness, the hopelessness, and the perseveration of experience created by overwhelming trauma, Emanuel himself appears to be alive as a human being who is not defined (reduced) by his present circumstances; he appears to possess a sense of past and future that has not been destroyed by the Nazis’ attempt at extermination of body and soul. My personal interpretation of this story reflected the dual existence I shared with Mr. M in our sessions—both the barrenness of experience with him in the transference-countertransference and my hopefulness that our work together would enliven him. I also hoped that by my having entered (from my side) into the world of this story in which he, too, had entered, the two of us might find a common ground upon which to walk.

After having read this story, I again asked Mr. M what his experience of reading it had been like. Without much feeling, he spoke of the “horror” of the Holocaust, how it was “unfathomable that one could survive such an experience.” He thought in fact that “*no one could* emotionally survive”; they could only be “dead men walking.” He focused on the character of Emily. Emanuel was conspicuous by his absence. I asked about his reactions to Emanuel. “I don’t think he is *real*. How could someone not be entirely de-

stroyed by what had happened to him? It's a mystery to me." I said, "It seems to me that he still had hope." Mr. M fell silent. This felt like a different kind of silence—one that was occurring *between* the two of us, one that was *shared by* us both. Was this hope?

In discussing his concept of the analytic third, Ogden (1994) makes the following comment: "Human beings have a need as deep as hunger and thirst to establish intersubjective constructions . . . in order to find an exit from unending, futile wanderings in their own internal object world" (p. 105). My subsequent work with Mr. M demonstrates that the short story we shared became an analytic object, an analytic third, that occupied the analytic space between us. It came to mediate his experience of hopelessness in the solitary existence of his internal object world and to provide a spark of hopefulness about the prospect of changes taking place through the medium of analytic work with another human being. It is through such conveyances that we analysts may come to understand something of our patients' experiences.

In particular, Mr. M and I began to gain access to a cataclysmic event from his very early childhood. While he had previously known some of the facts of this event, he had had no memory of the emotional experience itself (Winnicott 1974). When Mr. M was three years old, his father fell to a serious physical illness from which he nearly died, and which led to his father's long period of recovery, accompanied by a depressive state. Prior to this illness, Mr. M's father had been an energetic man who was very involved with his little boy. After the near-death experience, the father was never the same. Mr. M lost his father to this process and his mother to her total preoccupation with her husband's condition. The patient had been a lively child, but all that changed when he lost sight of the spark in his father's eye. His home became a solemn hospital devoted to the care of his father and to the ever-present subliminal terror that his father could die at any moment. At this early age, Mr. M withdrew into an inhibited and disaffected state (McDougall 1984). While this mode of defense had provided him with some degree of psychic equilibrium to this day, it was achieved

at the expense of a capacity for spontaneity and excitement which, when momentarily ignited, were almost immediately snuffed out.

Through the (re)construction of this early experience, Mr. M was able to reach back to the time just before the cataclysm and to find the spark of life that had been hidden, if not virtually extinguished, in early childhood. Whereas previously, the transference-countertransference almost exclusively took the form of the deadness and repetitiousness that were echoed by Lustig's character Emily, this spark now ignited a new kind of aliveness in our time together. It was not that Mr. M had never learned the language in which I was asking him to speak, nor that he had once possessed it only to have permanently lost it; rather, he had lost access to a sense of freedom and a language with which to speak it—a language he had once known (his mother tongue, as it were).

In works of fiction, a writer must create a place to live (Winnicott 1971) in order to communicate his or her experience. This may be because the *facts* of this experience are either too painful to put into words, or are inadequate to “evoke in one's imagination even a shadow of the fear, anxiety, and hopelessness” (Lustig 1998, p. 6) that the writer has felt. Perhaps it is to that same place where writers go to symbolize previously unsymbolized experience that we as readers go in order to find words for our own experiences. Mr. M came to life through reading Lustig's story. This resurrection could only occur because he had felt well “read” by Lustig, felt read by this story in a way that had previously never been understood—even by himself. In turn, I, the analyst-as-reader (reader-as-analyst), found, as did the patient, a point of entry into the endless, circular wanderings of Mr. M's internal world.

Mr. M's experience of reading this short story appeared to have provided an avenue through which he could enter analytic treatment. It created an environment of hope that permitted him to suspend his disbelief that there could be *a way out*. As he and I found ourselves together in the analytic situation, this story also became a medium of exchange that served as *a way in* to his inner and outer worlds.

ANALYST-AS-WRITER /  
WRITER-AS-ANALYST:  
A SELF-ANALYTIC FICTIONAL FORM

If we could at least discover in ourselves or in people like  
ourselves an activity which was in some way akin to crea-  
tive writing!

—Freud (1908, p. 143)

As I considered using the case of Mr. M in writing this paper, I was confronted with a dilemma. You see, Mr. M is not a *real* patient. Well, not entirely so. I, as an analyst, am certainly real, but not exactly Mr. M's analyst. While I could say that Mr. M is a character who is a composite of several patients, he is really mostly an imaginative construction who conveys—through a sort of fiction—my own personal experience created by a particularly difficult time in my life. I had temporarily lost much of my self-reflective capacity, and I experienced little sense of movement within myself. A creative space within me had collapsed, depriving me of a treasured line of communication with my unconscious self. I was inhabited more by a sense of repetition than by the excitement of new experience.

During this period, reading fiction became a foot in the door that restored an oscillation between my conscious, preconscious, and unconscious life. This is something that I *felt*, though this sensory experience was at the time difficult to put into words. I became intrigued with how this process had worked. This curiosity led me to a consideration of clinical models that would illuminate my experience. I undertook a search of the psychoanalytic literature (including psychoanalytic literary criticism) and writings on the subject of the therapeutic function of the act of reading. I eventually began to experiment with the writing of “psychoanalytic fiction” of the sort just presented. Through the process of reading and reflecting upon what I had written, I came to recognize that I had discovered a form of self-analysis.

So the story of Mr. M is autobiography concealed/revealed in fiction. The reader may feel tricked or even outraged that I did

not reveal from the beginning that this was a fictional account. Let me explain. This is a clinical paper on self-analysis. I wanted to demonstrate how the self-analytic experience unfolded—how I discovered a form of self-analysis through creative writing. This procedure began when I myself became engaged in the form created by an imaginative writer (the novels and short stories of Wallace Stegner) during the time of my adult emotional trauma. Before reading these works of fiction on a regular basis, I was not able to achieve a state of mind in which I could effectively use a self-analytic approach, such as in analyzing my dreams (Silber 1996).

The act of reading fiction thus served a *therapeutic* function (Dent and Seligman 1993). It restored a sense of movement and aliveness and fostered the capacity for a degree of self-reflection. However, reading alone did not serve an *analytic* function for me: I was not yet able to undertake a productive, free-associative process whereby I could access preconscious and unconscious lines of communication and advance self-understanding. I then discovered that I could employ creative writing—in the form of autobiographical fiction—to fully engage in a self-analytic process.

I had created a form that stimulated both my capacity for self-reflection and my ability to find words for my experience. I created a unique form for myself in the same manner that Lustig created a unique form for his readers that conveyed his emotional experience. In so doing, I provided a creative space into which I as a writer discovered/created myself in the act of writing. As a reader of my own writing, I was able to enter that space in my effort to put into words previously unsymbolized and unarticulated aspects of my experience.

Therefore, in this paper, I decided to write in a manner that was true to the life of my self-analytic procedure. I chose to approach the construction of this paper in a way that the text would bring the reader into an experience of reading and writing that followed the path of my own. As will shortly be evident, the act of writing this case, followed by my reflecting upon what I had written, led to still further (self-)analytic work.

My fictionalized clinical case is a kind of composite—in the spirit of composite cases we frequently find in the analytic literature—that takes into consideration material from work with my patients who have found works of fiction and poetry helpful within and outside the analytic situation. However, it is organized principally around my personal experience. Like a number of patients who have entered analytic treatment with me, I, too, moved from conducting exclusively self-analytic work into engaging in an analytic process with a real analyst: I began a second personal analysis. And my writing of this fictionalized account began with an attempt to protect my own privacy, as papers in the literature are “fictionalized” in order to protect the patient’s confidentiality.

Unlike Mr. M’s reading of Arnost Lustig, I read Wallace Stegner. Mr. M’s disaffected state was lifelong, while mine was mostly temporary. I wrote this rendition of my own story not only as a consequence of my wish to preserve my own privacy, but also because it was so difficult to write “the facts” of what I had experienced with/through reading fiction. I did not recognize for some time that in writing about the analysis of Mr. M, I was creating a form like the one that had reopened my own creative space—the form of fiction—and one that led to the creation of a self-analytic experience.

## A BRIEF REVIEW OF THE LITERATURE

I am writing about this discovery as a contribution to the psychoanalytic literature on the subject of self-analysis. Much of what has been written in the literature has focused on the need for self-analysis in the face of countertransference phenomena (for example, Gardner 1983; Jacobs 1991; Margulies 1993; McLaughlin 1988, 1991, 1993; Poland 1988; Smith 1993, 1997). Here it is the responsibility to one’s patients that requires the analyst to undertake self-analysis (Mitchell 1993). While Smith (1997) makes explicit that the analyst’s engagement with the patient provides an ongoing stim-

ulus for self-analysis,<sup>1</sup> relatively few analysts (for example, Beiser 1984; Calder 1980; Eifermann 1987; Gardner 1993; Gedo 1993; Poland 1993; Silber 1996) have written about the analyst's personal needs as the primary impetus for the development of an approach to self-analysis.

In considering analysts as writers, a few authors (Eifermann 1993a; Sonnenberg 1993) have explored the relationship between what the analyst writes and his or her self-analysis. In regard to the use of creative writing as an avenue to self-analysis, Anzieu (1993) discusses Samuel Beckett's self-analysis through creative writing. And while Wheelis, a psychoanalyst, demonstrates the use of autobiographical fictional forms in his short stories and novels (1960, 1966, 1973, 1980, 1987, 1990, 1992, 1999), it is not known whether these works were used by the author for self-analytic purposes, much less how he may have achieved the act of self-analysis through his writing of them.<sup>2</sup> I did not find instances in the analytic literature in which an analyst employs the creative writing of autobiographical fiction for self-analytic purposes.

## A UNIQUE FORM OF SELF-ANALYSIS

In considering publishing this piece in a psychoanalytic journal, I knew that I could not present such a fictional case as one that was *real*. Yet, to paraphrase MacLeish, I did not want to tell the reader *about* my experience with reading fiction or *about* the possibilities of that experience as it relates to self-analytic work; I wanted to *show* the reader the truth of it—or, more accurately, what the truth *felt like* to me as both patient and analyst (i.e., in doing self-analytic work). But I did not know how to go about doing so.

<sup>1</sup> Smith (1997) states, "In analysis we are continuously doing 'two things at once,' consciously or involuntarily, as we proceed with the analysis of the patient, which is our aim, and simultaneously extend our own self-understanding, which is our good fortune" (p. 29).

<sup>2</sup> In each of his works written over the past forty years, Wheelis's personal past emerges and reemerges, the understanding of which is transformed in part by the "fiction" he is writing.

I found my solution in another paper I am writing on the subject of “the truth in fiction.” In it, I explore the nature of truth found in imaginative works of fiction and in what is created in the “metaphor” of the transference-countertransference (Arlow 1979). As in my experience with self-analytic writing, it may be that many authors who write about personally traumatic events may find it virtually impossible to write factual accounts.<sup>3</sup> This is only partly because such proximity to the experience in the act of writing can lead to an unbearable repetition of the original circumstances. In addition, writing nonfiction may not allow for the creative finding/making of words that adequately convey what it was like to be the human being who inhabited that life. The discovery of *words that demonstrate* these emotional truths—that bring them to life in the writing and reading—is for many writers possible only in the form of fiction.

Through an imaginative rendering of my own story in an *analytic* fiction, I was able to demonstrate to myself (or more accurately, to discover)—and hopefully to the reader—certain elements of truth about my own conscious and unconscious experience. This approach is similar to that used by analysts who write down their associations to their dreams—fictions created by themselves during sleep—in the process of self-analysis. Silber (1996) describes his technique of writing out his associations as they occur. Furthermore, he states that through “thinking about writing this paper, I have been surprised by the emergence of powerful, distressing feelings from my childhood that I had never remembered in my analyses” (p. 498). For him, the writing of a self-analytic story “acted as a powerful stimulus to the unearthing of hitherto ward-off feelings” (p. 498). This discovery of thoughts and feelings through the act of writing reminds me of Ogden’s (2002) comment about Freud’s writing:

Some authors write what they think; others think what they write. The latter seem to do their thinking in the very act

<sup>3</sup> Lustig (1998) not only discusses, but also demonstrates, this point eloquently in a rare nonfictional account that he wrote of his experience of the Holocaust.

of writing, as if thoughts arise from the conjunction of pen and paper, the work unfolding by surprise as it goes. [p. 767]

The act of writing my experience was a powerful medium for self-discovery. I found that the words I chose (often unwittingly) led to a wealth of associations in my description of Mr. M and his analysis. Examples include: “a *quicken*ing of his usually monotone voice,” “his father *fell* to a serious physical illness,” “he *lost sight* of the *spark in his father’s eye*,” and “his home became a *solemn hospital*.” These words became nexuses between forms of experience that had arisen early in my life and those that were shaped by later (inner and outer) experience during the difficult time in my adult life. Through my associations to these words, which I had *chosen* (or, perhaps more accurately, which had chosen me) to describe my own experience, I gained access to dimensions of my own life that had formerly been predominantly unconscious. It was in the very act of writing that these unanticipated words generated a *new form* of experience for me (a more integrated experience of previously disconnected aspects of myself).

For instance, when I read that, in my words, “his father fell to a serious physical illness,” the word *fell* evoked sensory impressions, associations, and memories that echoed throughout my life. This word resonated particularly strongly with a traumatic experience early in my childhood. A person very close to me in growing up did experience a fall—both physically and emotionally—which led to a fall in my estimation of this person and of my own possibilities. “Before the fall,” the world seemed to offer infinite promise. I was at a crest of possibilities. Afterwards, I, too, *fell*. I was crestfallen. Before the fall, I lived in a state that retrospectively seems like a garden of innocence. Then came the-time-after, the aftershock from a too-sudden fall from innocence—*after the fall*. The emotional experience contained in and around these words echoes with my adult experience of trauma.

Throughout my life, the emotional experiences found in the before, the brink of, and after the fall embody the oscillating states with which I am quite familiar. In my creative writing, I had discovered words to convey these emotional states. These words, as

they were connected to both early and adult experiences of trauma, sounded loud—a kind of hyperacusis. As I listened more closely, I could discern the softer resonance of these words with affective states at other times in my life (including the present).

In seeing and hearing the words I had created in my self-analytic fiction, I was able to perceive the music of the changing feeling states and to discern links to other words that symbolized my experience. I could hear the music of experience created by the words; I could hear and read in the words the music, “the sound of sense” (Frost 1913, p. 80), which helped me to understand something that I previously knew only as unarticulated sensory impressions.<sup>4</sup> In putting the music and the words together, I was beginning to discover a song of experience.

We may listen to these words and connections within our own minds, but seeing (and hearing) them on paper opens a creative space. I became the author who created a medium in which I, the reader, could read myself. I was then involved in a form of true analytic experience.

I made other surprising discoveries at the time of my original writing/reading of my fictional case by asking myself how I had decided to use Lustig’s story, “Morning till Evening,” in my fiction, in place of the works of Stegner that had been so important to me. My own adult experience was clearly one of trauma, so I knowingly chose a story in which Lustig had crafted his Holocaust experience in the art of fiction. My first discovery came in the course of writing about Lustig’s story in the “analysis” of Mr. M. I found that, without intending to do so, I had chosen a text constructed by its author in a manner that conveyed the dual states of being (the barrenness of experience and hopefulness) that were present in the imaginary analysis of Mr. M.

A further discovery came only after I had finished writing the case of Mr. M. I recognized that I had unconsciously selected a

<sup>4</sup> Ogden (1997), in writing about Frost’s “effort to capture in the action of language itself the living sound and experience of speech” (pp. 246-247), quotes the poet’s (1913) comments about “the sound of sense”: “The best place to get the abstract (pure) sound of sense is from voices behind a door that cuts off the words” (p. 80).

text that served to represent my own life—a text where words were crafted in a shape like that created by my own life’s experiences in the landscape of my internal world. After reading and rereading “Morning till Evening,” it became clear how evocative this story was to me in ways that I had not initially recognized, much less understood. The manner in which Lustig shaped his text provided a story that I could enter imaginatively. Because it was not my story—yet I was allowed to enter into the place created by the author in my own act of writing—I found sufficient room to allow for the play of my own feelings.

## REVELATIONS AND CONCEALMENTS

A fuller discussion of the analytic process generated by writing/reading myself in fiction may give the reader a better understanding both of how I found this form of self-analysis to be uniquely effective for me, and of what I have discovered about its limitations. In what follows, I select an aspect of my self-analytic discoveries and trace the layering of understanding that I have been able to discern from the time of my initial writing and reading of my autobiographical fiction through subsequent rereadings over time.

The form of self-analysis I am describing shares the benefits and limitations both of creative writing and of the creative telling of the “story” (the unfolding transference-countertransference experience) in the analytic situation. Others have written about the merits and deficiencies of the practice of self-analysis, including the forms of resistance encountered when one is one’s own analyst (see, for example, Arlow 1990; Chessick 1990; Eifermann 1993b; Freud 1936; Gardner 1993; Poland 1993; Smith 1997). I will focus here only on certain features that I believe to be intrinsic to the form of self-analysis in which I engaged.

My initial writing of the fictional case of Mr. M led me to create words that *sounded* true to me. Much like the imaginative writer seeking a unique “voice,” I found words that evoked feeling states and accompanying sensory impressions that rang true to my life’s experience. I created a form of self-analysis that is a way of talk-

ing with and listening to myself—much like the conversations within oneself that are evoked by dreams (Ogden 2001). *I* was in the act of creating *me* through writing myself into existence. By writing a story of my life, I could read what I had dreamed up on the written page and listen to my voice as I read it.

When I read what I had written, I not only saw the narrative created by the associations that were engendered. I could also hear my voice, hear what sounded false and what sounded true. And while one inevitably finds concealment in one's writing of fiction, I could follow the linkages emotionally and trust that something true to my experience was being revealed to me. Subsequent re-readings of what I had written yielded new harvests of connections. These were unintended emotional linkages that were created in the imaginative ("analytic") space found in my fiction.

Let me illustrate something of the self-analytic process that I am describing. This is only a schematic of certain currents within the analytic process and is not intended to fully convey the complexity of it. The following words and phrases from my fictional case presentation were particularly generative to my self-analytic work over time: "*locked into a kind of existence in which there was no life . . . I felt tortured by a relationship that I found dead and deadening.*" These words yielded emotional linkages that led to a first set of associations that appear in my discussion of the "case": "his father *fell* to a serious illness . . . The patient had been a *lively* child, but all that changed when he *lost sight* of the *spark in his father's eye* . . . Mr. M withdrew into an *inhibited and disaffected state* . . . this *mode of defense* had provided him with some degree of psychic equilibrium . . . at the expense of a capacity for spontaneity and excitement which, when *momentarily ignited*, were almost immediately *snuffed out.*"

By the time I began creating a paper from my original fictional case, these associations spawned more linkages to other feeling states. I discovered a particular shape of experience—"the oscillating states with which I am quite familiar." In turn, I was able to discern a rhythm that is familiar to me, of experiences of hopefulness/aliveness and of barrenness/feeling deadened. The shape of

which I speak not only contains a set of feeling states—of a sense of aliveness/spark and of deadness/inhibition—that I found to be truly familiar to me. In addition, this form that I had created in the writing revealed to me a dynamic relationship *between* these feeling states: a sense of excitement yielding to a sense of being deadened. My experience of myself had never been (re-)presented in quite this way. It was an experience in which the familiar (from Latin, “of the family”) became unfamiliar, and the unfamiliar became familiar.

My initial understanding of this material was that I had accessed through creative writing something of my responses to my own father’s sudden illness when I was three years old. These internal rhythms embodied early forms of experience of which I had not been aware or was aware of but could not make use of psychologically. They revealed, I believe, a domain of experience that may have never been symbolized, much less articulated.<sup>5</sup> I was in the process of discovering *what it was like* for a little boy to have once shared in the excitement of being a male who was lively/alive with his father—a sense of excitement about the possibilities of becoming a man, possibilities found in the synergy between father and son, possibilities that were mirrored by the gleam in his father’s eye—only to be lost when his father fell to a serious illness. This was an extremely valuable “discovery” for me of something that had been there all along.

I came to recognize the importance of this particular discovery for me only after several years of personal analysis (and through subsequent rereadings of what I had written). The imaginative form I had created opened up a world of experience from my very early years in a manner that allowed me to more compassionately accept the hunger that I had as a little boy for a strong father—without denigrating myself (e.g., as shameful/pitiful) for it. Through this shift in attitude toward myself, an environment of

<sup>5</sup> I was gaining access to what is variously referred to as “memories in feeling” (Klein 1957, p. 180), “fear of breakdown” (Winnicott 1974), the “unthought known” (Bollas 1987), and implicit memory that is part of the “relational procedural domain” (Stern et al. 1998, p. 903).

hope was created about my own possibilities. This fertile ground for new growth was furthered in my second personal analysis.

This more benevolent attitude toward myself became a counterpoint to another and strikingly different set of feelings that I later discovered was found in the oscillations of feeling states and self-representations that I described earlier in the discussion of my fictional case. This has to do with a sense of guilt and of punishment. This, too, was contained in the fictional account. I wrote: "I felt *tortured* by a relationship that I found *dead and deadening* . . . 'no one could emotionally survive'; they could only be 'dead men walking.'" These words and the context provided to them in Lustig's story (Lustig's own imaginative form) that I had landed upon—that of a concentration camp—refer to a profound sense of guilt that I have experienced in my life for surviving my father's apparent emotional death when I was three. It contains the question of whether "no one could" survive or whether "no one should" survive, of whether I was the victim/survivor who could survive, or whether I was the Nazi who should not survive. Was I a victim, as it were, or a perpetrator? It was only later in my personal analysis that I could more fully analyze how and why I might put myself in a concentration camp.

It is worth noting that even after many readings of my fiction, I remained unaware of a particular dynamic related to my early destructive impulses and later to my competitive feelings toward my father and the inevitable fantasied punishment to follow. It might be said that this blind spot represents a limitation of the form of self-analysis I am describing; or it might be said that my personality structure was not sufficiently developed at the time to do psychological work with that part of my unconscious emotional life. I had been able to follow certain feeling states (mostly of excitement/aliveness and disappointment/deadness) that felt emotionally true to me. But I did not follow up on the emotional cues reflected in particular forms of anxiety that arose in my reading. In my later personal analysis, I learned to listen to and to do psychological work with this guilty anxiety.

I believe that my reading of myself in my creative writing kept me one step removed from what eventually proved to be most

frightening to me: my destructive intent toward those whom I love. I am not sure whether this is a limitation of this particular form of self-analysis, or whether it represents a class of limitations in any kind of self-analysis. It is inevitable that the manner in which I “creatively” write would employ the characteristic ways that I protect myself. It therefore demonstrates both defensive operations and a way that my writing opened preconscious pathways to unconsciously derived material. This limitation is in part related to the question of just how much analytic work may be done without the active participation of the separate personality system provided by the analyst in the analytic relationship.

There is one additional discovery I made about the manner in which I may avoid certain painful revelations about myself in my creative writing—one that by its nature was virtually silent to me until I was completing the last draft of this paper (which is itself a piece of autobiographical writing suitable for self-analytic purposes). I noticed that I had repeated several phrases throughout the text in a manner that was somewhat distracting, if not oppressive and deadening of new experience. This reminded me of a tendency my mother has when she is anxious: She becomes repetitious as she is telling a story or attempting to make a point. It is as if she were saying (to herself as well as to me, the listener), “Hear the story *this* way. Think about it *this* way. Feel about it *this* way.” I know that when I am anxious, I share this propensity to repetitiveness and to the effort to control the thoughts and feelings of the audience (including “me” as audience to the speaking/writing “I”).

I began to wonder why my autobiographical fiction had not naturally generated more associations to my early experience with my mother. My mind went to Lustig’s character, Emily, whom I characterized as evoking “the barrenness, the hopelessness, and the *perseveration of experience* created by overwhelming trauma.” I then recognized that I felt anxious when I thought about this character, especially as I considered Emily’s (my mother’s and my own anxious) repetitiveness—“perseveration.” I chose to follow the path announced by my anxiety and see where it would lead.

I intend to provide only the barest description of what I found in order to demonstrate the self-analysis of the concealing/revealing aspects of my autobiographical fiction. Because my father revealed so little about his internal world—by his reticence in speaking and in his being—my mother was my informant about who he was; she was the teller of his story. Through a series of memories, images, and sensory impressions that arose as I explored this path, I came to recognize that my mother's manner of shaping my (and her own) impression of my father both concealed and revealed the inevitable anger/disappointment she likely felt toward him for his disability. (Her discourse typically proceeded along the lines of "Your father is sick. He can't really do these things. We have to be quiet. [We have to protect him.] Your father is really stronger than you think.") While this aspect of my mother's handling of her own emotional life was likely present before my father's serious illness, her anxiously protecting him from the hostile impact of his physical and interpersonal environment—including her own hostile feelings toward him—must have become more prominent thereafter.

My anxious concern about being open and aggressive (about being strong, having a strong voice) in stating my points in writing, and my unwitting wish to have the reader think of me and listen to my story in certain ways, are expressed through this form of repetition. I can only now see/hear how this manner of shaping my experience of self and others that I "learned" from my mother—this concealing/revealing voice—impacts the form in which I create experience in my writing.<sup>6</sup>

For me, a particular benefit of the form of self-analysis I am describing resides in the fact that one has the opportunity to read and reread what has been written. As I have learned more about

<sup>6</sup> Bollas (1993) discusses the impact of style of maternal handling upon the manner in which one's experience is formed and transformed in language: "Eventually, the aesthetic of handling yields to the aesthetic of language . . . . When the transformational object passes from the mother to the mother's tongue (the word), the first human aesthetic, self to mother, passes toward the second human aesthetic: the finding of the word to speak the self . . . . the forming of words to handle and transform the moods of the self that will frame the terms of that individual's personal aesthetic" (p. 43).

the analytic process generated by the form of self-analysis that I am presenting, I have discovered more about the ways I protect myself psychically and have been better able to make use of this form of experience for purposes of psychological work.

## SOUNDS OF SILENCE

In a subsequent reading of my original case presentation of Mr. M, I was struck by these passages from the first few paragraphs:

Listening to him [Mr. M], I heard the words with which he spoke his story, but *no music* through which I could feel his unhappiness. I could not find his sense of imagination, and my attempts to engage him in becoming involved with the world inside him were deflected . . . . I came to believe that he did not know the language in which I was asking him to speak. I wanted to think that there was *more to this man*, but I could not find it . . . . We were locked into a kind of existence in which there was *no life, no motion* in the hours we spent together. [italics added]

In rereading these lines, I was drawn back to the difficult time in my adult life when I had lost much of my imaginative capacities and a sense of motion, of “music,” within me. Reading the works of Stegner had engaged me in a process that seemed to restore some of my creativity, and I was able to find more of myself.

Thoughts and feelings evoked by rereading the above passage and by recalling what it was like for me during the difficult time in my adult life moved me into a state of reverie. I was drawn to the word *music*. It is the music that is missing—in the time of my adult trauma, within my early experience with my father, and during current times when I cannot sense creative motion within myself. I then read these words that I wrote a few sentences later:

The manner in which he told me about this experience [Mr. M’s experience of reading Lustig’s short story] caught my attention, because there was a perceptible change in his affect and a *quicken*ing of his usually monotone voice.

It struck me that, unlike our experience together, Mr. M's time with Lustig had affected him, enlivened him. [italics added]

*Quicken*—the sound of the word led me to look it up. I found these definitions in the *Oxford English Dictionary* (2002): "Give or restore life; to revive, animate . . . (of a woman) reach the stage of pregnancy when movements of the foetus can be felt; (of a foetus) begin to move" (p. 2436).

As I considered both the sensory experience of quickening, of the motion of new life—the experience of the parent and of the fetus—and the idea of giving/restoring life, I thought of the words of the physician and poet William Carlos Williams (1948): "The physician enjoys a wonderful opportunity actually to witness the words being born . . . . No one else is present but the speaker and ourselves, *we have been the words' very parents. Nothing is more moving*" (p. 361, italics added).

I wondered what it is that goes on between a parent and child in the finding of words, words that make it possible to think about one's unique inner and outer experience: words to live by. It is not only the words (the "lyrics") of this experience that create a song of experience. It is the feelings and the intentions that are conveyed through the rhythms, the tones of voice, the sounds.

I then recognized that, in the reverie, I had been musing about the nature of the analytic relationship, in which the analysand and the analyst—whether the analyst is a self-analyst or other-as-analyst—make music together. As I emerged from these musings, I could see and hear just how much I had used the metaphor of music—of sounds, of sounding true to myself—in the case that I had created and in my original discussion of the case that followed.

These thoughts led me to remember that at times my father's voice had had a musical sound to it, especially when in my grade school years (after his "fall") he spoke my name when we were alone. I have tried for a number of years to remember how he said my name. I only know that there was something comforting, and a bit hopeful, about the way that he spoke it. But I cannot hear it—only feel its presence. Earlier in his life, my father had played musical instruments and had sung with his own father. I never heard

him play his guitar and ukulele, which are now in my possession. I also once found his tennis racket from college, with *Doc* inscribed on the handle. My mother told me that my father had wanted to be a doctor. A college friend had given him the tennis racket. Although I was thirty years old when my father died twenty-five years ago, I had never spoken to him about his musical instruments or his wish to be a doctor . . . silence between us.

I sat contemplating my father's voice and my response to it. Here was a hint of the enlivening music between my father and me that could have been generative. Or could it have been? There were also silences: of his musical instruments, of his wish to become a doctor, of my unspoken words. Those first few paragraphs of my case contained: "words . . . but no music . . . feel his unhappiness . . . attempts to engage him . . . there was more to this man . . . no motion in the hours we spent together." I became aware in this rereading of these words that I had spoken/written (without conscious awareness) both of my wishes to engage my father and of my attempts to engage myself—of reviving him (and me), of finding new movement—in order to restore my capacities to think and feel freely.<sup>7</sup>

<sup>7</sup> A note on listening: I have cultivated a particular form of listening to the words/voices that I create, one that I have demonstrated in this paper but have not yet articulated. There are certain words, such as "no music" and "quickening of his . . . voice," that have a particular ring of truth to me. I have learned to trust the authenticity of the associative pathways along which they lead me when—as I sound them out—I encounter a kind of rhythm, a unifying music that connects the elements and generates still more "verse" that deepens my self-understanding. This form of listening for what sounds emotionally true in my self-analytic experience has become a reliable guide for me. For there are some words or phrases I have written that produce no such resonance; they are dull or flat and create no new life; while still others are discordant due to the anxiety that is evoked, and I must lean into the anxious words to give them another sounding in order to find what may be contained within. One aspect of this self-analytic work may be characterized as listening for what is *false* (defensive) rather than *true*. The most compelling component of this self-analytic activity, however, involves sounding out the words/voices I have created to discern what sounds/feels *true* and what sounds/feels *not true* to my emotional experience. This form of listening is a highly visceral experience—of rhythms, shapes, textures—akin to what we may sense when reading/listening to a poem that speaks to us or when standing before a painting that touches us. This is a form of knowing what is emotionally true to us, without knowing (at least initially) how we came to know what we know.

In the course of this rereading, I could see that at the time I wrote the fictional case, I was desperately seeking a place where new life for me could be created. The unhappiness emanating from my time of adult trauma had made me frightened that I would become/remain deadened; I feared for my life.<sup>8</sup> I made new life for myself in the course of writing by building upon the music found in (pro)creative writing.

### POSTSCRIPT TO A REVERIE: STEGNER AND THE SHAPING OF EXPERIENCE

The reverie experience that I have just described ended with my reflections upon a question that I have long pondered: Why did I choose Stegner and (later) Lustig? Was it the works themselves, or was it that these men (whom I came to know) had survived their own traumas and lived to write about it through their own forms of autobiographical fiction?<sup>9</sup> Was I seeking/creating transferences to strong men—men who were survivors of trauma—who would give me insights about myself? Or had I gravitated toward writers who could demonstrate to me *a way of doing psychological work* through the creation of their own imaginative forms?

These were men who could move around more freely within their own internal landscapes and who did not remain locked in the deadening, repetitive experience of their trauma. Their works embody psychological work-in-motion, the act of creating oneself in the expanded universe of imaginative writing. It was not simply

<sup>8</sup> I now recall that during the difficult time of my life to which I refer, I said to a friend, "I'm afraid that this will kill my passion, my soul."

<sup>9</sup> Stegner was the original author to whom I turned. He describes his father as a selfish man whose violence and "boom-or-bust temperament" tyrannized the family and created deep ambivalence in his son (Benson 1996, p. 9). Benson, Stegner's biographer, wrote, "It has been Stegner's pattern to . . . hope to bring some enjoyment and enlightenment to the reader while he tries through the process of writing and confronting old ghosts to understand who he is" (p. 16). Stegner confronted his deep struggle with the problem of forgiveness as it relates to his father in his first major novel, *The Big Rock Candy Mountain* (1943), and again thirty-five years later in its sequel, *Recapitulation* (1979).

that I was seeking a father to admire; I wished to participate in the creation of forms like the ones that they generated as they dreamed up their stories.<sup>10</sup>

## DISCUSSION

I came to recognize that I had constructed a text, a form, like the ones created by writers of works of fiction, in which I participated and through which I began to reopen a self-analytic space. I created a case where I became both patient and analyst. Writing my autobiographical fiction in the form of a case presentation fit my life's circumstances and was true to my emotional experience at the time of its writing. I am not suggesting that the successful use of an autobiographical, fictional form for self-analytic purposes requires the vehicle of a case report. Such a self-analysis can be conducted using any autobiographical fiction that is fitting to the emotional life of its writer.

In writing the case of Mr. M, I employed the freedom of poetic license as I engaged in an experiment with a *fictional autobiographical form*. This is not unlike the manner in which analysts learn what is taking place in the analytic relationship by using free-floating attention to explore other forms of autobiographical "fictions," i.e., dreams, fantasies/reveries, and visual images.<sup>11</sup> In using dreams and other autobiographical fictions, we become decentered from ourselves in such a way that we are able (at times) to enter associative pathways through which we discover derivatives of unconscious life. As in the use of dreams, I discovered in my self-analytic writing a medium where I could discover/create what I did not

<sup>10</sup> Stegner (1942) wrote the following about the problem of the autobiographical novel: "The technical problems involved in translating experience into fictional truth are the basic problems of form . . . . The transcription of life is not a transcription at all, but a *re-making*" (quoted in Benson 1996, p. 114; italics added).

<sup>11</sup> In regard to Freud's use of dreams, see Anzieu (1986), Freud (1887-1902, 1900), and Meissner (1971). For more on the use of dreams, see also Silber (1996) and Smith (1993, 1997). For the use of fantasies/reveries, see Bion (1962, 1967), Jacobs (1991), McLaughlin (1988), and Ogden (1997, 2001). For the use of visual images, see Gardner (1983), Kern (1978), and Ross and Kapp (1962).

know. I had to take an indirect route like the one that must be taken in analyzing dreams—an associational route in the medium of writing and reading an analytic text within an analytic text.

In many ways, the intersubjective constructions (fictions) we create in the analytic situation are the core of the analytic work. Each construction is a “lie that tells the truth” (Gardner 1983, p. 74). Each is a composite of memories/autobiography, fantasies/fictions, and of feeling states that constitute a “text” that is “written” within the transference-countertransference. The manner in which we write our psychoanalytic papers can reflect the truth of this “fictional” analytic experience.

From this perspective, the “fictions” created in the transference-countertransference provide a medium through which the analyst and analysand can discover emotional truths of the latter’s unconscious life. When the psychoanalyst uses his or her own dreams, fantasies, reveries, and visual images—personal fictions—for self-analytic purposes, he or she is accessing a medium (a self-created one) through which the analyst can listen to and see the self. In self-analytic work, it is through such personal fictions that we metaphorically rewrite our own stories over the years. The analyst’s personal past emerges and reemerges, the understanding of which is transformed in part by the self-analytic fictions that are created. Each time the analyst rewrites the same “facts” of his or her personal story, new revelations (new emotional facts) are produced. The fictions that are created are not fiction (i.e., unreal); they are very real events of newly writing the self into existence.

The autobiographical analytic fiction I constructed for my self-analysis provides a medium in words—the symbolic language with which analysts are most familiar—similar to that of the psychoanalytic situation, where the patient’s (and analyst’s) conscious and unconscious experience is “written” and then “read,” created and then discovered.

This form of self-analysis has a history in our field. In the text of *The Interpretation of Dreams* (1900), Freud used his own “disguised [fictional] autobiographical dreams” (Anzieu 1986, p. 354). It might be said that psychoanalysis began with the writing of a

text that served (to a considerable degree) as a form of generative self-analysis. The following passage suggests that Freud's feat of self-analysis conducted in the very process of writing *The Interpretation of Dreams* may well have been achieved in the amalgam of writing, reading what he had written, and self-reflecting:

For this book has a further subjective significance for me personally—a significance which I only grasped *after* I had completed it. It was, I found, a portion of *my own self-analysis*, my reaction to my father's death—that is to say, to the most important event, the most poignant loss, of a man's life. [Freud 1900, p. xxvi, italics added]

## CONCLUSION

In this paper, I have described a form of self-analysis generated in the process of writing a fictional account of an analytic experience. I have found that this form of writing and reading has assisted me, the writer/reader, in bringing into awareness formerly unconscious aspects of emotional experience. This form of self-analytic experience is based upon the kind of experience that is created in the medium with which analysts are most familiar: the two-person psychoanalytic situation. In the medium of the transference-countertransference, we discover a new writing of experience—a kind of ever-changing and self-enriching autobiographical fiction based upon “the facts”—which we can read and which leads us to new meanings and still more rewritings.

I started this project with an attempt to grapple with my story of adult trauma through remaking it, by rendering experience in the form of fictional truth. From there, I found my way to an ongoing process of expanding self-awareness, of doing psychological work, through rewritings of myself in this form of self-analysis.

For me, a measure of the effectiveness of this self-analytic process lies in the degree to which the voice(s) created in the writing sound and feel true to my experience. Another measure of the success of the self-analytic form of writing to which I refer may be found in the degree to which it is not *about* the analytic experi-

ence, but is *a form of analytic experience* in its own right. Of course, every analyst must create his/her own forms of self-analytic experience. Perhaps the form I have happened upon and described here may lead others to generate self-analytic forms of their own.

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## HAUNTED BY PARENTS—A LITERARY EXAMPLE OF CHANGE MEANING LOSS: EDNA ST. VINCENT MILLAY

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*The author uses the life and personal history of the poet Edna St. Vincent Millay, as revealed through her diaries and letters and in biographies, to illustrate a particular type of psychoanalytic patient. Such patients are resistant to change, particularly when it involves letting go of the internalization of early parental figures. Although some of these patients fail to achieve successful analytic outcomes, Millay is an example of someone with similar circumstances who nevertheless made significant creative contributions.*

This literary paper is based on my clinical experiences of the last fifteen years, in large part with people who came to me because of discontent with a previous psychoanalysis. Most were psychologically minded and functioning rather well in life. Despite superior gifts, they had come to feel that their previous analyses had left them dissatisfied and burdened by a feeling that something was still wrong. They wanted change for the better, some satisfaction that had not been attained. I was able to help most of these patients. What these analyses had in common was the difficult resistances that were encountered. A few seemed able at best to achieve more intellectual awareness about their conflicts, and turned out to hold onto their neurotic patterns—with varying mixtures of spoken or enacted “I can’t change” and “I won’t change.”

I found that most of those extremely resistant to change, even change for the better, would or could not give up their primal ties to psychically internalized, early parental figures. They wanted to

be rescued from their overattachment to their parents. But—since change for them meant terrifying expectations and loss of their inner mental registrations of parents—they stubbornly (and some with ultimate success) resisted giving up these predominantly sado-masochistic attachments.<sup>1</sup>

The ties consisted of mixtures of compulsive submission to, and provocative defiance of, the early parent; both modes of thought and behavior are rooted in unconscious identifications with the primal parent,<sup>2</sup> preserved as part of the superego. They seemed haunted by parental imagoes. Some had been victims of traumatic child abuse and deprivation (Shengold 1989); and others who had not been obviously traumatized still felt unwilling or unable to attenuate their bonds to parental imagoes. To do so meant the prospect of unbearable loss.

For these unfortunates, the promise of change was not only dreaded, but was often followed by regressive, self-destructive (negative therapeutic) reactions, expressing needs for failure and punishment. Some resistant patients who felt there could be no life without mother reacted specifically to the *promise* of change, a promise leading to terrible expectations of danger and loss (Shengold 2002). Promise is inherent to spring, with its foretaste of summer, its rain, and its flowers and gardens.

\* \* \* \* \*

Patient Z, seen many years ago, had been psychologically tied to a cruel and paranoid father, both through identification and compulsive submission to him and to other father figures. He seemed stalemated in a long analysis after an early surge of progress. Z was finally again beginning to feel responsible and to deal with rage and longing for his father, as transferred onto his analyst. Just before going away on an arbitrarily chosen vacation, he dreamed he was a child in a garden, and his father was beating him on his bare buttocks with a strap. He was in a crouched position, and where he was struck, his back and buttocks oozed fluid that fell

<sup>1</sup> I think the term *inner registration of parents* is preferable to *parents as internal objects* because it is less jargonistic.

<sup>2</sup> I am referring here to the earliest mental representation of the parent.

profusely in drops like *rain*, forming a pool in which small crabs were swimming (my emphasis). Z said: "I felt as though, if anyone touched *it*,<sup>3</sup> they would get cancer." He awoke full of anxiety.

### EDNA ST. VINCENT MILLAY

The life of the fine American poet Edna St. Vincent Millay shows the dynamic pattern of being haunted by parents in relation to change meaning loss. Z's dream from the past was evoked by Millay's poem, "Scrub"<sup>4</sup> (1923), which was sent to me by an analyst colleague, Bonnie Asnes. This colleague felt that Millay's poem expressed a cry from someone who had been soul murdered (Shengold 1989)—deformed by cruel abuse in childhood. The poem uses the metaphor of nourishing rain transformed into rain of mutilating destructiveness.<sup>5</sup>

Scrub  
 If I grow bitterly,  
 Like a gnarled and stunted tree,  
 Bearing harshly of my youth  
 Puckered fruit that sears the mouth;<sup>6</sup>  
 If I make of my drawn boughs  
 An inhospitable house,  
 Out of which I never pry  
 Toward the water and the sky,  
 Under which I stand and hide  
 And hear the day go by outside;  
 It is that a wind too strong  
 Bent my back when I was young,  
 It is that I fear the *rain*  
 Lest it blister me again.

—Millay 1923, p. 160, italics added

<sup>3</sup> The *it* here is ambiguous. Did the patient mean the pool or his behind? Z had been anally overstimulated as a child and had deep fears and conflicts relating to his behind.

<sup>4</sup> This poem refers to *scrub* in the sense of a stunted tree.

<sup>5</sup> "April is the cruelest month:/breeding lilacs out of the dead land,/Mixing memory and desire,/Stirring dull roots with spring *rain*" (Eliot 1922, p. 744, italics added).

<sup>6</sup> This refers to fruit that burns and wounds.

The child/tree has been mutilated; the apple from the Garden of Eden of childhood has become poisoned, the wind injures, and mother's milk has turned to acid rain.

There is an entry from the diary of Millay's mother, Cora, that links rain in summer, her three young daughters' delight in the tall grasses outside their Maine home, nudity, and physical pleasure from the bodily contact of their mother's touch. It is a happy linkage:

There was nothing the girls so much liked as stripping, and putting on thin print dresses and running out into the summer grass and leaping about in the rain, letting the summer showers soak them until it ran in little rivers from their hair and faces. Then they came in and stripped and I rubbed them down with a rough Turkish towel till they glowed and tingled amid their laughter. [Epstein 2001, p. 9]

This was a scene of innocence and joy in the refreshing rain from the Garden of Eden of childhood before the fall. After the expulsion from paradise comes the danger of blistering rain. The garden, literary symbol of Mother Earth and Freudian symbol of Mother, her genitals and womb, is the place of safety and of danger, of the protected fetus and its expulsion from the body, of birth and of burial.

Whether Millay can be called a victim of soul murder is not clear, although two biographies of the poet by Milford (2001) and Epstein (2001) supply details that reveal how chaotic, disturbed, and yet how happy her early life was. Edna had a lifelong, intense attachment to her mother, and a lifelong yearning for a father who was not with her. Millay wanted to have and to be both parents.

She was born Edna Vincent Millay in 1892—with a caul, traditionally believed to be a sign of the *promise* of good fortune. Cora, her mother, had three daughters within her first four years of marriage to a charming man who could not keep a job. Early in the marriage, Cora had fallen in love with the local minister. It is

not clear whether they became lovers. But she sent her husband away.<sup>7</sup>

Edna's parents separated when she was seven and were divorced when she was nine. Her father remarried and had a second family; he rarely obeyed the court's order to support his first three children. He is not mentioned in Edna's early diaries.

Her mother was at first indigent and dependent on friends and distant relatives; the family had to move frequently and had no fixed home. Cora supported them by hairdressing and later by nursing sick people in their homes, which meant having to spend most of her time away from her daughters, sometimes going out of town for weeks on end. (Milford [2001] writes that the mother was for long periods absent almost all the time.) When away, Cora kept in constant contact by writing to them almost daily, and they wrote back to her regularly.

Despite their mother's being gone so much, the girls knew she cared intensely about them. She inspired them to follow her fervid artistic interests, and all three became adept at writing, painting, acting, and composing music. But most of the responsibility for cooking, cleaning, and keeping the household going fell to the three little girls, especially to Vincent (as Edna was called),<sup>8</sup> who was, like her mother, the eldest child. During Cora's frequent absences, Edna became the mother. They lived in run-down houses in small towns in Maine, and were always worried about not having enough money for food and rent. Only the mother's intense determination and hard work (qualities she passed on to Edna)

<sup>7</sup> There was a repetition here of Cora's mother Clementine's marriage. Clementine, after having six children by the time she was thirty-three (the age at which Cora dismissed her husband), fell in love with her doctor (also her sister's brother-in-law), followed *her* oldest daughter (then aged sixteen!) Cora's advice, and left her husband. Cora intended to stay with her father and two younger brothers (see Milford 2001). Unconventionality spanned the generations.

<sup>8</sup> The masculine middle name (its habitual use must have contributed to Edna's confusion about her sexual identity) was supplied by Cora because, she said, of her gratitude to St. Vincent's Hospital in New York City for their good care of her brother, Charles, following his life-threatening accident. Edna herself added the "St."

kept them going. She managed to supply necessities and even occasional luxuries (books, gifts), but only by spending much time away from home. And the houses were cold and drafty. The mother and the girls were often ill. Edna caught cold almost every month.

Edna's father occasionally sent gifts of a few dollars for his daughters, always promising more soon, but the money scarcely ever arrived. He would write letters full of apologies for postponing his proposed visits. His only visit took place a little over a year after the separation, when he obeyed a summons from Cora. The three little girls, then aged nine, eight, and five, had come down with typhoid fever, caught after their mother nursed some typhoid victims. At first, the girls were not expected to live, and Cora was beside herself with desperation. After the girls began to recover, Henry Millay, on Cora's refusal to take him back, did not stay long—and he never came back again. He is hardly mentioned in Millay's letters to others,<sup>9</sup> but seems to have remained a negative presence for her, an emotional black hole. She did not see him for eleven years.

In contrast, Edna's mother, Cora Millay, so frequently absent physically, was a meaningful psychic omnipresence for her daughter. Cora was intelligent, creative, and musical,<sup>10</sup> wont to write songs, stories, and poems (occasionally published in small magazines), and was also interested in theatricals. She had the quality of making work into play for the children. All three of her daughters were beautiful and talented. Her second daughter, Norma, described Cora as a kind of impresario: "She was not like anyone else's mother. She made us—well, into her performers" (Milford 2001, p. 9). There is a sense in which being mother's performers remained central to all three daughters.

Edna, the oldest and probably the brightest child, was more indulged than her younger sisters and yet used perforce as the

<sup>9</sup> Epstein (2001) states that there are no letters from Henry Millay in the retained family letters dated before 1912, when Edna went to visit him on what was supposed to be his deathbed.

<sup>10</sup> Edna was taught music by her mother. Milford (2001) quotes her as saying: "I loved music more than anything in the world except my mother" (p. 25).

responsible household caretaker by her mother. Edna organized their housekeeping efforts in a playful and inspired way derived from her mother. Cora, in spite of often being unavailable when needed, could, when she was there, bully them and worry over them, alternating between encouraging their artistic interests (she taught Edna to read at five by reading her poetry), playing with them, and letting them do as they pleased.

While in her teens, Edna was much given to daydreams; many of them she wrote out. She was, like Cora, a dedicated diarist. At sixteen, Edna began a diary while her mother was away. She called her diary “Ole Mammy Hush-Chile,” and addressed it in her entries as if it were a person—writing that “Mammy” was a comfort to confide in and someone who was “so nice and cuddly and story-telly when you’re all full of troubles and worries and little vexations” (Milford 2001, p. 29). Writing in the diary meant both identifying with her mother and providing a substitute for her presence.

During those early years when the mother and girls were so dependent on relatives, Cora insisted that her daughters behave modestly and properly in the presence of others. They usually complied. Wildness and disobedience were suppressed, but, as evidenced by her subsequent behavior, Edna came through her childhood not sufficiently able to say “no” to her ardent impulses. In this, she mirrored her spirited and willful mother.

At sixteen, Edna wrote a poem to her mother that shows her intense positive feelings toward Cora. The poem deals explicitly with undoing future separation from her, but the ongoing *threat* of loss is implicit:

Dearest, when you go away  
My heart will go too  
Will be with you all the day,  
All the night with you.  
Where you are through lonely years,  
There my heart will be.  
I will guide you past all fears  
And bring you back to me.

—Milford 2001, p. 41

Milford (2001) points out that Edna was to be the one to protect her mother. The maternal role taken as a child toward her sisters—controlling and protecting the precious, dependent other, was sometimes lived out by Edna as an adult. She could be generous with money and time to the needy and the persecuted—especially in relation to strangers and causes. In her narcissism, she usually *avoided* dependency by putting herself first. Less often, she sought out care from others—transiently from lovers whom she abandoned, but eventually *seeking* dependency from her forbearing husband.

As she grew older and left home, Edna was burdened by a need for instant gratification. This urgent impatience<sup>11</sup> probably stemmed from childhood experience of years of being kept waiting—waiting for Cora to come home from her nursing duties, waiting in vain for her father to fulfill his tantalizing promises to send money and to come home. This passive dependency on needed others who were not there for her was transformed as she grew up into a compulsion to control others. This compulsion, fueled by success provided by her beauty and talent, allowed Edna to frustrate and torment her adorers. She could keep *them* waiting and longing for *her*.

### *Envy Begets Rage*

Edna, who had the burdensome but perhaps soul-nourishing role of chief parental caretaker for her sisters, was thereby subject to an enhancement of the sibling envy that had begun with their births. She also had to deal with envy of her father's new wife and family, as well as the more irrational envy of the patients her mother cared for. Her envy threatened to become more intense as she grew into her teens, and the concomitant rage and depression were hard to bear. Norma Millay talked about her sister's "sudden rages," and Cora wrote about her daughter's "having sometimes become wild" as a child. At age sixteen, "Vincent" wrote in her di-

<sup>11</sup> Fliess (1956) called impatience "the cannibalistic affect" (p. 107)—e.g., the impatience of Shylock, hungry for flesh.

ary, "I know I am going to explode. I know just how a volcano feels before an eruption" (Epstein 2001, p. 35).

The hatred and depression reached a climax in the year or so before Edna left home at twenty, while her mother was still working out of town for long periods. Edna was often physically ill, and her sisters alternatively clung dependently to her and were difficult and ungrateful toward her. At nineteen, exhausted by sickness and her household duties, she worked on her long poem, "Renascence," the publication of which was to make her famous. The poem expresses a hope for a renaissance after death. God, who provides the spiritual rebirth in the poem, would have been a literary projection of the teenager's much-needed rescuing parent. But despite intermittently suppressed envy, rage, and misery, Edna's adolescence was full of times of fun and creativity.

The adult poet idealized her childhood. In 1948 (at age fifty-seven, when bad memories may have faded), she wrote to a friend who had sent her pictures of houses that the family had rented during her childhood: "If my childhood and girlhood had not been so extraordinarily happy, I could not study with such pure delight every aspect of these pictured houses" (Millay 1952, p. 350). The letter went on to spell out Edna's closeness with her inventive and artistically creative mother; mutual interest is explicitly expressed in what follows in relation to their shared passionate, life-long love for spring, gardens, and flowers:

I remember the nasturtiums, climbing ones, which grew every year over the trellis of the porch at 80 Washington Street—higher than the roof of the porch they always grew, and *Mother* was proud of this, and would make everybody who came there look at them and admit that this was so. She loved nasturtiums, the smell of the blossoms, and the velvety feel of them, and the rich colors. For no matter how busy she was she always planted them herself; and yet, the planting of nasturtium seeds is a thing that could well be trusted to any fairly intelligent child: they sprout easily and grow well, no matter how you plant them; *they are not poisonous to eat (though they are rather hot on the*

*tongue, as I remember it—anyway, we used to put them in pickles*; they sprout easily and grow well. [Millay 1952, pp. 350-351, italics added]<sup>12</sup>

How much was poison and how much was nutriment is not clear in this passage. There may be a link to Edna's morphine and alcohol addictions in these words. (That nasturtiums are edible, and labeled as "not poisonous"<sup>13</sup> in the rhapsodic memory expressed in this letter, seems to me fraught with conflicting feelings about Cora.)

Edna's mother died in February of 1931 (the poet was then almost forty). Two months later, she wrote to friends: "Darlings, I knew that you were sorry. But there's nothing to say. We had a grand time. But it's a changed world. The presence of that absence is everywhere" (Millay 1952, p. 244).<sup>14</sup>

Edna's letters to Cora are full of pet names and a variety of endearments. Yet here is a portion of a 1927 letter from Edna to her mother that conveys something of the pressure Cora could put on her daughters. It pertains to the fact that youngest sister Kathleen was about to publish her first book of poems:

Dearest Mumbles:

I wrote Kathleen ages ago about her book. I told you I would, & I did and that's that. Now will you please stop worrying? Kathleen is about to publish a book, as thousands have done before her. A person who publishes a book willfully appears before the populace with his pants

<sup>12</sup> Edna in this letter mentions the sight (color), smell, feel, and taste of the nasturtium. The senses are very much involved. I am grateful to one of the editors of *The Psychoanalytic Quarterly* for pointing out to me that the name *nasturtium* is derived from two Latin words that mean *nose* and *twister*. This emphasizes the smell of the flower. One can only speculate on what this meant to Cora and Edna Millay.

<sup>13</sup> This is possibly *negation*—covering an unconscious conviction that the flowers *were* poisonous.

<sup>14</sup> A poem written after Cora's death contains an ambiguous "there-is-no-life-without-mother" (Shengold 2000) message: "In this mound, and what's beneath, / Is my cure, if cure there be; / I must starve or eat your death / Till it nourish me" (Epstein 2001, p. 223).

down. And there's nothing you can do about that. Kathleen is not a baby. And she has been struggling for years to be allowed to manage her own affairs. If she knew the kind of letter you wrote me on her behalf, she'd froth at the mouth & spit brimstone . . . . All your stewing and fretting will accomplish just one end: it will make you very sick, & a nuisance to yourself, and a care to everybody . . . . Won't you just RELAX? [Millay 1952, p. 220]

Milford (2001) quotes a poem of Edna's about her mother and her sisters, chiefly addressed to Cora. It is titled, "Thoughts of Any Poet at a Family Reunion":

Would I achieve my stature,  
 I must eschew *the you* within my nature,  
 The loving notes that cry  
 "Our mother!" and the "*I, I, I*"  
 Name you, claim you, tame you *beyond doubt my creature!*  
 Cool on a migrant wing, if I sing at all,  
 Down-gliding, up-carried,  
 Free must be over mountain and sea my call,  
 Unsistered, unmarried.

—Milford 2001, p. 10, italics added

The wise biographer adds, "Unsistered, unmarried. But what she did not say—what she never said—was unmothered" (p. 10). The poem could include, but does not, *unfathered*.

### *Henry Millay*

There was a crucial turning point to sexual action and toward separation from Cora when, in 1917, at age twenty, Edna visited her sick father, who was thought to be dying. She had had ambivalent, primarily hostile feelings toward the father whom she felt had abandoned her when she was seven. Cora was away nursing, and it was decided that Edna would go to Bangor to say goodbye to him on his deathbed. It was a momentous visit for both. Henry Millay was very glad to be with his beautiful firstborn daughter whom he had not seen for so long, and observers attributed his recovery in large part to his joy at her presence. She saw him

daily, read to him, joked with him, and found him charming and lovable.

The pleasant encounter with her father seems to me to have marked a turning point in Edna's life. During the previous two years, when her mother was out of town much of the time, she had completely taken over management of the household. Working hard at cleaning, housekeeping, and maintaining order for her provocative, demanding, fond but intermittently ungrateful younger sisters took all her ingenuity, proving a great physical as well as emotional strain; she lost weight and became physically ill.

At nineteen, she felt condemned to a kind of domestic slavery. Being in Bangor—where she felt so welcome and cared for—made for liberating relief. Uncharacteristically, she avoided writing to her mother (who expected daily reports), and, despite Cora's reproachful letters ordering her to come home, Edna prolonged her visit for several more delightful weeks, full of dances, visits, and a love affair. She was living in the house of her father's doctor. There she shared a bed with his daughter, Ella, four years her elder. Ella fell in love with "Vincent" and easily seduced the younger woman into lesbian sexuality.<sup>15</sup> But both the young women, especially Millay, also flirted with the local men, who flocked around the pretty newcomer.

After this taste of rebellious independence and sexual activity, Edna returned to her mother's house. Within a month (in *April* 1912), she started to write again, and soon completed her long poem "Renascence" (1912).<sup>16</sup> Its publication brought national recognition and led to the penniless girl's being sponsored and financed to enroll at Vassar by a rich patroness. There she was idealized, adored for her beauty and her artistic gifts.

### *Addiction as Related to Millay's Parents*

As an adult, Edna became fond of gambling, and addicted to alcohol and—following a car accident—to morphine. She was bisexu-

<sup>15</sup> After Edna left, Ella wrote to her praising her genitals (see Epstein 2001, p. 195).

<sup>16</sup> According to Epstein (2001), Millay always celebrated the month of April as her turning point toward fame.

ally promiscuous (not uncommon in the artistic and literary Greenwich village crowd of the 1920s<sup>17</sup>), leading a lifestyle that at times may have amounted to sexual addiction. (Cora Millay was unconcerned about the promiscuity of her daughters, saying she felt that they were just doing what she had done at their age.)

At college, there had been a series of multiple homosexual contacts with other women students (a frequent occurrence at Vassar in those days), in which she played the role of the one in control—teasing, jilting, and abandoning woman after woman. She was defiant and provocative toward college rules and college authorities, but she was always eventually treated as an entitled exception, due to her forceful and charming personality, her talents as an actress in the school plays, and what was regarded as her genius as a poet.

Gradually, her predominant sexual activity focused on men, usually with more than one at a time. When she moved to New York City with her sister Norma after college, she had one affair after another. She received many marriage proposals that she did not take seriously. Leaving in order not to be left was her specialty. Cruelty was interspersed with real concern and caring, as had been the case with the Vassar women.

She could also be both thoughtful and generous to her friends, particularly outside the realm of passionate love and sex. Her magnanimity and open-handedness were often forthcoming when lovers or former lovers were in emotional and financial troubles not connected with her neglect and rejection of them. She had longer affairs with many talented men, including the great critic-to-be Edmund Wilson (who remained a lifelong friend after the affair). Wilson was one of the few “strong” male lovers with whom friendship persisted after the affair was ended.

Weak and dependent men (like her father) almost always evoked Edna’s sadism. She took especial pleasure in breaking up marriages and then deserting her lover. In doing so, she was un-

<sup>17</sup> In an early book, Edna wrote: “My candle burns at both ends;/It will not last the night;/But oh my foes and oh my friends/It casts a lovely light” (Millay 1920, p. 127).

consciously revenging herself on her abandoning parents. Guilt and remorse in the form of courting punishment and falling ill frequently followed her misbehavior and rejections. There was a continuing attraction to men who kept their distance or who left her.

She was a sort of bisexual Don Giovanni, flitting from conquest to conquest, with touches of Mozart's hero's sadistic and provocative defiance. Sometimes, there were two or three serial sexual partners on the same day. Her initial desire and commitment to a man would usually quickly lead to indifference and then separation. She always had to be the one in control of the relationship. Yet, when her dominance was resisted, she felt a great urgency to undo the other's power or indifference and a need to pursue the relationship. In these sexual affairs, there was a revival and an externalization of her sadomasochistic attachment to her parents—now as active rejecter and abandoner, able to haunt her ex-lovers.

Edna had a particular interest in sleeping with bisexual, but predominantly homosexual, men (and for *ménage-a-trois* that included them).<sup>18</sup> Perhaps they were unconsciously idealized to represent what she wanted to be: both male and female—with fantasies of having and becoming both—and of being mother, father, and child. She would be desirable enough to convert men who loved men into men who loved *her*.

Several writers/ex-lovers have expressed the opinion that every man Edna met not only wanted to take her to bed, but also wanted to marry her; some of these men were homosexual. But Edna had no intention of marrying anyone in those Greenwich Village years of her early twenties. She tended, with women and men, to set up relationships that could never have worked out well.

Weak lovers were usually quickly and permanently discarded. The strong—in character and talent—were also eventually dis-

<sup>18</sup> Epstein (2001) describes an occasion when Edna, Edmund Wilson, and his friend John Peale Bishop shared a bed with some sort of "top-and-bottom" arrangement, adding additional erogenic meaning to the bisexual connotations of her "My candle burns at both ends" poem.

missed as lovers. Edna appears to have been more deeply attached, in a masochistic way, to those few who became sexually indifferent to her, or who threatened to or who actually did leave her for other women.

Conflicts about belonging to, being like, and submitting to and resisting her mother dominated Edna's life, for better and for worse. But similar ties to her father are also apparent in her frequent affairs that could begin with great promise, but usually ended badly. There was an aura of incest about the few lovers (all male) with whom she formed longer attachments. In two of three significant, long-term affairs, her lovers were old enough to be father figures, and in the third, her lover was George Dillon, a 21-year-old poet whom she met at age 36, after her marriage; he became a kind of son to her.

The "renascence" at age twenty of Edna's relationship with her father launched a course of what appeared to be defiant independence in her life—but this did not amount to a psychic separation from her parents. Good and bad imagoes of both mother and father were still lurking in her unconscious.

Edna's later life was modified by a predominantly successful marriage at thirty-two to a man twelve years her elder, Eugene Boissevain, who protectively indulged her needs and took over what were usually a wife's responsibilities in relation to home and meals. He had previously been married to a remarkable woman to whom he was extremely devoted; she had died early in their marriage, six years before he met Edna. He had a self-sacrificing, sometimes masochistic, yet benevolent and even heroic personality,<sup>19</sup> acting toward Edna as a dedicated nurse who both indulged her and helped her control her addictions. Here was a mother with a penis who was able to fulfill wishes and satisfy or tolerate whims.

Eugene brought a comparative calm and stability to Edna's way of life. He managed the external details of her daily routines, and

<sup>19</sup> Eugene once jumped into the treacherous Seine during a storm to save a drowning, would-be suicidal woman.

was able to accept her needs for drugs, for lovers, and even for occasional long excursions with other men.<sup>20</sup> He was always there to take benevolent maternal care of her so that she could write, lecture, and live like a willful child when she wished or needed to. He died suddenly of an unsuspected cancer in 1949, and she outlived him by a little over a year. It seems that she could not survive without the promise of his care; there was to be no life for her without mother.

After Edna's marriage, her lovers were mostly younger men, and usually the affairs were carried out intermittently and with one man at a time. She remained addicted to morphine (her habit being supported by permissive physicians) for a good part of her later adult life. Her work was both popular and lucrative during most of her lifetime, but when she reached her forties and fifties, her status as a major poet—a widely held consensus during her first two decades as a published writer—was challenged by many.

Edna's life currently attracts more popular interest than does her poetry. Her work is more lyric than intellectual, and her style has been regarded as more nineteenth century than twentieth—but she was intelligent, possessed critical acumen, and, especially in her earlier work, produced very beautiful and moving poems. She kept on writing, but the quality of her poems decreased after her mother's death. Still, Edmund Wilson felt that she was one of the few twentieth-century poets whose work approached the greatness of the major authors of poetry in English.

## DISCUSSION AND CONCLUSION

The need to hold onto a past anchored in unconscious parental imagoes can provide a kind of bedrock of resistance to the prospect of change for the better, both in life and in the course of a psychoanalysis. The need is intense in people bound to their neurosis by strong masochistic and sadistic ties that dominated preoedipal and oedipal development. This mind-boggling, unreasonable, "beyond-

<sup>20</sup> For example, he tolerated her trip to Paris with George Dillon.

the-pleasure-principle” observation involves the compulsion to repeat traumata. I am saying nothing new or original here. Maladaptive, destructive phenomena evoke psychic resistances and defenses that result in denial in analysts as well as in patients. Freud (1937) writes of patients who resist “the uncovering of resistances” and “treat recovery as a new danger” (pp. 238-239).

In my psychologically minded patients, the failure of the first analysis did not seem to be due to deficiencies of the analyst.<sup>21</sup> I think that, when stalemate occurs in these challenging cases, it is clinically useful and even necessary to make manifest that for the patient, change primarily means loss, leading to a holding on to the past and to the parents—most specifically to the psychically internalized parents. The resistance to change is exemplified by Edna St. Vincent Millay’s compulsive need to repeat childhood trauma and abandonment, principally in identification with the aggressor—becoming mother and abandoning others. Edna also found a substitute mother in her husband, but had to be unfaithful to him. And when he died, there was no life for her without mother.

This state of being haunted can be epitomized by an impossible dilemma in relation to parents that, for all of us, was once an unavoidable part of psychic development: “I want to kill you, but I can’t live without you.” This psychic trap and the details of the parental haunting can be effectively interpreted and demonstrated from the patient’s associations and the transference phenomena—*if* (and sometimes it is a big *if*) the analyst realizes the haunting is there and the patient can tolerate working through its interpretation.

The murderous hatred and the love (or, at least, the need for love) for the parent must be felt with emotional conviction. Both these contrary feelings have to be borne in mind at the same time. This requires patience and tact on the part of the analyst. The patient has to be able to *know* (more than merely intellectually) and

<sup>21</sup> This is a statement from the point of view of a subsequent analyst about himself and the former ones. It is necessary always to consider the possibility of one’s own deficiencies in assessing what is going on and what has gone on.

ultimately to *own* (that is, to accept responsibly, with emotional conviction) what has been interpreted as it assumes passionate life toward the person of the analyst. Thus, emotional assimilation takes place in the transference.

Sadly, some patients will still feel compelled to (or will even consciously choose to) cling to transference resistances and to retain a predominant psychic "life with Mother." But even in such cases, the conflicted patient's becoming intellectually aware of what has gone on and been struggled with can supply enough perspective to give some control and modulation, and so to make the analytic experience worthwhile. For others, considerable transcendence of parent-haunted, pathological psychic functioning is possible.

Edna St. Vincent Millay's life provides an illustration of how much independence, authenticity, accomplishment, and creativity can exist alongside the neurotic inhibition and impairment that accompany the continuing or revived attachment to the internalized bad early parent (whose badness is expected to be transformed to benevolence). Such inconsistency and compromise existed in this poet's life and work. For Edna, her parents—especially her mother, both as example and as source of identification—evoked and induced psychic health as well as psychic pathology. Parental haunting has good and bad consequences, and Edna's was a mother-haunted existence.<sup>22</sup>

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<sup>22</sup> The feeling that change means loss is, of course, not limited to patients in psychoanalytic treatment. Such assumptions are there in all of us, to varying degrees. There are some people, like Edna St. Vincent Millay, who live lives that appear to be full of variety, yet in their emotional relation to others, it is a matter of "*plus ça change, plus c'est la même chose*" (the more things change, the more they remain the same). For example, Mozart and Da Ponte's Don Giovanni seduces one woman after another, but his continual changing among sexual partners of every variety invariably ends up with each of them reduced to a name in a book carried by his servant, Leporello—consisting of a long list of his master's conquests.

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INTRODUCTION TO  
JEAN-JACQUES BLÉVIS'S  
"REMAINS TO BE TRANSMITTED:  
PRIMO LEVI'S TRAUMATIC DREAM"

BY RICHARD B. SIMPSON, M.D.

I have been asked to write a brief introduction to Jean-Jacques Blévis's "Remains to Be Transmitted: Primo Levi's Traumatic Dream," in order to provide some background for what may be unfamiliar to some readers. Blévis's paper is an intense, allusive, and controversial piece of psychoanalytic writing coming from an author who uses Jacques Lacan's concepts to reflect upon Primo Levi's writing, his status as a witness to the Holocaust, and his death by his own hand. The style of writing is reflective, almost novelistic at times, and follows the writer's itinerary in the landscape of the Holocaust, after what he refers to as a period of voluntary withdrawal. What may be transmitted to us from Levi's life is taken up in relation to a recurrent dream, a nightmare described by Levi in his book *The Reawakening* (1993). Blévis's reflection on the traumatic core of the dream leads him to make a linguistic connection between Hurbinek, a child of the camps described by Levi, and a child of another kind of destitution, Robert, who was discussed by Lacan. Both children existed at the edge of language.

Blévis uses the writings of Levi, Agamben, and Lacan to describe the most primal relations of humans to language. Levi's writings remind us, in the most vivid prose, of his capacity to hold and record what had befallen him and his fellow prisoners. My remarks to follow on Italian philosopher Giorgio Agamben's work show the nature of Blévis's disagreement with Agamben over the philosophical and psychoanalytic status of the "Muslim" or "*Musel-*

*mann*," the name given to those who were beyond all hope in the concentration camp (or in the *Lager*, as Levi refers to it in German). Finally, I will briefly outline Lacan's conceptualization of the Other, the subject, and the signifier, because the question of what grounds us as human leads to that realm of language where sound, in the form of the signifier, can become sense, or the process can be reversed, destroying language and meaning.

For Blévis, there is a tension in writing as a psychoanalyst about the Holocaust. Reflecting on the possible meanings in Levi's life and keeping open a path for the transmission of meaning to those who follow must be balanced against the danger of a closure that would amount to speaking in Levi's place.

### *Trauma*

In setting the scene of the paper, Blévis discusses the reception in France of writing about the Holocaust, and specifically of Levi's writing, as a process of going from "the forbidden to the impossible" (Blévis, this issue, p. 755). The scope of the trauma of the Holocaust extends beyond individuals to our societies themselves, to our own capacity to take in within our culture what has happened. The recent series of papers in *The Psychoanalytic Quarterly* in July 2003 (see Kogan 2003) on the treatment of an adult child of Holocaust survivors, by an analyst who was herself a child of survivors, revealed a tension about how the historical reality of the Holocaust is to be handled in an analysis and by fellow analysts. This tension erupted in Brenner's paper, where at one point he used the interjection "Holocaust or no Holocaust" (Brenner 2003, p. 773) in reaction to the clinical paper. The analyst treating the patient responded with a strong counterreaction to Brenner's remark. I think Blévis is addressing the complexity of the issue evident in the tension of that encounter when he appeals for an appreciation that there is a plurality and coalescence of traumas in any individual exposed to a traumatic historical event, consisting, for example, of all that someone like Levi was subjected to at Auschwitz, plus all of "the other forms of trauma that would have marked him during childhood" (Blévis, this issue, p. 756). This

would include those traumas transmitted to the child by previous generations that pass out of repression under the exigencies of the later time through the process of *Nachträglichkeit*, Freud's deferred action, and called the *après-coup* by Lacan.

Next in the paper, Blévis turns from trauma to the question of something that remains to be transmitted in the wake of the destructive forces of the Holocaust, mentioning a recurrent dream from Levi's book *The Reawakening*. "The rebus in the dream will bring to light the attack inflicted upon his name—his surname, Levi" (this issue, p. 757). And here we may recall that Freud (1900) compared the dream to a rebus (p. 277), which is defined as "a puzzle in which the syllables of words and names are represented either by pictures of things that sound the same, or by letters"; a rebus is also "a heraldic emblem showing a picture that represents the name of the bearer, for example, a picture of a lion for someone named Lyon" (*Encarta World English Dictionary*, 1999). We will return later in Blévis's paper to explore the content of this dream.

Blévis then shifts from Levi's first book, *Survival in Auschwitz* (1996; originally published in Italian as *Se questo è un uomo* ["If this is a man"] in 1958) to his last book, *The Drowned and the Saved* (1986), written about thirty years later. Blévis quotes from a passage in the latter work wherein Levi speaks of the special squads (*Sonderkommandos*), the group of prisoners entrusted with running the crematoria. "Conceiving and organizing the squads was National Socialism's most demonic crime . . . . This institution represented an attempt to shift onto others—specifically, the victims—the burden of guilt, so that they were deprived even of the solace of innocence" (Levi 1986, p. 53). We have here the intimation by Blévis, later developed further, that Levi was struggling with his own loss of innocence, his own being weighted down with an implacable guilt. Blévis then quotes from the passage in *The Drowned and the Saved* that becomes the central controversy between himself and the philosopher Agamben.

I must repeat: we, the survivors, are not the true witnesses  
 . . . . We survivors are not only an exiguous but also an

anomalous minority: we are those who by their prevarications or abilities or good luck did not touch bottom. Those who did so, those who saw the Gorgon, have not returned to tell about it or have returned mute, but they are the “Muslims,” the submerged, the complete witnesses, the ones whose deposition would have a general significance. They are the rule, we are the exception . . . We speak in their stead, by proxy. [Levi 1986, pp. 83-84]

### *The Muslim* (Muselmann)

The term *Muslim* (*Muselmann* in German, *musulmano* in Italian, Muslim or Mussulman in English, with many variations of the spellings) is defined as “an inhabitant of a concentration camp or extermination camp under the Third Reich exhausted to the point of fatalism and loss of initiative” (*New Shorter Oxford Dictionary*, 1993, p. 1866). Levi says of the term: “The word ‘*Muselmann*,’ I do not know why, was used by the old ones in the camp to describe the weak, the inept, those doomed to selection” (Levi 1996, p. 88n).

Agamben (1998) notes the following:

There is little agreement on the origin of the term *Muselmann*. As is often the case with jargon, the term is not lacking in synonyms . . . The most likely explanation of the term can be found in the literal meaning of the Arabic word *muslim*: the one who submits unconditionally to God . . . But while the muslim’s resignation consists in the conviction that the will of Allah is at work every moment and in even the smallest events, the *Muselmann* of Auschwitz is instead defined by the loss of all will and consciousness. Hence . . . [the] statement that in the camps, the “relatively large group of men who had long since lost any real will to survive . . . were called ‘Moslems’—men of unconditional fatalism.” [pp. 44-45]

It is Levi’s experience of the Muselmann as the complete witness that leads to the crucial question of their status in Blévis’s paper. I will quote from Levi’s (1996) own description of these haunted figures:

But with the Muselmanns, the men in decay, it is not even worth speaking, because one knows already that they will complain and speak about what they used to eat at home. Even less worthwhile is it to make friends with them, because they have no distinguished acquaintances in camp, they do not gain any extra rations, they do not work in profitable Kommandos [work squads] and they have no secret method of organizing. And in any case, one knows that they are only here on a visit, that in a few weeks nothing will remain of them but a handful of ashes in some nearby field and a crossed-out number on a register. Although engulfed and swept along without rest by the innumerable crowd of those similar to them, they suffer and drag themselves along in an opaque intimate solitude, and in solitude they die or disappear, without leaving a trace in anyone's memory. [p. 89]

To sink is the easiest of matters, it is enough to carry out all the orders one receives, to eat only the ration, to observe the discipline of the work and the camp. Experience showed that only exceptionally could one survive more than three months in this way. All the Muselmanns who finished in the gas chambers have the same story, or more exactly, have no story, they follow the slope down to the bottom, like streams that run down to the sea . . . . Their life is short, but their number is endless; they, the *Muselmänner*, the drowned, form the backbone of the camp, an anonymous mass, continually renewed and always identical, of non-men who march and labour in silence, the divine spark dead within them, already too empty to really suffer. One hesitates to call them living; one hesitates to call their death death, in the face of which they have no fear, as they are too tired to understand. [p. 90]

### *Georgio Agamben*

To be sure, Levi's status as a witness is incontestable, and our debt to him is yet to be fully appreciated. It is toward this debt that Agamben addressed his book, *Remnants of Auschwitz: The Witness*

*and the Archive* (2002), and reading this book was, in part, the inspiration for Blévis's paper. The intellectual turbulence of our time can be seen as a response to the questioning of what grounds us as human, and this questioning has centered upon man's relationship to language, notably in the works of Heidegger and Wittgenstein. As the philosopher William Richardson noted recently, if the *logos* of the Greeks had been read as *language* instead of *reason*, how different might have been the history of Western thought?

Lacan was a psychoanalyst who thought deeply about questions of language as they impacted upon Freud's discovery of psychoanalysis. And Agamben, professor of aesthetics and philosophy at the University of Verona, Italy, is an important contemporary philosopher who views language as the basis of philosophy. He participated in seminars with Heidegger in Freiburg and directed the Italian edition of Walter Benjamin's works. Agamben reads widely, usually in the original language, from the works of great thinkers, ranging from ancient Greece to the post-modern, from Jewish mysticism to Christian and Arabic medievalists. He is also a philosopher who takes the unconscious seriously. Moreover, he has said that the core of his thought has centered around the question of whether there is a human voice, as the voice of the cricket is the chirp, and if there is a voice of the human, is this voice language?

The discussion of the Muselmann that takes place in *Remnants of Auschwitz: The Witness and the Archive* is part of a much wider project by Agamben, called *Homo Sacer, Sovereign Power and Bare Life* (1998). For Agamben, the Muselmann is one form of *Homo sacer*, literally "sacred man," but the original meaning of the sacred is paradoxical, like other primal words whose antithetical meanings Freud discussed:

The sacred is necessarily an ambiguous and circular notion (in Latin, *sacer* means "abject, ignominious" and at the same time, "august, reserved to the gods"; "sacred" is the attribute of both the law and whoever violates it). Whoever has violated the law is excluded from the community; such a person is thus remitted and abandoned to him-

self and can as such be killed without the executioner committing a crime. [Agamben 1999, p. 136]

To give the reader a sense of Agamben's approach to Auschwitz and to Levi's writing, the following quotation indicates how difficult it has been for the world to begin to think about the *Muselmann*:

It is a striking fact that although all witnesses speak of him as a central experience, the *Muselmann* is barely named in the historical studies of the destruction of European Jewry. Perhaps only now, almost fifty years later, is the *Muselmann* becoming visible; perhaps only now may we draw the consequences of this visibility. For this visibility implies that the paradigm of extermination, which has until now exclusively oriented interpretation of the concentration camp, is not replaced by, but rather accompanied by, another paradigm, a paradigm that casts new light on extermination itself, making it in some way even more atrocious. Before being a death camp, Auschwitz is the site of an experiment that remains unthought today, an experiment beyond life and death in which the Jew is transformed into a *Muselmann* and the human being into a non-human. And we will not understand what Auschwitz is if we do not first understand who and what the *Muselmann* is—if we do not learn to gaze with him upon the Gorgon. [Agamben 2002, p. 52]

As Blévis notes, one of the paraphrases that Levi (1986) uses to designate the *Muselmanns* is "those who saw the Gorgon" (p. 83). Agamben (2002) asks, "But what has the *Muselmann* seen, and what, in the camp, is the Gorgon?" (p. 53). The Gorgon was "that horrid female head covered with serpents whose gaze produced death and which Perseus, with Athena's help, had to cut off without seeing" (p. 53). After a complex analysis of how the Gorgon was represented in Greek art, Agamben proposes that the Gorgon functions as a kind of code for the impossibility of vision that was the lot of the camp inhabitant who had touched bottom and become nonhuman. The *Muselmann* had encountered the impossibility of

knowing and seeing, and so, at the “bottom” of the human being, there is this impossibility of seeing. The paradox contained in the figure of the Gorgon is that, simultaneously, it codes for the impossibility of vision at the bottom of the human, and it invokes a call from which human beings cannot turn away.

This reading of the Gorgon as a paradox (the impossibility of vision, but also a call to others) gives Agamben the warrant for his thesis that in reducing the Muselmann to something not human, the Muselmann remains at bottom, in his essence, human, and so something can be passed on by the witness:

*The human being is the inhuman; the one whose humanity is completely destroyed is one who is truly human.* The paradox here is that if the only one bearing witness to the human is the one whose humanity has been wholly destroyed, this means that the identity between human and inhuman is never perfect and that it is not truly possible to destroy the human, that something always *remains*. *The witness is this remnant.* [Agamben 2002, p. 133-134, italics in original]

At this point, Blévis puts forward a counterargument that Agamben's treatment of the figure of the Muselmann involves a potentially dangerous idealization. Blévis finds in psychoanalysis “the support suitable to bring to light the fact that this ‘remnant’ can become a fetish object when another subject is not found to give that remnant awareness of another destiny” (this issue, p. 761). I take it that the author is saying that the Muselmann is in danger of being made into a fetish, i.e., an imaginary object, like the maternal phallus. He is suggesting that Agamben, in his attempt to preserve a more complete understanding of what it is to be human by making the Muselmann the foundation of any human subjectivity, is treading on dangerous ground, risking the loss of something important about human subjectivity.

Blévis then moves on to discuss the importance of language and its destruction in the camps. As illustrations, he uses two children at the brink of language as preparation for the interpretation of Levi's dream. There is a sad, epiphanic moment in Auschwitz when

15-year-old Henek teaches Hurbinek, the 3-year-old orphan in the camp, to utter one word, *matisklo*, before his death. Blévis makes the following additional comments on this part of his paper:

Agamben does not place—and the practice of psychoanalysis has led us to the same position—any *a priori* fixed limits to the human in each individual. Even with the “Muslim” of the extermination camps, seemingly beyond all access to the other, deprived of almost everything that seems characteristic of the human, including speech (*parole*), we find in Levi’s story of the child Hurbinek and young Henek an experience of life at the extreme, presenting a heuristic and fundamentally ethical dimension. Subjective identity is first of all to be thought of as a process of becoming. Even when deprived of everything, apparently of speech (*parole*) as well, it is in fact young Henek’s belief that, for a time, restores to the child Hurbinek the possibility of rediscovering the desire for the lively give and take of language. When no one else was paying any attention to him, it was necessary for a chance to be offered the child, for someone to show some interest, to suppose him capable of (re-)becoming a subject, for an opening, if only partial, to be immediately created. No analyst was needed for that, neither Freud nor Lacan. Nevertheless, the decisive contributions of these two great analysts continue to help us on a daily basis in our analytic work. For example, they help us maintain that it is necessary but not sufficient to believe that beings exposed to the most extreme deprivation, or more simply to children’s natural immaturity, humans who may be beyond the reach of words (*paroles*)—as are in very different manners certain autistic individuals and very young children—are still human beings and already immersed in language (*langage*). This is an immersion in language from the time they entered the world. I call it necessary but not sufficient because the additional step required is for an other to actually be there to attribute to them becoming a subject, a speaking and living subject. That place, it seems to me, is one the analyst must take care to hold on to. [Blévis 2004]

*Jacques Lacan*

The Other is the name of what Lacan (1988) calls the symbolic order, which includes language and the way language provides the means for human thought and expression. The person from whom I learned to speak had to be inhabited by language in order for me to learn to speak. The Other is thus also a huge storehouse of the means of expression, including words and the elements of language that furnish its structure. The signifier is a concept that Lacan originally took from Saussure (1966). Saussure suggested that the core of language was the linguistic sign, which he defined as the signified (*s*, a mental concept) over the signifier (*S*, an acoustic image in the mind), which together form the sign (sign = *s/S*). What makes Saussure's theory radical is that it opened up spaces between the acoustic sound image (signifier), the mental concept (signified), and the object in the external world (referent). Signifiers exist as relations between sounds (phonemes) that are perceivable only as *differences* of one from another.

Saussure's second principle of language is that the meaning of a sign exists only by social convention, by agreement of the human group. This second condition, the existence of language as product of human culture, leads naturally to Lacan's concept of the Other, the symbolic order, as human space that is both outside the individual and at the same time the foundation for structuring the mind of the individual. "The Other is in no way an intrapsychic object, good or bad, but rather the symbolic condition of there being an object, a subject, and a relationship" (Gurewicz and Tort 1996, p. 251).

Lacan radicalized the concept of the unconscious by interpreting the rules of Freud's unconscious (the dream work: condensation, displacement, means of representation) as structured like a language, and, at the same time, he radicalized the linguistic concept of the signifier by shaking it from its attachment to the signified, thus putting it in motion, as it were, within the play of forces of the unconscious. One can get an indication of what Lacan was driving at in his use of the terms *subject*, *signifier*, and the *Other*,

with the idea that we are always saying more than we know we are saying. The *subject* of the unconscious suddenly appears and then fades away in the act of speaking, in the movement from signifier to signifier—especially in slips, jokes, and the telling of dreams, but is implicit in every act of human enunciation. The *subject* that Lacan speaks about is an effect of the signifier, and not an *object*, and not the ego, but a consequence of one's subjection to language; this is beyond the ego's drive for mastery—it is the *more than we* (the ego) *know we are saying*. This attribute of the appearance of the *subject* in the movement of signifiers is called the *discourse of the Other*.

In Hurbinek, the child of the Auschwitz described by Levi, and Robert, the child of privation discussed by Lacan, we are confronted with severely traumatized children who utter "words" but do not know what they are saying. They are surrounded by language, but they do not inhabit language. Therefore, perhaps we are viewing, in some elementary form, what Lacan conceptualized as the fall of the primordial signifier. This is a highly abstract notion about the founding of the dynamic unconscious as structured like a language, which is also Lacan's version of Freud's primary repression. The shift that one might see clinically would be that the child would come to use language, to be subject to language, and in its subjectification to language, the child could have the possibility of speaking its own desire.

The patronym, the family name, is a privileged signifier that is related to Lacan's concept of the *name-of-the-father*, as Blévis elaborates:

The name-of-the-father, as Lacan progressively developed the concept, can only be grasped through the function it performs in the structural development of the subject. Its function in fact consists in the metaphoric significance that allows a subject to pass through and emerge from the Oedipus complex. In other words, this name-of-the-father is of interest only if the subject is able to make use of it. For that to occur, certain conditions are required, all dependent on the relation that the child's mother and father

maintain with this privileged signifier. It is “privileged” from several sides at once, and, notably, in the fact that a place is made for a signifier outside of any signified. The function of this signifier outside of any signified, and even its existence in the structure, is dependent upon the name of the subject, the patronym, which is one of the names-of-the-father for a subject. We may add that if the patronym is not the only signifier that can name a subject—conversely, if a defect in naming exists—it is then the patronym itself that is affected in its functions. One finds in a number of psychotics, notably among melancholics, that the proper name’s function has been affected and reduced to the usage typical of a common noun. [Blévis 2004]

### *Primo Levi’s Dream and the Traumatic Signifier*

Now we come to Levi’s dream. It is a dream within a dream: his world turned inside out. From his description of the dream as quoted by Blévis (this issue, p. 766), we see that, for Levi, the Lager has become the ultimate reality; the time “before the camp” was an illusion that is being destroyed within him. The staging of this dream would then reflect his struggle to stay afloat by being able to represent to himself, in a complex dream, an inversion of realities. The reality of his survival after the camp is being supplanted by the reality of the camp, so that his own time-space continuum has been ruptured, and the deferred-action capability of the mind (*Nachträglichkeit*) is itself damaged. In the outer dream, ultimate reality is only the Lager: “A well known voice resounds . . . the dawn command of Auschwitz, a foreign word, feared and expected: get up, ‘Wstawàch’” (Levi 1993, p. 208).

Later in the paper, Blévis makes the following statement: “*Wstawàch* / *Levi*—there is no relation between these two words, these two signifiers. And if there were a relation, it could only be a traumatic one” (this issue, p. 769). Perhaps, in a rhetorical way, Blévis is questioning whether *Wstawàch* was a traumatic signifier for Levi. Blévis suggests that, for Levi, the functioning of the name-of-the-father may have been affected before Auschwitz, and that what we see in the dream may be the degradation of the name *Levi*, with all its per-

sonal history threatened by the impersonal Polish, everyday word *Wstawàch*. If "nothing is true outside the Lager" (Levi 1993, p. 207), and the only voice that Levi hears speaks the word *Wstawàch*, then there is no Other to recognize him, and his identity wavers precariously. Like *wolf* for Robert, but in a backward movement, that which had subjective significance in the patronym *Levi* is now threatened with obliteration by *Wstawàch*.

I would imagine that this paper, its questions and its uncertainties, will evoke very individual reactions in readers. For indeed, the ambiguity of "Remains to Be Transmitted: Primo Levi's Traumatic Dream" lies not in the graspable, but in encountering the ungraspable, in encountering the call of the Muselmann. As Blévis notes, Adorno (1986) once said (but later retracted it) that poetry became impossible after Auschwitz. Be that as it may, Paul Celan's words transmit something that remains to us all.

You forget you forget  
the words turned to flint in the fist,  
  
flashes of punctuation  
crystallize  
at your wrist,  
  
out of the earth's  
cracked crests,  
pauses come charging,  
  
there, at  
the sacrificial bush  
where memory flares up,  
you two are taken  
in One breath.

—[P. Celan 2000, p. 31]

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## REMAINS TO BE TRANSMITTED: PRIMO LEVI'S TRAUMATIC DREAM

BY JEAN-JACQUES BLÉVIS, M.D.

*Drawing on the writings of Primo Levi and the psychoanalysis of Jacques Lacan, the author attempts to conceive psychic trauma as a coalescence of traumas, since this is perhaps the only way to prevent a subject from being forced back into identification with the catastrophic event, whatever that may have been. A recurrent dream of Primo Levi's suggests to the author the way that traumas may have coalesced within Levi. The hope would be to restore the entire significance of what remains from that traumatic event to the speech (parole) of the Other; to the speech of every human, even the most helpless, bruised, or destroyed among us.*

Following more than fifteen years of voluntary withdrawal (Blévis 1984) from almost everything concerning the Holocaust—essays, articles, creative and documentary films, with the one exception of Lanzmann's (1985) film—I was unexpectedly brought back to it quite directly by personal circumstances. It was an unplanned, absolutely unforeseen trip to Auschwitz and Birkenau during the depth of the icy, snowy winter of 1999. I will leave in silence the shock of this brief trip and try rather to start out anew from the testimony of Primo Levi, whose books I found it necessary to re-read following my return from Kraków.

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Levi's life and work, his irreplaceable testimony, as well as his end, his suicide, could not fail to lead us to formulate an additional question he did not ask, which he could not and certainly did not want to ask openly—a question that could only be raised anew by his suicide, a suicide that remains opaque, enigmatic, insane, like all successful suicides. Personally, I hesitated—understandably, I think—before taking the risk of putting forward a psychoanalytically oriented reading of certain texts of Levi's, a reading that concerns first of all the dead-ends and failures that are at the very center of, and inseparable from, the imposing success of his writing.

A proposed reading is conceivable only on the condition that we refuse to reduce the evolution of someone's life—above all, if we are speaking of a survivor of the death camps—to nothing but the trauma suffered in the camps. That was, if it needs recalling, the very intention of the Nazis: to deny the history and individual existence of those whom they were planning to exterminate. This is a matter of the respect we owe to the memory of those who died there and to the survivors, increasingly rare, who are still among us.

Moreover, I must admit that I neither grasp nor share the position of some, among them many psychoanalysts, who object to the very idea that the trauma of survivors should be conceived beyond the concentration camp experience itself. No interpretation, no approach to the survivors' traumatic destiny, especially if it is psychoanalytically oriented, seems acceptable to them. In the mere fact of envisaging a project like the present one, they see a sort of blasphemy, a repetition of the insult and humiliation, ultimately of the crime already perpetrated. I willingly admit that the risk of obscenity is great for anyone undertaking an attempt to analyze the lives or the memories of survivors in order to render less opaque or enigmatic the burden of the trauma they have had to bear after the experience of the camps. An attempt requiring such immense tact and respect can certainly leave one feeling inadequate. The opposite reasoning nevertheless presses itself upon me with urgency, demanding that we

not abandon the life and destiny of these men and women exclusively to the criminal fate inflicted upon them by the Nazis. Similarly, for the rare survivors, it is of considerable importance not to let their traumatic survival be defaced by viewing it solely in the gloomy light of the camps.

Such experiences confront the subject with the unimaginable, with words that give way, and with the eruption of the real that brings murderous violence upon psychic life: experiences that hit the body, and in language (*langue*), also strike the subject's proper name. One can say that the proper name, the family name, in its eminently symbolic function, was affected in the camps and damaged in numerous ways, not simply by the fact that it was the common fate of all deportees to be dispossessed of their names upon arrival in the camps, doomed by the murderous will of the Nazis to the anonymity of numbers inscribed on the very flesh of their arms. We will see that the coalescence of multiple traumas forces those who undergo these traumas to descend toward the melancholic side, where the proper name ends up abolishing itself. The subject falls there without being sure of finding the resilience to get out (and to get out again), decisively, in the future. Levi (1984), it seems, had a fairly precise idea of this: "At a distance of thirty years, I find it difficult to reconstruct the sort of human being that corresponded, in November 1944, to my name or, better, to my number: 174517" (p. 139).

I must maintain here what our psychoanalytic practice has given us to understand: for those who find someone to truly speak to, historical traumas are always revealed, after the fact, as doubly traumatic. Consequently, they compel the victim to isolate a part of psychic life and to experience a fragmentation or splitting of the latter. Not only are there indeed direct effects of the shock of the event and its indirect psychic repercussions, but also, the traumatic shock—notably, when it is a collective shock—has the further effect of severely compressing the array of traumas of the person exposed, compressing to the point of rendering inaccessible the reappropriation of a unique history, of a childhood that has known, as is the rule, a certain number of basic

traumas that have been covered over and encapsulated in later collective trauma.

It was no different for the survivors of the camps, and doubtless not for Levi himself. In spite of the mistrust he felt toward psychoanalysis, I readily find in his writings the encouragement necessary to carry through this reflection, which only psychoanalysis makes possible.

No doubt the necessity that led Levi, after his return to Turin, to quickly write the text that he would call *Se questo è un uomo* ("If this is a man") (1958) required no justification of any kind. He had not the slightest idea that he had written what was quite simply one of the great books of twentieth-century literature. Whether it was the deafening silence following the first publication or the relentless guilt already assaulting him, in any event, he felt obliged to justify himself as he faced the deep unease he experienced among those around him as he noted their inability, if not unwillingness, to accept his testimony. For a long time, he therefore found justification for his writings in the idea that his testimony could be useful to younger generations and could contribute to bettering the world, so that the "vile beast" would never return. In the preface to a new edition of *Survival in Auschwitz* (Levi 1996—earlier published as *Se questo è un uomo*), he wrote that the book could doubtless have some utility in "furnish[ing] documentation for a quiet study of the human mind" (p. 9).

The aim of this article is first of all to better specify the relation of psychic trauma to historical catastrophes; it is far from evident that this approach differs from one that tries to redefine more precisely what psychoanalysis understands by *trauma*. Let me even add that they appear to me to be one and the same project.

Before I continue, let us consider the plethora of discourse to which the Holocaust is currently giving rise. Even when confining ourselves to France, we find dozens of publications, articles, journal issues, and books dedicated to the event, as well as a number of multidisciplinary conferences over a period of just a few years. This is occurring even though it has been necessary to wait until the end of the 1970s for the first significant studies on the subject to appear. It is worth recalling that in France, a book

like *Survival in Auschwitz*, first published as *Se questo è un uomo* (1958), was published in a form faithful to Levi's text only in 1987. (There had indeed been a faulty first edition put out by a small publishing house in 1961. And *Les Temps Modernes* published some selections, but the translation was so poor that Levi had the collection withdrawn almost immediately.)

For years, there were silences, taboos on thought and speech. Since then, this intense focusing of interest has occurred, with the feeling, no doubt, that somehow we are missing the essential, that we have gone from the forbidden to the impossible. And that the response to the impossible has arrived in the characteristically superegoish form of the duty of memory.

With the passing years, it has been right, useful, and indeed necessary to gather the maximum of testimonies, written and oral, of those still living who have been willing and able to participate. Yet one fact is clear: all testimonies are not equal in quality, for their force of transmission varies. Accordingly, we should perhaps read and listen to those whose testimonies set the highest standard.

Once again, artists and writers have preceded scholars. Levi was and remains the foremost among them: survivor, chemist, great writer. And although his first book met with indifference, here again, it was the writers who initially recognized the decisive importance of Levi's work.<sup>1</sup>

Contrary to what Levi himself believed (guilt, as always, can lead to the darkest errors of judgment), he was indeed the irreplaceable witness of what was perpetrated in those places. It has taken a long time to finally, truly, read his books—and also to accept certain readings that they have progressively inspired. On this occasion, I have been led to reencounter the important work *Remnants of Auschwitz: The Witness and the Archive* (Agamben 1999), sometimes separating myself from its author on points that seem to me essential from the viewpoint of psychoanalytic experience.

<sup>1</sup> Among the writers, and not lesser ones, who were the first to praise Primo Levi's books are Saul Bellow, Philip Roth, Ferdinando Camon, and Italo Calvino.

The hypothesis I wish to pursue in the course of this study, including its difficulties, is the following: that the physical mistreatment and humiliation suffered in the camps, the murder of the metaphorical dimension of language (*langue*) and its poetics<sup>2</sup>—in short, all that Levi was subjected to at Auschwitz—would have coalesced with the other forms of trauma that would have marked him during childhood. When I speak of other forms of the traumatic, I do not mean only those traumas, more or less inevitable, that every child undergoes as a result of the shortcomings of the immediate environment; I include also the traumatic dimension that we can call *structural* and necessarily linked to each child's encounter of the difference between the sexes, along with the limits of those beings who utilize speech. Lacan (1991) would come to a radical formulation of these limits in his proposal that there is no such thing as a sexual relationship.

What is truly traumatic for the psyche is surely the most difficult to explain. A traumatic event never occurs alone. The one speaking to us of it always makes it understood that he or she experienced a kind of chiasmus, and, even more, of coalescence of several traumas. Across the stages of a lifetime that perhaps only art or oneiric activity (that of dreams and nightmares) allows us to grasp in outline, we would hope to illuminate, if only a little, the feeling of being wounded that this life bears within it, the shadow of its most intimate fracture. When a historic trauma suddenly occurs, and events strike those who are objects of attempted murder or who suffer the effects of natural disasters, those who escape and survive do so only by paying a high price.

The reading of Levi put forth by Agamben (1999) brings out that in every human being, however far-reaching the destruction that strikes him or her, there is a remnant, something irreducible and indestructible, that remains enigmatic. Zaltzman (1999) advanced an idea extremely close to this in speaking of an “uncon-

<sup>2</sup> Many survivors, Levi first among them, have pointed to the vital importance of recourse to poetry, recalling verses remembered, repeated, and recited in the most extreme circumstances.

scious trait' which resists the concentration camp universe of killable life" (p. 23). This is a reality that is not unknown to us as analysts; we encounter it in extreme situations experienced by certain patients and recounted in analysis.

Basing myself on a nightmare—the one reported by Levi in *The Reawakening* (1993), near the end of the long return trip to his home city of Turin, after the liberation of the camp—I will try to formulate my hypothesis: the rebus in the dream will bring to light the attack inflicted upon his name—his surname, Levi—and reveal one of the most traumatic aspects of the nightmare, brutally interrupting the dreamed illusion of the pleasant and quiet life he had finally seemed to regain. As Kafka (1956) had intuited, immediately confiding it in a letter, there seems to be a point beyond which nothing holds together, not even a name. (For now, I only point this out, and will consider its significance later in this paper.)

Forty years after writing *Se questo è un uomo* (1958), Levi was led to reexamine the experience of the Lager. This reexamination yielded, a year before his suicide, a book entitled *The Drowned and the Saved* (1986),<sup>3</sup> a risky book that he found it a necessity to write. "It may result," he said, "in a sociological study, no doubt already attempted by others, but in which I think I have something very personal to say. The position I take is at the limit of ambiguity" (Anassimov 1996, p. 688). In *The Drowned and the Saved*, most notably in the chapter "The Gray Zone," Levi attempts to analyze in detail, as a "sociologist," how the Nazi system led a large number of prisoners to participate in the persecution and extermination of other detainees. This movement culminated in the extreme horror of the formation of the *Sonderkommandos*—special squads—assigned to carry out the procedures of the gas chambers and crematoria. Levi concluded that "conceiving and organizing the squads was National Socialism's most demonic crime" (1986, p. 53).

<sup>3</sup> The signifiers *sommersi* and *salvati* in the original Italian title, *I sommersi ed i salvati*, are much closer to each other in sound than are the English signifiers *drowned* and *saved*.

This very dark book hurt the feelings of a certain number of survivors whose experience contradicted Levi's. Langbein (1975), for example, has shown that communist militants did their utmost to save the lives of their comrades.

Few lines of Levi's are as revealing as the following, describing the subjective disarray of a man who, struggling with concern for the truth that was his, finds himself forced into such a demeaned position:

I must repeat: we, the survivors, are not the true witnesses . . . . We survivors are not only an exiguous but also an anomalous minority: we are those who by their prevarications or abilities or good luck did not touch bottom. Those who did so, those who saw the Gorgon, have not returned to tell about it or have returned mute, but they are the "Muslims," the submerged, the complete witnesses, the ones whose deposition would have a general significance. They are the rule, we are the exception . . . . We speak in their stead, by proxy. [Levi 1986, pp. 83-84]

These few lines, in part enigmatic, often cited and open to a variety of interpretations, hold within them all the violence of their dark, melancholic side. *They attempt to conjugate the paradox of the impossible to live with and the ultimate consideration of the root of what remains to be transmitted to others, precisely when almost nothing remains of life, and this "almost nothing" then appears to be the most precious human possession.* This is, in any case, the path chosen by Agamben (1999). It is the interpretation, literally, that he retains of Levi (that the "Muslims" are "the complete witnesses") and the point of departure for the long ethical reflection that the existence of Auschwitz calls for, in Agamben's eyes.

It was and is also possible to understand these lines of Levi's as expressing the combined shame of survival and a still deeper guilt, for it seems that during the writing of this book, according to testimony gathered by his biographer from those close to him, he was in a truly melancholic state of depression at the time. Such is not the avenue Agamben chooses; on the contrary, his decision

commits him to a discussion of all that he sees as consequences of Levi's experience.

To begin with, Agamben's first point is the need to reintegrate into the human being what has seemed to be most excluded from it. The so-called Muslims were precisely those who, having abandoned all willpower, entered a state of psychic and physiological defeat that led them to the border of life and death. In the Muslim, there is no trace of the will to live or of dignity, but only a state of destitution, dereliction, and apathy. Levi, like other survivors, confirmed this; those who held up, who asserted their will to remain standing, most often no longer spoke to the Muslims. Bettelheim (1960) says it as well: "They were nearly always beyond help" (p. 156). And yet, at Auschwitz, within a few weeks or at most a few months, the *Muselmann* was the fate of the average prisoner, of the immense majority.

"The common prisoner of the camps," Levi (2001) writes, "has been described, by me and others, when we speak of the *Muselmann*: but the *Muselmänner* themselves have not spoken" (p. 252). It is this "common prisoner," this so-called Muslim, that Agamben, with Levi, chooses not only to restore fully to the category of the human, but also to promote as the paradigmatic ethical figure.

If one establishes a limit beyond which one ceases to be human, and all or most of humankind passes beyond it, this proves not the inhumanity of human beings but, instead, the insufficiency and abstraction of the limit . . . Simply to deny the *Muselmann's* humanity would be to accept the verdict of the SS and to repeat their gesture. The *Muselmann* has, instead, moved into a zone of the human where not only help but also dignity and self-respect have become useless . . . No ethics can claim to exclude a part of humanity, no matter how unpleasant or difficult that humanity is to see. [Agamben 1999, pp. 63-64]

Agamben is attempting here to put to work an ethics free of certain idealized images of the human (perhaps at the price of reconstituting other idealized images?). His project is to affirm that,

after Auschwitz, the unsayable does not pose a limit; in spite of the pronouncements made by Adorno (1986) for a time, later ultimately withdrawn, poetry has not become impossible. On the contrary, something remains to be transmitted!

What remains, the remnant incarnated in the figure of the Muslim, can be and is named by Agamben as representing the most basic of what is human, the ultimate support of subjectification. This is probably the point at which Agamben's reasoning can provoke a certain discomfort. If I must follow in the gesture that leads him to rehabilitate, to restore the memory of the so-called Muslims (that is to say, as Levi points out, those who in the end were the majority of the exterminated deportees), and if I continue to follow Agamben when he lets it be understood that this "experience," extreme beyond all others, holds a strictly human meaning that must be grasped and conceptualized, discomfort occurs when—rightly or wrongly—one perceives Agamben as taking the further step of a sort of idealization of the figure of the Muslim, a reification of the paradigmatic value of the "remnant" he sees in them. His precise, prudent, demanding reasoning is in the end exposed to the very pitfalls it criticizes.

Not to consider the process of subjectification to be the fulfillment of a realized identity, a sort of *telos* at work, is in itself an appreciable overcoming of the most common metaphysical approach. Yet how can one not be astonished that an author like Agamben—who makes statements like "in shame, the subject thus has no other content than its own desubjectification" (1999, p. 106) or "this double movement, which is both subjectification and desubjectification, is shame" (p. 106)—avoids all reference to psychoanalysis, and, more precisely, to Lacan's work? The issues Agamben addresses, the concepts elaborated and put to the test (the *remnant*, *desubjectification*), the formulations he arrives at—"desubjectification is constitutive of all subjectification" (p. 123)—are so close, so clearly in the same neighborhood, that they could not be nearer to what Lacan (1991) developed on his own part. Should one assign responsibility for this omission to Levi, himself quite reticent concerning psychoanalysis, no doubt not without

personal reasons? This explanation of the matter would seem a bit thin, however.

In sharp contrast, I unhesitatingly find in psychoanalysis the support suitable to bring to light the fact that this “remnant” can become a fetish object when another subject is not found to give that remnant awareness of another destiny—a task to which Levi devoted himself, although in his case, with the limitations of which we are aware. It seems to me precisely here that Lacan can provide assistance.

Bettelheim was deported in 1938, when—luckily for him—the extermination camps did not yet exist; he was released before they began to operate. Afterward, Bettelheim (1980) wrote a number of texts likening the extreme situations encountered by prisoners in the camps to those of young patients he later had in treatment, entitling one article “Schizophrenia as a Reaction to Extreme Situations.”

The attention Levi focused on all those around him in the Lager led him to record observations that are infinitely precious to anyone interested in psychic functioning in situations at the limits. For the analyst, the experience of analysis with psychotics—or, more generally, with the degree of madness present in everyone, in those who turn to the analyst and in the analyst him- or herself as well—can only increase sensitivity to what Levi wrote, notably his observations concerning deportees’ relation to languages (*langues*) and to language (*langage*) in the camp. Levi returns to this matter several times and in quite different contexts. For example, he notes the important role played in his survival by his knowledge of German, rare among his Italian co-prisoners. More fundamentally, it was, as I will try to set forth, the entire relation of man to language (*langage*) and speech (*parole*) that seemed to him absolutely determinative, as much for the physical as for the psychic state of the deportee. Nothing less than one’s relation to others, and thus to the Nazis, was at stake; in other words, in that context, this relation became a question of life or death.

Accompanying the processes of physical and psychic destruction, the deterioration suffered by a subject’s language (*langue*)

crudely exposes how far into defeat the subject has been driven. However far the endeavor to destroy detainees' humanity can be pursued, there remains in the survivor a remnant, a materiality of language (*langage*), even if profoundly damaged, destructured, dis-oriented; it may remain without voice, nearly mute, or, on the contrary, it may be projected high and loud, but it is always in search of an other to address itself to, in spite of appearances.

The story of Little Hurbinek, whom Levi speaks of in *The Reawakening* (1993), testifies to a state in which language (*langue*) has been damaged to such an extent that the interjections a subject still commands can appear as "an inarticulate babble" or "the rattle of a dying man" (Levi 1989 p. 173); thus has Levi unjustly characterized the poet Paul Celan's treatment of German in his poems.

Hurbinek was a nobody, a child of death, a child of Auschwitz. He looked about three years old, no one knew anything of him, he could not speak and he had no name; that curious name, Hurbinek, had been given to him by us, perhaps by one of the women who had interpreted with those syllables one of the articulate sounds that the baby let out now and again . . . *The speech he lacked, which no one had bothered to teach him, the need of speech charged his stare with explosive urgency.* [Levi 1993, p. 25, italics added]

This "need of speech" wants only to be received and heard by someone to possibly be realized; precisely that happened with Hurbinek, and this fact did not escape Levi (although—strangely—Agamben [1999], in the reading he proposes of this passage, does not point this out). Levi wrote:

"Henek"—a young Hungarian fifteen years of age—spent half his day beside Hurbinek's pallet. He was maternal rather than paternal; had our precarious coexistence lasted more than a month, it is extremely probable that Hurbinek would have learnt to speak from Henek . . . When a week had passed, Henek announced that Hurbinek had said a word: What word? He did not know, a difficult word, not Hungarian: something like "mass-klo, matisklo."

During the night we listened carefully: it was true, from Hurbinek's corner there occasionally came a sound, a word. It was not, admittedly, always exactly the same word, but it was certainly an articulated word; or better, several slightly different articulated words, experimental variations on a theme, on a root, perhaps on a name. [Everyone in the camp tried in vain to decode this budding vocabulary, this secret word.] . . . It was certainly not a message, it was not a revelation, perhaps it was his name; . . . perhaps . . . it meant "to eat," or "bread"; or perhaps "meat" in Bohemian. [Levi 1993, pp. 25-26]

Let me emphasize here the connection between the name and orality. As soon as we recognize the importance of the matter of incorporation in relation to the name, we become receptive to the hypothesis advanced by Levi. Tragically, Hurbinek died a month later, in the first days of March 1945. Levi (1993) ends his account of the child with these words: "Nothing remains of him: he bears witness through these words of mine" (p. 26).

The story of little Hurbinek, as I reread it, brought to mind the story of another child who was seriously affected: Robert, described by his analyst, Rosine Lefort, in Lacan's seminar in 1954 (Lacan 1991). Robert's father was unknown, and his mother was suffering from paranoia and institutionalized at the time of his analytic treatment. His first months of life had been spent with his mother, who neglected his most basic care. Very quickly, his life became at risk, marked by a succession of physical manifestations, hospitalizations, and multiple placements, until he was definitively abandoned and did not see his mother again.

When Lefort first saw Robert in treatment, he was three and a half years old. He presented with many behavioral problems, and in terms of language (*langage*), he could verbalize only two words: *madame* and *wolf*. Abandoned at the beginning of life to a world of deprivation and repeated traumas, he gave Lefort the impression that he had, as she said, "sunk under the real" (Lacan 1991, p. 100), and that at the beginning of treatment, he had no symbolic function and even less imaginary function. Lacan pointed out to her that the child did have these two words at his disposal.

Lacan developed an interpretation of the case of amazing depth and inventiveness, emphasizing that for Robert, the function of language (*langage*) was “reduced down to a word whose meaning and significance for the child we are not even able to define, but which nonetheless ties him to the community of mankind” (1991, p. 103).

The word *wolf* appeared to Lacan to be a sort of “pivot of language [*langage*],” “the summary of a law,” as he formulated it, for Robert (p. 103). The root of this “law” permitted the child, thanks to the transference firmly supported by Lefort, to pursue an “extraordinary elaboration, brought to a close by this touching self-baptism, when he utters his own Christian name” (Lacan 1991, p. 103). Lacan then added: “At that point we come close to the fundamental relation, in its most reduced form, of man to language [*langage*]. It is extraordinarily moving” (p. 103).

The word *wolf*, this simple word, which one can relate to the primordial signifier (S1) of a subject, held for this child, in its fundamental non-sense, a promise of signification. *Wolf*, this single word, which one is tempted to think of as inarticulate babbling—just like the *mass-klo* of Hurbinek—is an appeal to the Other, from this very place at which the child finds himself, from the depth of his desubjectification. In the absence of an Other in a position to receive his appeal, this single word would remain nothing but the representation of the “superego [which] is at one and the same time the law and its destruction” (Lacan 1991, p. 102). We can appreciate Lacan’s reflection on the scope and function of this word for Robert as he elaborates:

It is speech itself, the commandment of the law, in so far as nothing more than its root remains . . . . It is in this sense that the superego ends up by being identified with only what is most devastating, most fascinating, in the primitive experiences of the subject. It ends up being identified with what I call *the ferocious figure*, with the figures which we can link to the primitive traumas the child has suffered, whatever these are. [1991, p. 102, italics in original]

Psychoanalytic experience shows us that only through the action of transference can the primordial signifier (S1), through the “luck” of a chance encounter and the intermediary of the Other, supported by the dimension of the unary trait (symbolic identification), open the subject to the dimension of metaphor and the hollowed-out object thus produced.

To lift the burden of traumas that the subject has suffered early in life, the analysis of a neurotic would move backward in time from *Robert* toward *wolf*, in order to take into account the primordial signifier, “the remnant of the remnant.” Before or beyond fantasy, the primordial signifier is, in a way, the symbolic trait from the field of the Other, and thus the starting point from which the object will be elaborated. And that is what is never completely guaranteed. Analysis leads each patient to approach more directly his or her relation to madness—that of parents, of ancestors, and the patient’s own points of madness.

\* \* \* \* \*

I’ve always lived in the house in which I was born. I believe I constitute an extreme case of sedentariness, comparable to certain mollusks which attach themselves to a cliff and spend their entire lives there. It is said that the desk on which I’m writing today is placed at precisely the spot on which I came into this world, since my mother was already living in this apartment and gave birth at home.  
[Levi 1992, p. 13]

Primo Levi survived a terrifying “experience.” Over forty years later, he killed himself, throwing himself into the stairwell of the building in which he had been born in Turin. Every successful suicide carries its mystery, its secret, away with it. No one will ever know why another being was led to end its life. As inconceivable as the violence and the physical and psychic damage suffered by the survivors of the Holocaust were, it would be a renewal of that violence—muffled, certainly, but no less real—to reduce the entire traumatic burden of their lives after deportation to what they lived through in the camps. That is what it

would amount to if, through a lack of understanding, we interpret Levi's suicide solely as one of the consequences of his captivity in Auschwitz.

In *The Reawakening* (1993), Levi tells the story of his long journey of many months across Europe preceding his return to Turin after the liberation of Auschwitz by the Red Army. The book ends with an account of a horrible dream that, after his return, came to him at regular intervals:

It is a dream within a dream, varied in detail, one in substance. I am sitting at a table with my family, or with friends, or at work, or in the green countryside; in short, in a peaceful relaxed environment, apparently without tension or affliction; yet I feel a deep and subtle anguish, the definite sensation of an impending threat. And in fact, as the dream proceeds, slowly or brutally, each time in a different way, everything collapses and disintegrates around me, the scenery, the walls, the people, while the anguish becomes more intense and more precise. Now everything has changed to chaos; I am alone in the center of a grey and turbid nothing, and now, I *know* what this thing means, and I also know that I have always known it; I am in the Lager once more, and nothing is true outside the Lager. All the rest was a brief pause, a deception of the senses, a dream; my family, nature in flower, my home. Now this inner dream, this dream of peace, is over, and in the outer dream, which continues, gelid, a well-known voice resounds: a single word, not imperious, but brief and subdued. It is the dawn command of Auschwitz, a foreign word, feared and expected: get up, "*Wstawać*." [pp. 207-208, italics in original]

*Wstawać*—a foreign word, curt and low, "on your feet, get up"—a madness that could make one believe that everything is taking place quite normally. It is a word, a traumatic signifier, that I take to be a bit like the nightmarish "*wolf*" of the young Robert, or perhaps yet again like Hurbinek's *mass-klo*. Here, *Wstawać* is the traumatic signifier of the dream, the nightmare.

And yet, *Wstawać* means "to get up, to rise" in Polish. Its meaning is said to be less brutal than the imperative English form,

"Get up!" Yet perhaps precisely the opposite is true. The imperative, as brutal as it may be, is addressed to someone, whereas the infinitive form implies no particular addressee.<sup>4</sup> There remains only the anonymous and deadly message, arriving in this "peaceful relaxed environment, apparently without tension or affliction."

How, in reading this account of the nightmare, can one not be reminded of the analysis Lacan proposed of the forbidden thing, *das Ding*<sup>5</sup>—showing through the image of the scream how it is precisely the most intimate which is recognizable only from the outside? Lacan had found this image in Munch's famous engraving, "The Scream," where it is manifested only in the absolute silence emerging from the twisted mouth of the woman in the foreground, while in the background, two persons are moving away on a road, not even turning around toward the woman. The terror and anguish that erupt in the nightmare are all the more implacable as they emerge in a context of calm, but also of absolute ignorance, of the silence of primordial distress.

Traumatic dreams, nightmares, are repetitive, and take place in an attempt to elaborate the traumatic signifier that is at the closest point to the real. The nightmare first menaces the subject through awakening him or her by means of the anguish that brutally erupts in the midst of sleep, disturbed along with the psyche of the dreamer. But at the same time, the untimely awakening saves the subject from a greater danger presented by the traumatic signifier, representing the "law" of a primordial *jouissance*, forbidden and literally impossible. Here it is the task of the analyst to attempt to accompany the analysand who encounters these points of der-

<sup>4</sup> "Among all verbal forms, the infinitive is the one carrying the least grammatical information. It says nothing about the protagonist of the process of utterance, nor of the relation of this process to the other processes within the utterance or to the process of enunciation. The infinitive thus excludes person, gender, number, order and time." [Jakobson 1970, p. 191]

<sup>5</sup> The Thing (*la Chose*) was Lacan's (1991) translation of *Das Ding*, introduced by Freud (1895) in his *Entwurf* ("Project for a Scientific Psychology") as the *Neben-mensch* or first precarious apprehension of reality. The Thing is thus the first object, the "absolute other" of the subject, and a "supreme good," the "mother" in the form of the object of desire as the radically forbidden.

eliction, until the analysand grows away from and disengages him- or herself from subjection to the traumatic signifier.<sup>6</sup>

Levi, like the other prisoners, understood the word *Wstawàch*: a word that came back, insistent, and at the same time remained enigmatic, foreign, as incomprehensible as this “law” that is the very destruction of all human law. In the nightmare, *Wstawàch* is the place of condensation of fundamental signifiers that carry within them the very core of the non-sense of language.

Levi’s suicide remains opaque. Whether an irreparable raptus or not, everything preceding it—the subjective threads of his life, its unconscious interweaving long worked on—everything led him to this suicide. Certain people may be led toward suicide without its being possible for others, analysts included, to untangle the web sufficiently for the destinies of the subjects to be altered—or even, afterward, to be clarified. But that should not prevent us from identifying the few associative elements we know from Levi’s biography that coincide strangely with his traumatic dream.

First, on his father’s side, came the suicide of his grandfather. Then, his father, Cesare, died of cancer in 1942, shortly before his departure for the resistance, and then came the arrest and deportation of Primo Levi himself. In an interview, Levi confided his belief that his father would not have survived deportation.

Next, let us consider *Levi*, the family name. Not only does it designate in Hebrew *he who serves the temple*, but also, in Latin and in Italian, in certain forms, the word means *lift into the air; rise; arise!* We may add that *Leviticus* is the name given to the third

<sup>6</sup> For Lacan (1977), the analyst’s aim is to constitute a shelter from which “a viable, temperate relation of one sex to the other” can be established, and this requires “the intervention of that medium known as the paternal metaphor” (p. 276). To this end, it is necessary, still according to Lacan, “to obtain absolute difference, a desire which intervenes when confronted with the primordial signifier, the subject is, for the first time in a position to subject himself to it [the primordial signifier]” (p. 276). One may understand this as the result of progress in analysis through which the analysand will be able to bring into play the ase-mantic nature of the primordial signifier as guarantor of the signification of the phallus, which is nothing other than to elevate it to the function of the name-of-the-father.

book of the Pentateuch, containing principally the laws of the Levites and the rules for sacrifices.

*Wstawàch / Levi*—there is no relation between these two words, these two signifiers. And if there were a relation, it could only be a traumatic one—traumatic in the interior of the dreadful trauma of Auschwitz inflicted by the Nazis who destroyed and murdered the greatest part of the deportees. As for the small minority of survivors, they had to survive in any way they could, with whatever forces and weaknesses they possessed before deportation. A certain number of external and internal facts—in the eyes of some due to chance, but for others not at all—came together for Levi in order to permit him to come out of the Lager alive. He painfully explained this in *The Drowned and the Saved* (1986).

The repetitive dream that came to haunt Levi's nights after his return was indeed a traumatic one—traumatic for the subject, Primo Levi, since the family name, *Levi*, had in fact for him been affected in its paternal metaphorical function. This function operates by starting from an irreducible, primordial non-sense, the guarantor of the signification of the subject. Children are spontaneously aware of this; they play at scratching out their school friends' family names to make fun of them by giving some everyday meaning to those family names (a pejorative meaning, of course), to test the self-confidence that the other (oneself) has received or not received from the father's name. A child is capable of handling the traumas necessarily encountered in the first years of childhood to the very extent that he or she has found the possibility of being supported by this "name-of-the-father," a name making little sense, from whose subjection the child will eventually free him- or herself. In this task, I might add that the mother plays a role; Levi's biography, barely evoked here, lets us only guess at the major part his own mother played.

Could we say that psychoanalysis is precisely the movement of a subject's words, a subject sure of the support of an Other (sometimes called an analyst)—a movement of words leading the subject to take many turns around "it" (the id), in order to come out Other? Said differently, it is not a question of my speaking

in Primo Levi's place or for anyone else. There remains a place from where, let us wager—as did others, as did Primo Levi—it is possible to transmit what is properly human.

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## EDITOR'S NOTE

In the following clinical section, Riccardo Lombardi presents three psychoanalytic hours, filling in much of his own working process. The hours are followed by three brief commentaries. Each discussant was asked to describe how he understands Dr. Lombardi to be working, and how he might approach the material differently.

The first commentary is by James Grotstein, who shares with Dr. Lombardi a commitment to Bion's teachings, but applies them somewhat differently. He is followed by Vincenzo Bonaminio, who knows Dr. Lombardi's work as a member of the same psychoanalytic society, but invokes a more "relational" Bion to explicate Dr. Lombardi's approach. Finally, Jay Greenberg examines his sense of Dr. Lombardi's use of countertransference, and how it might differ from his own. It is striking to me how each of the discussants appears to be grappling with similar aspects of Dr. Lombardi's way of working, although each expresses his experience of these uniquely, within his own psychoanalytic language and culture.

Dr. Lombardi then responds to his discussants.

While we believe the sessions, commentaries, and response are so clear that no further familiarity with Dr. Lombardi's approach to the analysis of the conflict between body and mind is necessary, interested readers may wish to have a look at his article, "Catalyzing the Dialogue between the Body and the Mind in a Psychotic Analysand" (*Psychoanalytic Quarterly*, 2003, 72:1017-1041).

We are grateful to all participants for their clarity and their teaching, and in particular to Dr. Lombardi for allowing us this generous glimpse into his mind at work.

HENRY F. SMITH, M.D.

## THREE PSYCHOANALYTIC SESSIONS

BY RICCARDO LOMBARDI, M.D.

Marta is just under thirty years old. She suffers from an eating disorder, claustrophobia, and agoraphobia. The latter takes the form of her not being able to go out without a bottle of water; when she takes a sip and feels the water in her throat, she then feels able to go on. She also presents with various phobias, incipient alcoholism (seven to eight liters of beer every evening), and tobacco addiction (about forty cigarettes per day). She was in analysis once before, with another analyst, but was dissatisfied and broke it off in the third year.

We are now in the fifth month of Marta's analysis. For most of that time, she has seemed constantly out of touch and unable to spontaneously express or formulate any kind of emotion. Early on, she asked if we could reduce the number of sessions to half, which I thought would make her analysis impracticable.

### *First Session*

In this, the second of Marta's four weekly sessions, my first impression is that she is a little more present than usual.

PATIENT: I saw a pair of socks on my way here and was reminded of a dream I had last night, which I'd forgotten. [At this point, I start to feel rather bewildered and have difficulty focusing; this persists for the whole of the first part of the session.]

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Translation by Carole Preston and Richard Carvalho.

[The patient continues.]

In the dream, I had on a pair of red socks with holes in them, so that my toes were sticking out. Someone was with me, maybe Pietro, my boyfriend, and a girlfriend who said, "Why don't you get a new pair of socks from the sock shop?" I answered, "I don't wear them." In the dream, I realized the absurdity of what I'd said, since I had on a pair of socks.

I then ask some questions to try to understand what Marta is saying; I am finding it difficult to "see" the dream. I think of the strange connection between my not seeing the dream and the patient's not seeing the socks that she's wearing in the dream. I keep quiet and listen to Marta's answers.

PATIENT: This sock thing came back to me on the bus while coming here, when I saw a girl wearing red socks. There was also a blind man on the bus, accompanied by a woman. The blind man was talking about some place near the stop he'd asked to get off at; he must have remembered the area from when he could still see. Then he started to give directions to some people who'd asked something. It must be awful not to see! It bothered me that the woman with him didn't even touch him, as she could've done, if only to let him know where she was. Not having this contact, he got the wrong person—he turned and talked to me, thinking I was the woman accompanying him.

Here I begin to think about the blindness that has come upon me in the session and the theme of blindness in the dream. I imagine that this emerging theme of blindness in the analytic office reflects an attack on my mind by means of projective identification. But it is also indicative of *internal* problems regarding the patient's relationship with herself. Is she communicating to me that *she* cannot see? And in particular, that she cannot see *her body*? This could

underlie her denial of the socks she is wearing. Can the fact that the blind man talked to Marta be read as the patient's implicit allusion to her *own* blindness?

ANALYST: [Trying to collect my thoughts, I make the following comment.] You tend to be blind to your body, treating it as if it weren't yours to the point of neglect. For instance, in the dream, you say you don't wear socks, while you are in fact wearing socks with holes in them. In this way, you make it impossible to get new ones for yourself. But the point is really that if you aren't aware of your body, you can't do what's needed to take care of it.

PATIENT: [She responds immediately.] Just think—this sweat-shirt I'm wearing isn't even mine; it's my boyfriend's. I don't feel comfortable in it because I know it's not mine and it doesn't feel right; and I think it might smell of cat pee, which makes me worried that other people might notice that I smell.

ANALYST: [I note here Marta's absence of emotional participation.] So why don't you wear something of your own?

PATIENT: [She speaks in an expressionless voice.] I never bother. I don't bother about my underwear, either—not like my friends, who really give it a lot of attention. I had a loose jacket that I'd left on the back of a chair when I went to bed. When I was in bed, I noticed it had fallen off, so I asked Pietro to pick it up. He didn't, so the cats peed on it.

ANALYST: Peed on doubly, I'd say, seeing that you, as well as the cats, pee on your clothes by not looking after them and leaving them on the floor like garbage to be peed on.

PATIENT: [She seems disturbed and moves around on the couch. She then speaks in a different tone of voice.]

But I had asked Pietro! He was the one who should have taken care of it.

ANALYST: [I emphasize my surprise.] Wasn't it your jacket? Wasn't it your body? You don't seem to take that into consideration at all; on the contrary, your attitude seems to be that "it's none of my business."

PATIENT: [She is a little ill at ease, but speaks in an arrogant tone of voice.] You're right, but the fact is, I detest having responsibilities that I can't delegate. . .

ANALYST: [I sense a feeling of hatred. I think of the rigidity of Marta's splitting and her use of rejection of her responsibility as a means of reinforcing it. I modulate my emotions and speak in a calm, detached manner.] But a responsibility is a responsibility precisely because it can't be delegated. You seem to delegate everything, even your body, so that you can't even see the red socks you're wearing on your feet.

PATIENT: [She seems less dissociated when she replies.] But I saw someone else's colored socks on the bus and then remembered my dream.

ANALYST: [Here it feels to me as though Marta "has her head screwed onto her shoulders" again.] In general, though, you don't seem used to using your eyes for seeing.

PATIENT: Exactly. Even now, it sometimes happens that I see everything through a fog. I can't bear to see the light fade. I never go out in the evening.

ANALYST: [I'm struck by how pregnant Marta's association is. I think to myself that she attacks her perception of sunset so as to eliminate her awareness of the limita-

tions of time.] You can't stand seeing limits—not the limits of your body, or even signs of the end of the day. But what happens is that, in rejecting boundaries, you cut away pieces of life.

PATIENT: [I sense something at work inside her when she starts to speak.] That's strange! I just suddenly thought how I could administer my money better. Before coming here, I thought that, since I only have fifty euros, I could buy a carton of cigarettes and pay off part of a debt with the rest. But now it occurs to me that I could just buy four packs instead of a whole carton and have some money left to buy fruit and yogurt; that way I won't get back home and stuff myself with whatever I can find. I can take care of my body, which I usually forget about. I treat myself like I treat my plants: I always let them die, even succulents that you only need to water once a year. With me, they dry up.

ANALYST: [I think to myself that the patient does not like being "succulent" or fat, since even "succulents" die—mentally—in her hands.] Plants are like royalty, needing constant attention. It might be something really simple like watering, but it's still constant attention. It's as though these physical matters, even the simplest, don't exist for you.

Marta seems abashed and is silent. I sense that she is emotionally present and receptive to what has emerged. After she remains silent for a while, I signal the end of the session.

### *Second Session*

Five months later, Marta managed to get herself a rented room, giving up the precarious lodging she had at her boyfriend's house. This external change coincided with my impression that the patient was starting to develop some personal boundaries.

Then, just prior to our last session before the summer holidays, Marta dreamed that she had written in bold letters on her stomach, "He's not coming back." She seemed quite guarded in relating the dream, and I discovered that she had not been able to make any connection between it and the upcoming summer break. This missing link was only partially related to her separation anxiety; given her usual level of mental functioning, she lacked a realistic knowledge of time, and therefore of change and continuity that time implies. When I was able to bring her closer to her fear that analysis would end with the holiday break, she started to cry. It seemed like an important breakthrough.

In the first session after the summer holidays, Marta seemed fairly integrated, but was running a temperature and so missed the rest of the week. She missed further sessions the following week. The material I am about to present comes from the third week after the break, which was the first week she felt able to attend all her sessions. What follows consists of the first and last sessions of that week.

PATIENT: I woke up late. The weather was glorious and I thought I'd like to sit at the table in the sun forever. Obviously, I didn't want to come to analysis. Even when the weather's bad, I don't feel like coming. I understand that's only my way of fantasizing, and in reality I don't sit in the sun forever. I should also learn to enjoy limited experiences. [She pauses.] I want immobility. . .

ANALYST: At the end of one of our sessions last week, you regretted that there wasn't more time. [In my mind, I connected this fact with Marta's sense of greed, her "all-or-nothing" attitude: if she could not have infinite access to something, she tended to throw away what she did have.

PATIENT: Talking of which, I've dreamed a number of times about a beautiful place in the mountains. I dreamed

about it last night, too. In the dream, we stopped climbing at a point lower down than where I wanted to go; I didn't get to the town higher up. [I wonder whether she is talking about her analysis or the fact that the dream experience does not correspond—fortunately—to her total ideal.] In one scene, I saw a boy and girl chatting while they were on the toilet; I felt ashamed to be there. [Again, I think of the analysis in relation to her representation, which calls to mind both the body and a sense of loss.] The earth begins to shake and there's an earthquake in the dream.

I was in a real earthquake in Friuli when I was one and a half, so I'm told; and when I was four, I was in another earthquake in Basilicata. I remember my mother taking us down the stairs and the stairs were shaking. Then, when they were collecting aid for the earthquake victims, my mother sent a dress of mine that I liked a lot. Something happened and all the donations ended up in the mud. My mother felt guilty about taking the dress from me for nothing. [I think of the dress as the disappearance of Marta's body image. Had her mother thrown away a mental image of her daughter's body? And had Marta's body, deprived of maternal reverie, become unthinkable?] I remember other earthquakes, in Rome, but they weren't as bad.

Going back to the dream, the two on the toilet thanked me for warning them and said I was sensitive. At a certain point in the dream, I saw I was going into a bedroom that wasn't my own. [I think of the symbiotic confusion hiding behind last week's missed sessions.] This place is in the Dolomites. It's called Vipiteno and the town higher up is called Colle d'Isarco.

ANALYST: [I think that Marta's fear of earthquakes, as of a life in motion, is causing her to resist coming to analysis, where she senses that things are moving—her feelings, changes in her sense of time, and so on.] What does this dream make you think of?

PATIENT: I've always been afraid of change, of things moving. I'm used to behaving as if nothing was happening. I pretend not to notice that my body is getting fatter.

ANALYST: And the toilet?

PATIENT: It's always like that when I'm in a group. I feel ashamed, whereas the others are more free and easy about it.

ANALYST: [At this point, I decide to tell the patient about a scene from a Bunuel film on this subject, but she says she has never heard of it. I think to myself that Marta, like other patients with defective thinking, unconsciously uses pieces of film to help her alpha function organize internal representations.] "Vipiteno" sounds a lot like the need to go to the toilet: *vipi-pipi*. And how do you see yourself in the dream? [I am thinking that the concrete and the abstract are converging here and signaling something important.]

PATIENT: I had colitis a lot this summer. Then, at Vipiteno, I didn't go to the toilet for four days. [I think of how the four missed sessions during summer have become a concrete missing toilet.] Now everything's back to normal and I'm always amazed that I'm just like a normal person. After I talked to you about my fear of taking trams with sealed windows, I've taken them a few times. I've also tried to go out without water a bit, even though I still use it like Linus's blanket. While I was waiting for my fa-

ther to come back, for instance, I didn't have a bottle with me, but I had some later from the bottle he had in the car.

ANALYST: [I am curious about what happens to Marta when she is not in the throes of the bottle/omnipotent breast confusion.] What do you notice when you go without water?

PATIENT: I have sensations that are almost unbearable. My lips feel dry, I have no saliva in my mouth, I have difficulty swallowing and breathing. Without water, I can feel my body, and then I start to panic and feel like I'm dying. Now I'm able to be without water for a short while; then I go into a café. [I think of the interaction between Marta's increasing ability to tolerate being in touch with her body and the analytic café, where we tolerate her feelings together.] I feel naked without my bottle of water, as though I don't have my purse with me.

ANALYST: [I feel the patient's suffering. When she uses the word *naked*, it is as though she were talking about not having a skin.] With these experiments, you're allowing yourself to have sensations, and you're finding out that internal earthquakes don't kill you.

PATIENT: It's true that I try to hang in there, and then I see that, in fact, everything *doesn't* break up. I'm afraid of exploding; I'm afraid of the air staying in my lungs.

ANALYST: [The patient seems to be talking of violent, psychotic anxiety, and I want to help her discriminate between the feelings she experiences and the objective reality that her body does not actually explode, in order to create a "film" in which, for the

first time, she can contain these fears.] But then you don't explode. On the other hand, your habit of controlling things by keeping everything stationary only confirms your anxiety. Besides, by keeping things stationary, you harm yourself, like when you skip sessions, for instance.

PATIENT: This is the first time since I've been coming here that I've noticed these tendencies of mine.

ANALYST: [I sense a clear feeling of participation, and I believe that Marta's perception is accurate.] When you're here, you discover that things are moving. It may seem like we're only talking, but really there are lots of feelings and emotions moving around. They are like the bowel and bladder movements of those two on the toilet. There's something alive that's in motion.

After a few seconds, I get up to signal the end of the session. Marta starts to leave without the book she brought with her. I think to myself that, faced with the earthquake of the end of the session, she tends to lose the "dress" (the representation) of the event in the mud.

### *Third Session*

At this last session of the same week, Marta starts off by saying that she will have to miss one of the next week's sessions for work reasons. Investigation reveals that this work commitment coincides with a new experience and is an important opportunity for growth. The patient talks about how she lets herself be absorbed by situations, to the extent that, if she takes on a commitment, she can think of nothing else until she has fulfilled it.

I think of the sessions that Marta missed after the summer holidays and of her symbiotic control of me and all events. I decide not to raise the subject of the transference directly, but to allow it to remain implicit for the time being.

ANALYST: You let yourself be swallowed by work commitments rather than facing up to the hatred that makes you recognize real limitations.

PATIENT: [She seems a little embarrassed.] I always get stuck in life. For instance, I went to Pietro's [her boyfriend's] house to do some work on his computer, but ended up watching TV instead. [She goes on to talk about all the ways that she wastes time. I point out that she fritters her time away and uses work commitments more as a pretext than as something she really cares about. Marta replies that she tends to put herself in situations in which she ends up at a standstill. Then she goes on to talk about her not sleeping well.]

PATIENT: Yesterday I slept over ten hours, but it wasn't the right kind of sleep. Maybe I was tired.

ANALYST: Perhaps one reason you don't sleep well is that you spend your waking life trying to stay in a state of suspension that is similar to sleep.

PATIENT: Every so often, I feel my vitality being sapped.

ANALYST: What do you mean?

PATIENT: It's as if I have to fight against an idea I start off with: the idea of not being alive. [She then tells me about "experiments" she has been doing recently. I think to myself that these experiments are the first real *experiences* that she has tried to open herself to.] I've always thought of the day as something external, where I can go or not go. Now I think of it more as something that flows from me. Before, I used to go out without paying any attention to my clothes. Now I feel more *myself* because I get myself ready, and I pay attention to my body.

Starting the day that way is very different: it feels like an achievement. The morning becomes beautiful.

I find what Marta is saying here to be authentic and coherent. This new, more personal involvement in life and her newfound attention to her body and clothes are concrete but important elements in an authentic relationship with herself. They seem to be the direct results of the work we have done in analysis so far. I find the reference to the beauty of the morning, coming from a patient who earlier on could not bear to see the sun set, very moving. I think that this initial entrance into temporality is a striking achievement. I respond to Marta by emphasizing her ability to accept and tolerate change, and she continues as follows:

PATIENT: A while ago, I stopped wearing a watch because of an allergy. [I am struck by her bringing up a watch—that is, the reality of real time—immediately after I suggested to her, in a general way, how she might see these changes.] Before, I never knew what time it was. Now, when I look at the time on my new watch [she raises her arm to show me], I feel so satisfied. [I sense that she is being spontaneous, not artificial.] I feel the need to have my hair looking nice. These are small things, but important to me.

ANALYST: [At this point, I feel I can directly introduce the subject of the patient's relationship to time as a key area where the conflicts between psychotic and nonpsychotic areas are played out.] This allergy of yours makes me think of your hatred of time . . . . [Marta remains silent; I feel that the atmosphere is relaxed. I hear the ticking of her new watch.] Your ability to allow yourself moments of silence during a session is new.

PATIENT: I was thinking that I'm really hungry. I've been drinking less beer recently. [As noted earlier, the patient formerly drank several liters of beer a day.] But I've been eating pizza. Drinking less and eating make me feel more normal.

ANALYST: [I notice that she has passed from the subject of time to an awareness of her body, indicating her ability to apply her discovery of spatiotemporal limits to the area of physical instincts. The improvement that Marta describes seems real to me, since it coincides with how I perceive her.] Now you seem less obsessed with filling yourself up.

PATIENT: Maybe I use bottles of beer like a baby's bottle. I don't know if it's a coincidence, but when I'm with my parents, I never drink. Anyway, I thought I'd like to buy myself an appointment calendar with the days printed out. I've never had a proper calendar, but I'm fed up with writing things in a notebook and then getting them all mixed up. But maybe I'm becoming obsessive . . .

ANALYST: [I conclude that Marta's analogy of the baby bottle is accurate in terms of the concrete level at which she appears to be stuck. I sense that the idea of the calendar—which makes me think of babies' feeding times—is about to crumble in her hands. In this context, I feel that analytic neutrality would be a mistake, and I decide to intervene in a way that aims to protect her nascent perception.] Everybody has an appointment calendar. It looks like you're discovering that calendars are as helpful to you as they are to other people.

Before leaving, the patient picks up her handbag and book with care, in contrast to her behavior in the last session, when she

seemed to want to leave her newfound self-representation in the mud, and I have the feeling that she is more together. It seems that the session has likely provided a direction in which Marta will be able to further develop.

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*A Caveat to My Observations on How Dr. Lombardi Works*

My style of case review compels me to be *microscopic*, rather than to offer a more general impressionistic perspective. Because of space limitations, consequently, I shall conduct a microscopic critique of significant portions of each session, but must lamentably ignore the remaining portions. What I do select, however, I shall try to make representative of the whole.

*First Session*

My initial observation is of Dr. Lombardi's own observation on beginning the first of these three sessions with his patient, Marta. He carefully assesses his analysand's mood and presence. His description then reveals his own parallel process, i.e., his ambient feelings as he listens to her. He notes that he feels bewildered and has difficulty focusing through the first part of the session.

I tentatively take this to suggest that he experiences being unconsciously "invaded" by the analysand and partially projectively counteridentified with her.

Marta relates a dream in which she is wearing red socks with holes in them, and, in the dream, denies that she is wearing socks. Dr. Lombardi asks her some questions to clarify this contradiction, but while doing so, finds that he cannot see her dream. He links *his* not seeing in the session with her, to *her* not seeing herself accurately in the dream.

Thus far, it seems that Dr. Lombardi is conducting the analysis along the lines of what Bion (1962) would call *the receptive state of reverie* (what I would term *right-hemisphere intuition* [Grotstein, in press]). His feeling states match up with those of his analysand. The question he alludes to later is whether she is sharing her experience of blindness with him, or is aggressively driving him blind.

Marta then describes a scene on a bus where there is a blind man with a woman companion, but the blind man, who is helpless, seems to look to the analysand for help. Dr. Lombardi interprets to her that she is blind to her body and therefore cannot take care of it. Her response is to reveal that the sweatshirt she is wearing is not hers; it belongs to her boyfriend, and she feels uncomfortable in it because it smells of cat pee, which causes her to feel ashamed in company.

Here Dr. Lombardi seems to be observing the analysand *in a particular way* ("*left-hemisphere*" monitoring) and interpreting her major symptom, dissociation, and its destructive consequences. Her response is to confirm his interpretation by revealing that she enters into a state of fusion with her boyfriend. I take this to mean that she enters into states of projective identification in two ways: (a) she projects her urinary feelings into her boyfriend-analyst, and (b) she projects her self as a self altogether, and thereby becomes dissociated, confused, and careless about her self and her things.

During a series of interchanges with Marta, Dr. Lombardi, after noting her absence of emotive participation, uses confrontation: "So why don't you wear something of your own?" (p. 775). Later, he confronts her about her not being involved in or with her own body.

*I begin to notice something striking as a result of his confrontations.* Each time, the analysand seems to rally and to become emotionally available and responsive. In the next sequence of associations, the analysand refers to her delegation of responsibilities to others so that she can remain uninvolved. This confirms for me that her major defense mechanisms are splitting and, particularly, projective identification. My own tendency would be scrupulously to in-

interpret (a) her anxiety about being a responsible, separate self, (b) her use of splitting and projective identification to avoid it, and (c) the consequences of using those defenses.

### *Second Session*

After the summer holiday, the analysand has had to miss several sessions because of illness. In this, her next session and the second one reported, Marta begins by stating that she wants to bask in the sun forever and not come to analysis, but to "learn to enjoy *limited* experiences" (p. 778, my emphasis). The analyst notes that in the previous week, she wanted more time in analysis, and connects her present attitude to her wanting all or nothing at all, due to greed. She then relates a dream in which she was at a mountain resort, but only at a middle level, where she came across a boy and girl chatting while they were on the toilet, and an earthquake occurred. She warned the couple about the earthquake, and they thanked her. Then she entered a bedroom that was not her own.

Dr. Lombardi reflects to himself that the earthquake represents Marta's fear of the motion of life. Her subsequent associations confirm this. He then inquires about her toilet associations, which are seen to reveal her agoraphobic anxieties (going to the toilet away from the safety of home). She then discusses the colitis she had during the summer, which has now normalized. She tells the analyst how normal in general she is becoming—specifically, in no longer needing to always carry a bottle of water with her as a security object. Inquiry into her relationship to water reveals a deep dependency on it to keep her from exploding. Dr. Lombardi makes effective use of the patient's associations and interprets her fear of life and the consequences for her of becoming lifeless. Her response is, once again, to rally.

It has now become apparent to me that *the analysand suffers from a panic disorder with agoraphobia and tries to find ways of preventing internal earthquakes—i.e., through projective identification into lifelessness and transitional objects*. I think that the patient rallies

with Dr. Lombardi's confrontations and interpretations not just because she feels understood, but also because she no longer feels alone, which is the worst fear of patients with panic disorder. I would have interpreted that.

### *Third Session*

In this last session of the week, Marta states that she will miss a session in the following week because of work. She talks about how she tends to become overinvolved with tasks she takes on, to the exclusion of other considerations. Dr. Lombardi self-reflects about the transference in regard to the missed sessions after the summer break, but interprets that she becomes swallowed by her work as a way of going blank and thereby avoiding her limitations. She answers by revealing that she always gets stuck in life. This is followed by the analyst's confrontation that she "fritters her time away" (p. 783). The analysand then reveals a sleep problem, and Dr. Lombardi again confronts her about this. Her response is to show how much progress she has made: before, she thought of the day as external to her, but now it seems to flow from her—i.e., she is now more involved with her days.

Marta even reveals that hitherto she has not worn a watch, but now she does and she feels satisfied with it. After an interpretation by Dr. Lombardi in regard to the importance of time, she reveals another step in progress: she is drinking less and eating more healthily, and is also able to relate her use of beer to a baby bottle.

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When the patient announced her forthcoming absence the following week, and knowing that she was facing a weekend break, I might have interpreted her work absorption symptom as her way of avoiding her awareness of separateness by projecting herself in-

to her work, i.e., the analyst, and thereby feeling unalive but safe. Thus, I might have said something like the following:

I think that when you become involved with a task, you unconsciously and concretely invade the task as if it were an object or person, and then you become stuck inside it and can't get out. You wind up feeling controlled by the object you try to control, and that is how you become stuck in life and wind up in a standstill. You slept ten hours but didn't experience feeling rested because, perhaps, being deadened in a sort of hibernating incarceration inside an object, rather than existing in your own separate body-self, you are neither dead nor alive, and therefore can neither be asleep nor awake.

Later in the hour, noting the manner in which Marta seems to feel bewildered and dead when she is away from her sessions, and becomes animated when she is with live company (her analyst), I might have said:

I've been noting that, at the beginning of many sessions lately, you report how dead and hibernative you become in-between sessions, on weekends, and during vacations. And then, after I intervene, you seem to come alive for the remainder of the session, only to go dead again before the next session. It seems to me that being physically separate from a mother/me must feel intolerable. I should like you to share with me the exact nature of the terrors that haunt you in my absence, the fantasies and emotions, or whatever you can tell me about them.

Finally, when the patient speaks of wishing to keep an appointment calendar, perhaps to keep track of herself as a separate being, I might have said:

I note that after you have been in the presence of a parent/me for a time, you seem to pull yourself together: you do not seek avoidances or distractions from reality, and you have the confidence to be a self to the point that you want to chronicle your developing self in an appoint-

ment calendar. The problem that remains, I believe, is how to help you carry the results of our work with you when you leave the session.

It would appear that both Dr. Lombardi and I value the teachings of Bion (1962), but apply them in somewhat different ways: Dr. Lombardi in a more general, overall, impressionistic approach, and I with a more microscopic approach, i.e., "parsing" each successive association and affect shift in light of the immediate adaptive context of the session.

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I've been noting that, at the beginning of many sessions lately, you report how dead and hibernative you become in-between sessions, on weekends, and during vacations. And then, after I intervene, you seem to come alive for the remainder of the session, only to go dead again before the next session. It seems to me that being physically separate from a mother/me must feel intolerable. I should like you to share with me the exact nature of the terrors that haunt you in my absence, the fantasies and emotions, or whatever you can tell me about them.

Finally, when the patient speaks of wishing to keep an appointment calendar, perhaps to keep track of herself as a separate being, I might have said:

I note that after you have been in the presence of a parent/me for a time, you seem to pull yourself together: you do not seek avoidances or distractions from reality, and you have the confidence to be a self to the point that you want to chronicle your developing self in an appoint-

ment calendar. The problem that remains, I believe, is how to help you carry the results of our work with you when you leave the session.

It would appear that both Dr. Lombardi and I value the teachings of Bion (1962), but apply them in somewhat different ways: Dr. Lombardi in a more general, overall, impressionistic approach, and I with a more microscopic approach, i.e., "parsing" each successive association and affect shift in light of the immediate adaptive context of the session.

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COMMENTARY ON  
DR. RICCARDO LOMBARDI'S  
"THREE PSYCHOANALYTIC SESSIONS"

BY JAMES S. GROTSSTEIN, M.D.

*A Caveat to My Observations on How Dr. Lombardi Works*

My style of case review compels me to be *microscopic*, rather than to offer a more general impressionistic perspective. Because of space limitations, consequently, I shall conduct a microscopic critique of significant portions of each session, but must lamentably ignore the remaining portions. What I do select, however, I shall try to make representative of the whole.

*First Session*

My initial observation is of Dr. Lombardi's own observation on beginning the first of these three sessions with his patient, Marta. He carefully assesses his analysand's mood and presence. His description then reveals his own parallel process, i.e., his ambient feelings as he listens to her. He notes that he feels bewildered and has difficulty focusing through the first part of the session.

I tentatively take this to suggest that he experiences being unconsciously "invaded" by the analysand and partially projectively counteridentified with her.

Marta relates a dream in which she is wearing red socks with holes in them, and, in the dream, denies that she is wearing socks. Dr. Lombardi asks her some questions to clarify this contradiction, but while doing so, finds that he cannot see her dream. He links *his* not seeing in the session with her, to *her* not seeing herself accurately in the dream.

Thus far, it seems that Dr. Lombardi is conducting the analysis along the lines of what Bion (1962) would call *the receptive state of reverie* (what I would term *right-hemisphere intuition* [Grotstein, in press]). His feeling states match up with those of his analysand. The question he alludes to later is whether she is sharing her experience of blindness with him, or is aggressively driving him blind.

Marta then describes a scene on a bus where there is a blind man with a woman companion, but the blind man, who is helpless, seems to look to the analysand for help. Dr. Lombardi interprets to her that she is blind to her body and therefore cannot take care of it. Her response is to reveal that the sweatshirt she is wearing is not hers; it belongs to her boyfriend, and she feels uncomfortable in it because it smells of cat pee, which causes her to feel ashamed in company.

Here Dr. Lombardi seems to be observing the analysand *in a particular way* ("*left-hemisphere*" monitoring) and interpreting her major symptom, dissociation, and its destructive consequences. Her response is to confirm his interpretation by revealing that she enters into a state of fusion with her boyfriend. I take this to mean that she enters into states of projective identification in two ways: (a) she projects her urinary feelings into her boyfriend-analyst, and (b) she projects her self as a self altogether, and thereby becomes dissociated, confused, and careless about her self and her things.

During a series of interchanges with Marta, Dr. Lombardi, after noting her absence of emotive participation, uses confrontation: "So why don't you wear something of your own?" (p. 775). Later, he confronts her about her not being involved in or with her own body.

*I begin to notice something striking as a result of his confrontations.* Each time, the analysand seems to rally and to become emotionally available and responsive. In the next sequence of associations, the analysand refers to her delegation of responsibilities to others so that she can remain uninvolved. This confirms for me that her major defense mechanisms are splitting and, particularly, projective identification. My own tendency would be scrupulously to in-

interpret (a) her anxiety about being a responsible, separate self, (b) her use of splitting and projective identification to avoid it, and (c) the consequences of using those defenses.

### *Second Session*

After the summer holiday, the analysand has had to miss several sessions because of illness. In this, her next session and the second one reported, Marta begins by stating that she wants to bask in the sun forever and not come to analysis, but to "learn to enjoy *limited* experiences" (p. 778, my emphasis). The analyst notes that in the previous week, she wanted more time in analysis, and connects her present attitude to her wanting all or nothing at all, due to greed. She then relates a dream in which she was at a mountain resort, but only at a middle level, where she came across a boy and girl chatting while they were on the toilet, and an earthquake occurred. She warned the couple about the earthquake, and they thanked her. Then she entered a bedroom that was not her own.

Dr. Lombardi reflects to himself that the earthquake represents Marta's fear of the motion of life. Her subsequent associations confirm this. He then inquires about her toilet associations, which are seen to reveal her agoraphobic anxieties (going to the toilet away from the safety of home). She then discusses the colitis she had during the summer, which has now normalized. She tells the analyst how normal in general she is becoming—specifically, in no longer needing to always carry a bottle of water with her as a security object. Inquiry into her relationship to water reveals a deep dependency on it to keep her from exploding. Dr. Lombardi makes effective use of the patient's associations and interprets her fear of life and the consequences for her of becoming lifeless. Her response is, once again, to rally.

It has now become apparent to me that *the analysand suffers from a panic disorder with agoraphobia and tries to find ways of preventing internal earthquakes—i.e., through projective identification into lifelessness and transitional objects*. I think that the patient rallies

with Dr. Lombardi's confrontations and interpretations not just because she feels understood, but also because she no longer feels alone, which is the worst fear of patients with panic disorder. I would have interpreted that.

### *Third Session*

In this last session of the week, Marta states that she will miss a session in the following week because of work. She talks about how she tends to become overinvolved with tasks she takes on, to the exclusion of other considerations. Dr. Lombardi self-reflects about the transference in regard to the missed sessions after the summer break, but interprets that she becomes swallowed by her work as a way of going blank and thereby avoiding her limitations. She answers by revealing that she always gets stuck in life. This is followed by the analyst's confrontation that she "fritters her time away" (p. 783). The analysand then reveals a sleep problem, and Dr. Lombardi again confronts her about this. Her response is to show how much progress she has made: before, she thought of the day as external to her, but now it seems to flow from her—i.e., she is now more involved with her days.

Marta even reveals that hitherto she has not worn a watch, but now she does and she feels satisfied with it. After an interpretation by Dr. Lombardi in regard to the importance of time, she reveals another step in progress: she is drinking less and eating more healthily, and is also able to relate her use of beer to a baby bottle.

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As mentioned earlier, my own tendency would be to interpret microscopically, and I shall try to use this last session to illustrate a sequence of such interpretations, with the understanding that Dr. Lombardi was there while I was not.

When the patient announced her forthcoming absence the following week, and knowing that she was facing a weekend break, I might have interpreted her work absorption symptom as her way of avoiding her awareness of separateness by projecting herself in-

to her work, i.e., the analyst, and thereby feeling unalive but safe. Thus, I might have said something like the following:

I think that when you become involved with a task, you unconsciously and concretely invade the task as if it were an object or person, and then you become stuck inside it and can't get out. You wind up feeling controlled by the object you try to control, and that is how you become stuck in life and wind up in a standstill. You slept ten hours but didn't experience feeling rested because, perhaps, being deadened in a sort of hibernating incarceration inside an object, rather than existing in your own separate body-self, you are neither dead nor alive, and therefore can neither be asleep nor awake.

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I note that after you have been in the presence of a parent/me for a time, you seem to pull yourself together: you do not seek avoidances or distractions from reality, and you have the confidence to be a self to the point that you want to chronicle your developing self in an appoint-

ment calendar. The problem that remains, I believe, is how to help you carry the results of our work with you when you leave the session.

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## RESPONSE TO COMMENTARIES ON "THREE PSYCHOANALYTIC SESSIONS"

BY RICCARDO LOMBARDI, M.D.

I am grateful to Dr. Smith and to my colleagues who contributed to this debate, which I hope will be of interest to the readers of *The Psychoanalytic Quarterly*. I shall limit my response to some of the points that emerged in the commentaries.

I find that Dr. Grotstein's observations reveal a sympathetic understanding of the way the sessions developed and the use I made of reverie. Unlike me, however, Dr. Grotstein would be inclined to offer interpretations, at the end of the first session, of the analysand's anxiety and splitting, with their consequences. I shall try to shed light on this point by clarifying some aspects of my approach, which should also serve as an opening response to the other two discussants.

### *The Body-Mind Dissociation*

I would distinguish *splitting*, in the classical sense, i.e., the mechanism that breaks up the contents of the mind, from *dissociation*, a more primitive event relating to the separation of body and mind, which should be approached with a full awareness of its peculiar qualities (see Lombardi 2002, 2003a).

"I treat myself like I treat my plants: I always let them die," "I want immobility," "I pretend not to notice that my body is getting fatter": these communications convey an idea of Marta's state of internal dissociation and of the possible consequences. What hap-

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Translation by Karen Christenfeld.

pens to Marta, on the other hand, when she begins to approach herself as an actual person? “I have sensations that are almost unbearable. My lips feel dry, I have no saliva in my mouth, I have difficulty swallowing and breathing,” “I’m afraid of exploding; I’m afraid of the air staying in my lungs.”

It does not seem a far-fetched supposition that in a state in which thought has lost its roots in bodily experience and functions on impersonal levels, a psychoanalytic working through by means of symbolic interpretation could run a serious risk of not reaching the analysand, or even of increasing the already present dissociation. For all the variety of psychoanalytic perspectives that have been put to work to describe this kind of analysand in the literature, one common observation seems to be the difficulty of getting through to them.

The analytic dialogue in which Dr. Grotstein notices “something striking as a result of” my “confrontations,” where “the analysand seems to rally and to become emotionally available and responsive” (p. 788), is hence not only a confrontation, but also a fundamental component of a way of understanding the analytic microprocess of the session, such that the analyst does not intervene with traditional interpretations, but rather by developing the emerging aspects of the analysand’s perceptions and working on less intellectualized and more basic levels of her personality (Lombardi 2003b). In the course of the dialogue, the analyst shifts the vantage point so that Marta’s communications can take on a new dimension: thus, the criteria that Marta had used without being aware of them *become recognizable*. This reformulation is often expressed in a condensed and unsaturated manner in order to stimulate the analysand’s thinking, as, for example, when I reply, using Marta’s own words, “Peed on doubly, I’d say.” This concise intervention conceals, in actual fact, a faithful utilization—even if shaped by the analyst’s subjective style—of the model the analysand herself has unconsciously proposed in her statement, in which not looking after her clothes is associated with the behavior of an animal who pees on an object that is not its own. What Dr. Greenberg calls “the force, even the apparent anger” (p. 802) of

my early interventions is thus directly derived from the *emotions* that inform the way in which Marta relates to her reality.

### *The Analysand's Wavelength*

This kind of dialogue, in any case, produces a twofold propelling effect, on both cognitive and emotional planes, which are two sides of the same coin. On the cognitive plane, Marta approaches some important perceptions: her dissociation from her body ("this sweatshirt I'm wearing isn't even mine," "I don't bother about my underwear"), her hatred for responsibility ("I detest having responsibilities that I can't delegate"), her inability to use her sense organs, particularly sight ("I see everything through a fog"), and her intolerance of limits ("I can't bear to see the light fade"). On the emotional plane, on the other hand, we witness Marta's progression from an absence to a height of emotional participation, which manages to involve me and to provoke surprise ("I'm struck . . . by Marta's association").

When, during this session, I touched upon the clinical phenomena, I did so deliberately in the analysand's own language, for the most part. The use I made of reverie presupposes a willingness to take up Marta's transference, placing myself on *what I perceive to be her wavelength* (based on a series of observations, both objective and subjective) as a springboard for beginning to think. As I proceeded, I found myself experiencing in my own person the analysand's frame of mind, which I enriched with the perspective resulting from my own mental experience. *Thus, I made use of the relational dimension to place myself mentally inside the analysand and to try to observe—and then to encourage—her internal functioning, particularly in regard to the interaction between sensation-feeling and thought (the body-mind dialogue).*

On the basis of this internal dialectic, I, as an analyst, interacted with Marta to set in motion experience and thought. This orientation tends to safeguard *spontaneity* and to leave room for a certain *transparency of emotional reactions* on the part of the analyst. The construction of statements that have not been formulated according to a preconceived code of communication repropose,

in part, the emotions the analyst has experienced in the countertransference, and in some cases, it makes use of *emotional impact* as a means of communicating with the analysand, *so as to create the requisite conditions for internal change*. From this point of view, I find that the countertransference is not left as “far behind” as Dr. Greenberg suggests (p. 803), although I do not consider it so significant as to overshadow the clinical data.

The oscillation between the hazy realm of emotion and the well-defined world of thought is a real challenge for the analyst’s inner resources, putting to the proof his or her “irreducible subjectivity” (Renik 1993), without there being, however, any neglect of what is generally considered objective reality. Thus, I cannot agree with Dr. Bonaminio, who, citing a passage from a work of mine, seems to suggest that my approach focuses exclusively on “objective phenomena” (p. 793).

### *The Impact of Experience and Change*

To return to Dr. Grotstein’s observations, what I have written above explains my decision not to interpret the analysand’s anxiety and projective identification, and why I chose to conduct the first session by means of a series of events that generate *experience* and *change*, which are essential components of mental functioning and a principal goal of clinical analysis. This approach toward change in analysis seems important also because of my belief, in agreement with Jacobs (2001), that “despite learning much about themselves, patients were able to change little . . . [and] as the number of such patients grew, the reputation of analysis declined” (p. 153).

Regarding what Dr. Grotstein suggests about the other sessions, I tend to read Marta’s anxiety as connected to her *difficulty in achieving a relation with herself*. This view leads me *not* to stress her dependence on me in the transference, and also *not* to interpret her absence for work reasons as an attack. The respect for reality and the responsibility the analysand has assumed by giving up a session, as I understand them in this particular context, are elements deserving of respect as an expression of *auton-*

omy, which can reinforce both her ego and her belief in the possibility of a nonclaustrophobic relationship.

Dr. Bonaminio, in his commentary, supposes that there is “an element of linking” and an “emerging aggregation” (p. 794) when Marta tells me that she has seen a pair of socks; she “has a need to *show* the analyst, to *make him see* . . . as though she has seen her own *self with holes*” (p. 795, italics in original). As I see it, an interpretation of this kind would omit the conflictual dimension. And, in fact, when there is something awkward to be seen (a hole in a sock), Marta banishes confrontation with any problem connected to her relationship with her body (the sock on her foot) by claiming to be absolutely unconnected with it (“I don’t wear them”).<sup>1</sup> This tendency to dissociate herself from both her body and her emotions was in keeping with her constant intellectualization during sessions.

Thus, the red socks with holes appear to me to be a very intuitive visualization, i.e., of a dissociation that left out basic aspects of her personality—just as a part of the foot is left out of a sock with holes—and that this explains Marta’s symptoms. Such dissociation was also very probably one of the main factors, if not *the* main one, that undermined the analysis she had been in for three years before coming to me.

It should be interesting for the reader to consider these two interpretations of the associative material about the blind man being “left alone.” Dr. Bonaminio considers it a transference communication that the patient “would like to be ‘touched’ by the analyst’s recognition” (p. 796). I would tend to find this kind of interpretation not very helpful in getting to know the analysand’s internal world. I treat this material, instead, as a manifestation representing an *intrasubjective* condition that does not by any means exclude—as Dr. Bonaminio maintains—a “relational significance” (p. 796).<sup>2</sup>

<sup>1</sup> In Italian, one can say, as Marta literally phrased her remark on this occasion, “I don’t *use* them,” meaning “I never wear them.”

<sup>2</sup> I use the word *intrasubjective* here to convey a broader meaning than *intrapsychic*, in that I wish to refer to the body, the mind, and the relation between the two.

An alternative relational interpretation of the story of the blind man and the woman who “didn’t even touch him” could, for example, refer to the lack of reverie introjected by Marta from her primary relationship and from the parental couple. In contrast to the effects created by this internalized couple, the question in the dream, “Why don’t you get a new pair of socks from the sock shop?”, might promote consideration of a further meaning. It would stand for the possibility of change offered by the new analytic couple. Marta’s reply, “I don’t wear/use them,” indicates her holding fast to the old internalized relational model. But the interactive working through during this session changes Marta’s initial orientation and allows her to have a new experience in the here and now—an experience along the lines of *a new pair of socks without holes*.

Since Dr. Bonaminio recognizes the “positive therapeutic effects in the astonishing change in climate at the end of the session under scrutiny” (p. 798), it might be said that these therapeutic effects (of an analysis that, according to his interpretation, features an analyst who is out of touch) came about not so much through a relational process as through an almost transcendent one. Dr. Bonaminio’s commentary overall seems to assume that I am first and foremost applying a theory, when my approach, essentially, is rather the result of my impressions based on clinical experience, and only in the second instance did I aim for a closer relationship with theoretical hypotheses.

### *The Birth of Consciousness*

In Dr. Greenberg’s commentary, what strikes me most is his almost exclusive focus on the real or presumed reactions of the analyst, to the point that “any commentary on this material is, more than usually, a commentary on Dr. Lombardi” (p. 801). Thus, even the clinical phenomena become no more than a countertransference disclosure. My approach, on the other hand, takes as its starting point a greater attention to the analysand’s intrasubjective processes, as well as the interaction created in the relationship

with the analyst. Thus, it is not a matter of "the lesson he wants us to learn" (p. 803), as Dr. Greenberg puts it, but rather of what the clinical evidence can teach us.

Although I do not find entirely apposite Dr. Greenberg's assertion that I am sometimes unaware of "succumbing" to my analysand's bewilderment, I do agree that "confusion . . . floods the dyad" (p. 802). As already mentioned, *transitory* states of confusion in the analytic relationship *should be considered an actual tool*, one that I here employed to facilitate in-depth communication with Marta and to utilize my reverie. Dr. Greenberg views this approach as my "inability to see into" my "analysand's inner world" (p. 804); this may well represent a misunderstanding caused by his expectation of working through on more organized levels than the very basic ones that the patient and I were actually facing.

My way of "getting more inside the patient's neglect of herself" involves an awareness that there is a more urgent level than the historical and reconstructive one, i.e., Marta's "history of feeling hated by others" (p. 804), which appears to interest Dr. Greenberg. This more urgent level involves the endangerment of mental functioning that I found in Marta.

"Describing the institution of the reality principle, Freud said, 'The increased significance of external reality heightened the significance also of the sense organs directed towards the outer world, and of the consciousness attached to them' " (Bion 1962, p. 4). To go back to Marta's associations to the blind man and the woman "who didn't even touch him," I would suggest that what are represented here as the sense organs of sight and touch are *not regarded as functioning* by Marta. In other words, despite her intelligence and sensitivity, she, as she recognizes, is *not in the habit of using thought or of feeling emotions in relation to herself*. And the hazy emergence of this perception makes her discover, perhaps for the first time, how terrible it is not to see. The danger inherent in Marta's self-hatred thus seems to me to stem essentially from the non-activation of consciousness, which causes the hatred to remain unthought, dissociated, and at the level of concrete attacks against herself.

In replying to my intervention about her being “blind to” her body, Marta says at one point, “I think it [the sweatshirt] might smell of cat pee.” I interpret this comment as indicative of her hesitant approach to a sense of smell as an expression of an attempt to set in motion a consciousness attached to sense organs and an inchoate body–mind relationship. If I were to try to characterize my interventions, I would say that they had in common a tendency to stimulate the activation of Marta’s consciousness, and to protect the fragile threads that were starting to connect her mind to the reality of her body, to her feelings, and to space and time (see Lombardi 2003c)—in effect, to mend the holes in the sock, to use the language of her first dream.

Although I very much enjoy discussing the points my colleagues made, I must conclude my remarks here, in the hope that this debate has been a useful occasion for considering some of the varieties of choices the analyst is called upon to make in a clinical situation, and that these various approaches will be productively stimulating to the reader.

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## BOOK REVIEWS

IMAGINATION AND THE MEANINGFUL BRAIN. By Arnold Modell, M.D. Cambridge, MA: MIT Press, 2003. 253 pp.

Arnold Modell, whose clinical and theoretical contributions to psychoanalysis have long been valued and used with great effect, has turned his attention to the new neuroscience. In his new book, *Imagination and the Meaningful Brain*, he hopes to meld psychoanalysis and neuroscience. The latter has already demonstrated its investigative power and, with the brash confidence of any new science, generally sees itself as ultimately “explaining” the human mind on an anatomical-physiological-chemical basis. Modell is not the only psychoanalyst to have become impressed with the “high-tech” methods developed in the last fifteen to twenty years for probing the inner workings of the central nervous system at different levels of its hierarchical organization. Indeed, much systematic work has already started at the Arnold Z. Pfeffer Neuro-Psychoanalysis Center of the New York Psychoanalytic Society and Institute, under the vigorous leadership of Mark Solms. And psychoanalysts, whether acting as individuals or in organized groups, can hardly be discouraged from active, even excited, interest in these recent developments. Still, a detailed survey of any new development in science will highlight the false starts, the well-considered but mistaken assumptions, the technically naive or too-simple methods that litter its path of progression. Analysts should be familiar with how this has occurred in psychoanalysis itself—and is still occurring! This ongoing process of evolution through natural selection in any vigorous science is both its tragic-heroic drama and its proof of true vitality.

For those concerned with the natural history of psychoanalysis, these are interesting times. Psychoanalysis is now plagued (or blessed) with multiple, fundamentally different theories and their associated investigative methods and clinical techniques. And along

comes the new neuroscience, which presents a radically different approach to understanding mental phenomena. Are the current internal problems of psychoanalysis to be transcended by the advent of this new method and perspective, leading to a new psychoanalysis or neuropsychanalysis? Or will the neurosciences, too, make their contribution (however small or great), but not modify in any substantive way the basic concepts and methods of psychoanalysis? After all, the basic concepts of psychoanalysis rest upon unconscious mental conflict, and its method rests upon the psychoanalytic situation, designed to elicit the observable manifestation of that unconscious conflict in the form of resistance. Neuroscientists cannot be expected to become intimately acquainted with the recondite psychoanalytic literature or with the subtle and complex methodology and techniques of the psychoanalytic situation. Analysts themselves have a hard enough time mastering them! Even so, it would appear that, in rather simple ways, neuroscience is approaching "mental conflict" using brain-imaging techniques.<sup>1</sup> However, such investigations hardly reach the depth of infantile sexual and aggressive impulses or the panoply of defensive maneuvers of which the mind is capable. The final outcome of these scientific developments is far in the future and impossible to predict. Accordingly, the current work by neuroscientists and (neuro)psychoanalysts is of great interest to observe. It is a scientific drama that involves our future. And Arnold Modell has entered that drama as a protagonist.

Modell takes as his basic orientation the fact that *human experience* must be considered essential to how the mind/brain operates, and the Neural Darwinism of Gerald Edelman serves as his theoretical inspiration. Of course, any psychoanalyst understands that what is entailed in human experience is quite alien to the concerns of most neuroscientists, simply because their methods are not designed to apprehend what is so familiar to psychoanalysts. But that does not discourage Modell. He has been thinking along

<sup>1</sup> For instance, see Anderson, M. C., Ochsner, K. N., Kuhl, B., Cooper, J., Robertson, E., Gabrieli, S. W., Glover, G. H. & Gabrieli, J. D. E. (2004). Neural systems underlying the suppression of unwanted memories. *Science*, 303(5655):232-235.

these lines in two previous books: *Other Times, Other Realities*<sup>2</sup> and *The Private Self*.<sup>3</sup> There he gave special place to Edelman's theory of Neural Darwinism. *Imagination and the Meaningful Brain* may be considered an extension and a strong intensification of that orientation as addressed in the previous two. In fact, Modell's approach is consciously and deliberately multidisciplinary—referring to all areas of the neurosciences, but also drawing from linguistics, sociology and history, cognitive science, literature, philosophy, evolutionary biology, and so forth. And this approach makes reading his book an intellectual pleasure, for Modell is an informed and enthusiastic guide as he attempts to weave all these conceptual sources into a relatively coherent synthesis of neuroscience and psychoanalysis.

In the present book, he presents his philosophic viewpoint with obvious favor toward the humanistic philosophers and with guarded antagonism toward those who take their models of the mind from mechanical (computational), logical (algorithmic), and purely impersonal (neurological) systems. His heroes are Giambattista Vico and Dilthey.

The need for an epistemological pluralism that I noted earlier was first advanced by the Italian philosopher Giambattista Vico (1668-1744). He initially recognized the distinction between self-knowledge and knowledge of social institutions of which we are the authors, on the one hand, and knowledge of the natural world that exists outside of our minds and that would remain even if we did not exist, on the other. This is the distinction that Dilthey, a century later, characterized as human studies (*Geisteswissenschaft*) versus natural science (*Naturwissenschaft*). Empathic knowledge of the self and the other and third-person observations will remain different ways of knowing, but the establishment of a biology of *meaning* will, I hope, include first-, second-, and third-person perspectives. So a biology

<sup>2</sup> Modell, A. H. (1990). *Other Times, Other Realities: Toward a Theory of Psychoanalytic Treatment*. Cambridge, MA: Harvard Univ. Press.

<sup>3</sup> Modell, A. H. (1993). *The Private Self*. Cambridge, MA: Harvard Univ. Press.

of meaning may eventually straddle this epistemological divide. [p. 14, *italics in original*]<sup>4</sup>

Vico's congeniality for Modell has to do with the former's insight that the evolution of language made human beings human, gave them their humanity, gave them their human nature. But before that great achievement, humans knew themselves and the world through their physical senses and their movements—also in a uniquely human way. They saw the world animistically and metaphorically. For Modell, metaphor—the transfer of meaning between dissimilar domains—is the *Ursprache* of mental life (significantly, he does not use the term *primary process*), and one of his book's goals is to show that metaphoric processes are grounded biologically in the brain. And since that capacity is uniquely human, it must reside in the prefrontal associative cortex, with its rich connections to the neurological base of emotional life, the limbic system (p. 32). Modell assumes that it is in the prefrontal associative cortex that the rich neuronal connections from all sorts of other brain structures *become* the rich associations from all kinds of mental inputs and memories. That dual confluence spontaneously forms new and unique concepts. This is the root of imagination and of meaning—hence, the book's title. Modell's ultimate purpose is to demonstrate the proposition that the new neuroscience has crafted the biological basis of a new model of the mind: an autonomous—i.e., self-generating, “bootstrapping”—imagining system.

It is useful to look closely at Modell's form of reasoning here. Metaphor, the basic mental process of the imagination, is specifically human; the specifically human aspects of mental life reside in the prefrontal associative cortex. Therefore, that is where the metaphoric process should take place. And the great multitude of

<sup>4</sup> Modell views the dichotomy of humanistic and natural-scientific orientations to be exemplified in psychoanalysis and neurobiology, respectively—a dichotomy he hopes to “straddle” with a biology of meaning. Actually, the combination of the two orientations defined by Dilthey is at the very heart of all psychoanalytic observation. (See Spencer, J. H. & Balter, L. [1990]. Psychoanalytic observation. *J. Amer. Psychoanal. Assn.*, 38:393-421.) It is therefore not surprising that a psychoanalyst would gravitate to this position.

neuronal connections there would be the physical basis of the great multitude of mental associations that constitute the metaphoric process. This form of reasoning here, proceeding back and forth between what is known about the brain and what is known about the mind, is an exemplar *mutatis mutandis* for all, or most, of the reasoning in the rest of this book.

Given the aim of the book, to integrate the mind and the brain, it is difficult to conceive of any other strategy. But “what is known about the brain” and “what is known about the mind” are by no means clear and unquestioned realms of knowledge. Modell derives his view of mental life from his own conception of proper psychoanalytic theory and data. Even with the undoubted value of Modell’s contributions to psychoanalysis, his work is certainly not uncontroversial. He is also quite candid about differentiating the works of the various neuroscientists into those more congenial and less congenial to integration with his particular kind of psychoanalytic orientation. That differential among neuroscientists bespeaks a fundamental lack of consensus within the realm of neuroscience itself. Thus, the problem of integration *between* realms of knowledge becomes compounded by problems of integration *within* each realm. My colleague, Theodore Shapiro, once said something very wise about this interdisciplinary matter that is worth quoting here. “Before using theories and data from another discipline, it is best to first become acquainted with the controversies in that other discipline.”<sup>5</sup> Modell appears to be relatively cognizant about the controversies among the neuroscientists.

It is very clear that Edelman’s selectionist view of neurological functioning, as opposed to those of the cognitive neuroscientists, is much more capable of assimilation to Modell’s psychoanalytic view of mental life. And, in discussing memory and its vicissitudes (chapter 2), he must take sides in neuroscientific controversy, opting for Tulving’s dichotomy between episodic (autobiographically experienced) memory and semantic (acquired, “secondhand” knowledge) memory systems, even though this dichotomy is con-

<sup>5</sup> Shapiro, T. (2004). Personal communication.

troversial in neuroscience. But, also, Modell must revise fundamental psychoanalytic theory itself—e.g., the concept of repression (chapter 3)—in order for it to be compatible with the neuroscientific data that he prefers. This is a necessary consequence of any attempt to amalgamate psychoanalytic concepts, theory, and method with concepts, theories, and methods deriving from other disciplines. In this regard, one should heed Heinz Hartmann's very sophisticated, cautious view of disciplinary heterogeneity in science as it pertains to psychoanalysis:

Anna Freud defined the goal of psychoanalysis as the attainment of the fullest possible knowledge of the three mental institutions. But not every effort in psychology [and, we may add, in neuroscience] which contributes to this goal can be considered psychoanalytic. The distinctive characteristic of a psychoanalytic investigation is not its subject matter but the scientific methodology, and the structure of the concepts it uses. All psychological [and many neuroscientific] investigations share some of these objectives with psychoanalysis. These partially shared goals bring into particularly sharp relief the distinctive characteristics of psychoanalytic thinking . . . . Recent developments in psychoanalysis have not changed its salient characteristics, namely its biological orientation, its genetic, dynamic, economic, and topographic points of view, and the explanatory nature of its concepts. Thus, when psychoanalysis and nonanalytic psychology [and neuroscience] study the same subject matter, they will, of necessity, arrive at different results. In the last analysis, they differ in their view of what is essential, and this inevitably leads them to different descriptive and relational propositions . . . .

Even though Freud rightly declined to regard psychoanalysis as a "system," it is nevertheless a cohesive organization of propositions, and any attempt to isolate parts of it not only destroys its over-all unity, but also changes and invalidates its parts.<sup>6</sup>

<sup>6</sup> Hartmann, H. (1939). *Ego Psychology and the Problem of Adaptation*, trans. D. Rapaport. New York: Int. Univ. Press, 1958, pp. 4-6.

It is thus no accident that Modell eschews the terms *ego*, *id*, *superego*, and so on. *Self* or *personhood* are preferred in various contexts. Indeed, the development of Freud's own work, and that of psychoanalysis as a whole, become in his hands tendentiously altered. His critique of the concept of repression is based upon Freud's discussion in *The Interpretation of Dreams* of 1900—as if the advent of the structural theory in 1923 and 1926 had not occurred. That radical shift in psychoanalytic theory was due to difficulties with phenomena of unconscious conflict, and it brought in its wake the revision of the nature and status of repression (and of defense in general).<sup>7</sup>

In some ways, it is hard to recognize the repression Modell describes as Freud's, even of 1900: "Repression was explained as a physiological [*sic!*] mechanism" (p. 55). Associated with this view of repression, he also sees Freud as attributing to universal mental mechanisms (of which repression is one) the quality of being "impersonal," and not having "personal" or "idiosyncratic" references or meaning. In fact, so much of Freud's work was to show how each individual mentally partakes of universal (ultimately, phylogenetically determined) human nature in his or her own unique manner. For this reason, Freud was fond of quoting from Goethe's *Faust*: "*Was du ererbt von deinen Vätern hast/Erwirb es, um es zu besitzen!*" ("What you have inherited from your fathers, earn it yourself to make it your own!")<sup>8</sup>

Along the same lines, Modell modifies another psychoanalytic truism: that all dreams are wish fulfillments. He believes some dreams are, while others are not (p. 61).

Dreaming cannot be explained by reference to a single psychological function. There is an enormous variability in the use that an individual will make of the dream process . . . . Each one of us may dream in our own particular way, and the use we make of dreaming will differ during

<sup>7</sup> See Brenner, C. (1957). The nature and development of the concept of repression in Freud's writings. *Psychoanal. Study Child*, 12:19-46.

<sup>8</sup> Goethe, J. W. (1808). *Faust*, trans. W. Kaufman. New York: Doubleday, 1961, lines 682-683. Translation by the reviewer.

different nights, depending on what remains to be processed from the previous day's experiences. This makes it impossible to assign a single, uniform function to dreaming. [pp. 67-68]

It is clear that the wishful nature of regressed and unconscious mental life—ultimately, the drives themselves—are all at stake here. Modell would get rid of these basic concepts in psychoanalysis.

The process of revision proceeds, as it must. It is not drives, on the border between psyche and soma, that impel mental activity. Rather, according to Modell, somatic sensations (mediated by the cross-modal capacity of the central nervous system) are the source and input of the metaphorically organized, "autonomous," "bootstrapping" mind.

Sensations arising from the interior of our body are subject to the same metaphoric transformations as are sensations arising from the external world. In this sense we can speak of a corporeal imagination. Freud's libido theory may be antiquated, but it is nevertheless instructive when reinterpreted not as a reflection of instinct but as an unconscious metaphoric process. [p. 70]

Thus, libido, the cornerstone of the biological psychoanalytic theory of drives and of the mind as a discharge organ for (ultimately instinctual) psychic energy, must also be demoted into a mere scientific metaphor in order to be brought into relation to *metaphor*, here conceived as *the* basic mental process. Instead of drives that supply the compelling power to human mental life, it is rather somatic sensations—translated through metaphoric processes—that animate mental life. "Freud explained the continuity and the displaceability of sexual desire as due to the vicissitudes of psychic energy. What Freud attributed to the vicissitudes of psychic energy can now be attributed to the power of metaphoric transformation" (p. 86). Modell then extended this thinking to motivation, intentionality, imagination, affects, and empathy in overt and mental behavior, positing metaphor as the internal organizing principle. And, where possible and as best he can, Modell correlates these aspects of mental life with neuroscientific findings.

Modell's revisions of such crucial subjects for psychoanalysis as repression, dreams, drives, and so forth indicate how psychoanalysis may, or must, change in order for integration of neuroscience and psychoanalysis to occur. However, Modell also hinted at similar problems that neuroscientists may, or must, face if they are to extend their research endeavors to complex mental processes. What is coming out of neuroscience research is that *some* supra-neuronal levels of brain functioning are indeed universal (and may be impersonal), but *some are not*. Some brain processes are idiosyncratic, i.e., based on the individual's unique previous experience. Modell put it nicely: "These findings should not surprise us [psychoanalysts], for experience sculpts the brain, unlike the liver or kidney" (p. 57).

And it is here that Edelman's Theory of Neuronal Group Selection *in a very general way* explains the basis of this individually unique "sculpting" of the brain, through the trial and error of the individual's solutions to his or her unique developmental challenges (p. 58). However, it would appear that the universal *mental* mechanisms of development and unconscious conflict elucidated by psychoanalysis provide the most sophisticated central principles of selectivity—termed "stable compromise formation"—operating in every individual's neuronal group selection.<sup>9</sup> How to translate the processes of conflict and compromise formation into those of selecting neuronal groups is, I believe, the most imperative agenda for the integration of psychoanalysis and neuroscience. Be that as it may, as noted above, the power of traditional psychoanalysis is its ability to subsume the effects of idiosyncratic experiences under the rubric of universal mental processes. Neuroscience in general, and even Edelman in particular, would have to recognize this quality of psychoanalysis—with its particular concepts, theories, and especially its observational methods (the psychoanalytic situation). But the psychoanalytic approach is in gener-

<sup>9</sup> Modell, to his credit, does discuss how closely Edelman's selectivity factor *value* corresponds to Freud's concept of *cathexis* (which is a psychoanalytic concept of such great abstraction that Modell would, to be consistent, avoid it) (pp. 155-156).

al not compatible with the concepts and methods of the neurosciences, for all of Modell's efforts. Accordingly, neuroscientists have not been able or willing to integrate the universalist insights that are peculiar to psychoanalysis: not only the universality of an instinctually oriented, unconscious sphere of mental life and the dynamic counterforce of repression, but also the universality of psychosexual development, the universality of persistent infantile sexual and aggressive wishes in mental life, and the universal categories of danger situations—one or more of which persist and influence universal unconscious mental conflict. One could add to this list.

Of importance here is that certain findings of neuroscience, particularly about idiosyncratically determined brain processes, present a dilemma for neuroscientists. It is a dilemma comparable to that of a psychoanalyst trying to integrate his or her discipline with neuroscience. *Either* neuroscientists should accept the observational methods, data, and theoretical concepts of psychoanalysis, with all the disharmony that would bring with it; *or* they should try to fashion their own concepts and theories out of the observations they can make by using their own methods. It would appear that, on the whole, the latter strategy is the one being used.

Modell, a psychoanalyst trying to integrate the two disciplines, accordingly modifies psychoanalysis itself. His strategy is to do away with as much of the abstract (universalist) superstructure of psychoanalytic theory as possible. In Waelder's<sup>10</sup> terms, he extirpated metapsychological concepts and retained the data of clinical observation and the concepts of clinical interpretation and clinical generalization. The difficulty comes in the realm of clinical theory. It is there that concepts such as repression, wish fulfillment in dreams, and the instinctual nature of psychic phenomena, with all that they imply, become troublesome for a meeting ground with neuroscience. And, as indicated above, he has extirpated clinical theory as well. Modell explicitly states this regarding the drive con-

<sup>10</sup> Waelder, R. (1962). Review of *Psychoanalysis, Scientific Method and Philosophy*, ed. S. Hook. *J. Amer. Psychoanal. Assn.*, 10:617-637.

cept of psychoanalysis: "It would be difficult to maintain a belief in universal entities such as instincts or drives, for each individual interprets the feelings that such 'drives' generate in their own particular manner" (p. 143). Thus, Modell cut away from useful psychoanalytic concepts precisely those Hartmann (in the passage quoted above) specifically designated as most essential to the enduring coherence of psychoanalysis. Modell's work here is a living indication that psychoanalytic propositions are coherent, integrated, and mutually dependent. Any attempt to import, or even to accommodate to nonpsychoanalytic propositions must necessarily lead to fundamental alterations in psychoanalysis itself. *Imagination and the Meaningful Brain* is a dramatic instance of this inevitable interdisciplinary phenomenon.

Nevertheless, this sort of integrative effort, whatever its ultimate value, is an effort that must be made. Analogous attempts speckle the history of psychoanalysis. There have been attempts to integrate it with the evolution from the sea of all animal life, with universal mythological categories, with Marxism, with sociology, with anthropology, with embryology, with aesthetics, with philosophy, with cultural development, with social psychology, with primatology, with sociobiology, with cognitive psychology, with linguistics, with field theory, with general systems theory, with catastrophe theory, and with chaos theory, among other fields. The general effort was to redefine concepts in terms of the assumptions of the other discipline—as is mostly the case in the present instance. Cross-fertilization has had indifferent results. In most cases, after a short or long honeymoon period, both participants eventually distanced themselves, showing very little lasting effect upon one another.

Such interdisciplinary integrative attempts have had little lasting effect because disciplines, for better or worse, are disciplined. They are rigorously integrated internally. Theory, method, and practice are mutually confirmatory and functionally necessary to each other. Outside disciplines are often subjectively experienced as alien and disruptive; and, objectively, they actually *are*. Even so, the current advances of neuroscience must be explored to see what their relevance is for psychoanalysis. Arnold Modell's work to

integrate psychoanalysis with neuroscience, one of several attempts currently being made, is spirited, intelligent, creative, and informed. Will it, and others along the same lines, prove successful? We have still to see how it will all turn out.

**LEON BALTER (NEW YORK)**

RELATIONALITY: FROM ATTACHMENT TO INTERSUBJECTIVITY. By Stephen A. Mitchell, Ph.D. Hillsdale, NJ: Analytic Press, 2000. 173 pp.

Stephen Mitchell's untimely death in December of 2000 cut short his brilliant career as a psychoanalytic theorist and leader of the relational movement. This book, the last to be published in his lifetime, stands as a final chapter in his thought-provoking and innovative contributions and as a memorial to its author. Beginning with *Object Relations in Psychoanalytic Theory*<sup>1</sup> (coauthored with Jay Greenberg) and continuing with *Hope and Dread in Psychoanalysis*<sup>2</sup> and *Influence and Autonomy in Psychoanalysis*,<sup>3</sup> Mitchell dedicated himself to working out the implications of the proposition that human minds—and, therefore, the clinical processes of psychoanalysis—originate and evolve as fundamentally *social* phenomena (p. xii).

His view of “the social,” however, was neither superficial nor simplistically behavioristic. Rather, he sought to map the development and functioning of the human mind by elucidating the complex dialectical relationship that exists between inner and outer, nature and nurture, the self and its objects. In so doing, Mitchell proved himself to be a subtle and sophisticated psychoanalytic thinker, whose subject was the interpenetration of the interpersonal and the intrapsychic:

In the beginning, we might say, is the relational, social, linguistic matrix in which we discover ourselves . . . . Within

<sup>1</sup> Greenberg, J. & Mitchell, S. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard Univ. Press

<sup>2</sup> Mitchell, S. (1993). *Hope and Dread in Psychoanalysis*. New York: Basic Books.

<sup>3</sup> Mitchell, S. (1997). *Influence and Autonomy in Psychoanalysis*. Hillsdale, NJ: Analytic Press.

that matrix are formed, precipitated out, individual psyches with subjectively experienced interior spaces. Those subjective spaces begin as microcosms of the relational field, in which macrocosmic interpersonal relationships are internalized and transformed into a distinctly personal experience; and those personal experiences are, in turn, regulated and transformed, generating newly emergent properties, which in turn create new interpersonal forms that alter macrocosmic patterns of interaction. Interpersonal relational processes generate intrapsychic relational processes which reshape interpersonal processes reshaping intrapsychic processes, on and on in an endless Mobius strip in which internal and external are perpetually regenerating and transforming themselves and each other. [p. 57]

While these views reflect Mitchell's early exposure to and continuing affinity with the work of Sullivan and the interpersonalists, his work transcends a narrow, sectarian allegiance to any one psychoanalytic point of view. Instead, he drew upon a broad range of perspectives, seeking to create a new, *relational* synthesis for psychoanalysis. In this last volume, Mitchell continues his project as he examines the work of Loewald, Bowlby, and Fairbairn in an attempt to "generate a framework to house some of the most important facets of relationality developed in the analytic literature of recent decades" (p. xvi).

Appropriately, he begins with and dedicates a significant portion of his book to a detailed examination of the work of Hans Loewald, who, as early as 1970, proposed that the drives have a "relational character" (Loewald 1970, p. 292<sup>4</sup>).

Instincts or instinctual drives . . . arise within and develop from a psychic matrix or field constituted essentially by the mother-child unit . . . not as biological forces, [but] as forces that *ab initio* manifest themselves within and between

<sup>4</sup> Loewald, H. (1970). Psychoanalytic theory and the psychoanalytic process. In *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press, 1980, pp. 277-301.

what gradually differentiates into individual and environment (or ego and objects, or self and object world . . .). Instincts remain relational phenomena, rather than being considered energies within a closed system, to be “discharged” somewhere. [Loewald 1972, pp. 152-153<sup>5</sup>]

Eager to show us Loewald as a relational forerunner, Mitchell is an astute and canny reader of his subject, a prospect that he warns is “tricky. The language is Freud’s but the meanings have most often been changed, slowly, from one paper to the next” (p. 32). To illustrate his contention, Mitchell demonstrates how Loewald shifted the use of the term *repression* from the denial of access to awareness of an impulse, fantasy, or memory, to a severing of the connection between earlier and later forms of psychic organization. This shift goes beyond the still important, but more limited, traditional view of repression as blocking access to consciousness of ideas and affects, to emphasize that the far-reaching consequences of repression can be a *devitalization* of individual experience and human relatedness.

Mitchell’s reading of Loewald is predicated on an illuminating discussion of the latter’s writings on language and reality (chapter 1), in which he underscores Loewald’s views that “language is an intrinsic dimension of human experience from birth onward” (p. 8), and that the origin of language—and hence of the primary process—lies in the experience and sensation of the mother–child relationship. The latter—“An original ‘primordial density’ in which feelings, perceptions, others, self are all part of a seamless unity” (p. 8)—is the relational wellspring of experience and of the sense of self.

Loewald contrasts this primal level of organization to that of the more ordinary, secondary-process level, in which words are used in their abstract, symbolic, and denotative senses. The speech act, so vital to the psychoanalytic enterprise, retains the potential to embody and convey these two realms of experience. And this po-

<sup>5</sup> Loewald, H. (1972). Perspectives on memory. In *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press, 1980, pp. 148-173.

tential continues to exist despite the later development of abstract and symbolic language and thought.

It is Loewald's interest in the potentially powerful, dialectical connection that can exist between the two levels that Mitchell highlights for his readers: "There is a deep link between the same words in their primary-process and secondary-process forms. The key question for Loewald is: How alive is that link?" (p. 9). Mitchell persuasively argues that this question of vitality is one that was central to Loewald's view of the transference and, by implication, of the transference relationship.

For Loewald, transference serves as a revitalization, a re-linking of the past and the present, fantasy and reality, primary process and secondary process . . . . In his quiet, undramatic fashion, Loewald<sup>6</sup>] . . . thereby transformed the basic values guiding the analytic process, substituting meaning for rationality, imagination for objectivity, vitalization for control. [p. 25]

Furthermore, in the same paper, "Loewald . . . makes it clear that it is the lived reality of the transference-countertransference experience and its interpretive understanding for both participants that makes deep change possible" (p. 49).

Thus, Mitchell shows himself to be alert to the profound, relational implications of Loewald's writings and sensitive to how Loewald remained wedded to the language of classical psychoanalysis, and yet "radically changes the meanings of all the classical terms, so they come to mean something quite different than what Freud and his contemporaries had in mind" (p. xvi). Ultimately, the Loewald that Mitchell gives us is romantic and impassioned, inspired by Heidegger and in pursuit of rediscovering and reinfusing vitality, passion, and imagination via language and relationship into the substrate of ordinary life and experience.

<sup>6</sup> Loewald, H. (1974). Psychoanalysis as an art and the fantasy character of the analytic situation. In *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press, 1980, pp. 352-371.

Mitchell follows his discussion of Loewald with a chapter ("An Interactional Hierarchy," chapter 3) in which he presents a taxonomy of four basic modes of thought and the operating principles through which he suggests they organize mental experience. These organizational schemes, which range from "nonreflective behavior" to "affective permeability" to "self-other configurations" to "intersubjectivity," "emerge sequentially over the course of development, but they also operate simultaneously in adult experience on a continuum from consciousness to unconsciousness" (p. 58). While they offer a reasonable framework for considering various modalities of mind, they are not particularly groundbreaking or new. Gedo and Goldberg (1973),<sup>7</sup> for example, to whom Mitchell makes reference, offered a similar parsing of mental modes in their *Models of the Mind*.

The conceit of "modes of organization" resonates with Loewald's concern with "organizational hierarchies," and Mitchell uses it to create a bridge to his discussions of Bowlby and Fairbairn and as a framework within which to comment upon his clinical material. This framework also supports the theoretical rationale for what is perhaps the most controversial and important dimension of relational clinical theory: the assertion of the value of noninterpretive, interactive therapeutic factors, especially the analyst's self-disclosure. While Mitchell will return to this subject more specifically in his final chapter, it is an important, implicit concomitant to the way that he applies the earliest mode of "nonreflective behavior" to his clinical examples throughout this book.

Mitchell's Bowlby struck this reader as less interesting and successful than his Loewald. Perhaps the difference rests with the authors themselves or with their relevance to the current controversies and concerns of clinical psychoanalysis. In any case, Mitchell seems content to equate Bowlby's "attachment" with "relationship," and to reclaim him for psychoanalysis by naming him as a relational forerunner.

<sup>7</sup> Gedo, J. & Goldberg, A. (1973). *Models of the Mind*. Chicago, IL: Univ. of Chicago Press.

In addition to the polarization of internal-external, fantasy-reality in the psychoanalysis of his day, Bowlby struggled with other dichotomies that have been transcended in the psychoanalysis of our day, particularly within contemporary relational thinking . . . . Current relational authors tend to regard the analyst's interpretive understanding as part of the particularly analytic form of positive attachment experience and, conversely, the kind of attachment experience the analyst offers as containing interpretive and metainterpretive dimensions. [p. 86]

While there is great current interest among many psychoanalysts in exploring the implications of attachment theory and research for clinical work, I did not feel that Mitchell made much headway in abetting that effort. Given his masterful discussion of Loewald and language, I would have liked Mitchell to have explored the intriguing fact that the Adult Attachment Inventory, which correlates so highly with infantile attachment status in the Strange Situation, is essentially a measure of narrative linguistic competence and cohesion. There is much to be made of the fact that the analytic therapies place such a premium on having patients learn how to verbalize and communicate internal experience in an organized, integrated, meaningful, narratively coherent form, and that demonstrating the capacity to do so correlates highly with all the adult sequelae of secure attachment.

Fairbairn proves an easier and more interesting subject for Mitchell, perhaps because "he provided an early radical account of relationality" (p. 103), in which he saw human beings as "fundamentally social . . . [and] *embedded* in an interactive matrix with others" (p. 105, italics in original). In contrast to Freud, Fairbairn saw "object seeking . . . not [as] the vehicle for the satisfaction of a specific need, but . . . [as] the expression of our very nature" (p. 106). This perspective was intrinsic to a series of Fairbairn's views that Mitchell discusses to great effect. These include assertions that:

- People seek pleasure not as drive discharge, but "because pleasure is a powerful medium for the establishment and maintenance of connections with others" (p. 108).

- “If pleasure is not available, people seek pain, because pain often provides the most direct, alternative channel to others” (p. 109).
- Impulses and guilt often symbolize and reflect powerful object ties. While they are frequently associated with affects that cause patients much suffering, they may be clung to tenaciously for the relatedness that they provide. Thus, “trying to relieve the [patient’s] guilt [or impulsive behavior] would merely drive the attachment to the internal object deeper into repression” (p. 118).

In the final chapter, “Intersubjectivity: Between Expressiveness and Restraint in the Psychoanalytic Situation,” Mitchell returns to the problem of noninterpretive therapeutic factors, as he attempts to explicate the nature of the analyst’s participation in the analytic process and “work out a way of fully taking into consideration both expressiveness and restraint in theorizing about clinical technique” (p. 127). The central issue here is the analyst’s passions and the problem of their self-disclosure.

Mitchell’s argument begins with the contention that “the analyst’s feelings, including passionate feelings, are inevitably part of the [analytic] process and often usefully so” (p. 126). It follows with the assertion that all feelings have an intentional dimension, albeit sometimes an unconscious one, and they are to some extent “authentic.” That is, the analyst’s feelings for the patient are reasonably based in the reality of their interpersonal relationship. “We don’t love or hate somebody unless we want to, unless we feel we have good reasons, consciously and, especially, unconsciously” (p. 130).

When these propositions are coupled with the seeming equation of “intersubjectivity” with self-disclosure,<sup>8</sup> which, for Mitchell,

<sup>8</sup> “Slochower, 1996, has extensively explored situations . . . [of] intersubjectivity, in the sense of explicit articulation of the analyst’s reactions” (pp. 136-137). See Slochower, J. (1996). *Holding and Psychoanalysis: A Relational Perspective*. Hillsdale, NJ: Analytic Press.

following Benjamin (1988,<sup>9</sup> 1995,<sup>10</sup> 1998<sup>11</sup>), is seen as a developmental achievement and therefore an important life goal, the result is an internal momentum that threatens to lead relational analysts into perilous straits. How to distinguish the useful experience and expression of feelings, especially loving and hating ones, from their destructive counterparts? Where do we draw the line between the positive and negative expressions of the analyst's feelings—now seen as plausible and “authentic,” rather than as expressions of the analyst's countertransference or transference to the patient?

Mitchell tries to answer these questions by advancing the concept of *the analyst's responsibility*. “A crucial part of what keeps the analytic situation analytic, what distinguishes the analytic relationship from all other relationships, is precisely that one of the participants, the analyst, is responsible for *keeping* it analytic, always, at all moments” (p. 131, italics in original). “We ask of the analyst that he loves and hates responsibly, allowing feelings to emerge, but never without also taking into account their implications for the analytic process of which he is the guardian” (p. 132). “Ultimately, it falls to the analyst to make decisions about the constructive versus destructive implications of various affects in both participants in the analytic process, even though there is no way to make those judgements purely objectively” (p. 139).

While Mitchell's point about the analyst's role as guardian of the analytic process highlights an important component in the asymmetry of roles that exists between analyst and analysand, it may strike readers as overly optimistic and too tenuous a safeguard against excess. Many of us subscribe to the more cautious view that the analyst's intentions are as subject to the analyst's unconscious as anything else, and, as such, are not always clear to the analyst.

<sup>9</sup> Benjamin, J. (1988). *The Bonds of Love: Psychoanalysis, Feminism, and the Problem of Domination*. New York: Pantheon.

<sup>10</sup> Benjamin, J. (1995). *Like subjects, Love Objects*. New Haven, CT: Yale Univ. Press.

<sup>11</sup> Benjamin, J. (1998). *The Shadow of the Other: Intersubjectivity and Gender in Psychoanalysis*. New York: Routledge.

As I have argued elsewhere (Levine 1994,<sup>12</sup> 1997<sup>13</sup>), one cannot separate the analyst's feelings and actions from his or her transference and countertransference to the patient. Mitchell's proposed solution is a risky proposition, indeed, but unfortunately, uncertain as their origins may be, the analyst's intentions—conceptualized as “responsibility,” identifications, training, professional ethics, or otherwise, and subject to the full force of the analyst's transference and countertransference—may be the only foundation that we have to cling to in the emotionally stormy crucible of the psychoanalytic situation.

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<sup>12</sup> Levine, H. (1994). The analyst's participation in the analytic process. *Int. J. Psychoanal.*, 75:665-676.

<sup>13</sup> Levine, H. (1997). The capacity for countertransference. *Psychoanal. Inquiry*, 17:44-68.

THE HARTMANN ERA. Edited by Martin S. Bergmann, Ph.D. New York: Other Press, 2000. 374 pp.

Under the aegis of the Psychoanalytic Research and Development Fund, Martin Bergmann organized a conference with the title of "The Hartmann Era," and invited nine other senior analysts to prepare contributions as responses to his precirculated introductory review paper, "The Hartmann Era and Its Contribution to Psychoanalytic Technique." All the papers were then discussed among the conferees, and were published in 2000 as the subject book.

In addition to Bergmann, the invited authors who presented papers included Jacob Arlow, Harold Blum, André Green, William Grossman, Otto Kernberg, Anton Kris, Peter Neubauer, Albert Solnit, and Clifford Yorke. Two officers of the fund, Mortimer Ostow and Sidney Furst, made comments as well.

The most general conclusion, supported more or less by all, was that Hartmann had made a number of significant contributions, some of which have essentially been found useful, others not, and others still—in the opinion of a majority of contributors, at least—

were deleterious to psychoanalytic clinical and theoretical progress. All the prepared contributors were well known for their many publications and discussions, and all had interesting points of view, many of which had been extensively presented elsewhere. Yorke, Neubauer, and Solnit had had extensive working and personal contact with Hartmann, and Grossman less so; Kris was a member of the family, and the others had read the literature of the time without, I think, having had direct contact with the various authors chiefly under discussion. None were historians.

Most of the authors deemed that there was a period of time in the United States when Hartmann and his contemporaries, mainly European immigrants to New York, formed a group with a generally common approach to psychoanalysis. The conference members noted that there was a divergence of interests and approaches among these "Hartmannites" (a conference neologism) during the "Hartmann Era" (another neologism). But the similarities of their attitudes bound them together, and their collective influence was, for a time, dominant in American analysis, though not elsewhere. The impression of Hartmannian dominance was general in the comments of blurb writers Robert Michels and Robert Wallerstein, as well as in the meeting participants, but most of the comments supporting this conclusion were made by people too young or too far from New York to have had significant direct contact with the protagonists.

Another point made was that the Hartmann Era has ended, as evidenced by the fact that Hartmann is rarely taught, read, or cited these days. I believe the intended inference to be that the work of the Hartmannites, not only that of Hartmann himself, is not deemed to have much to offer to today's psychoanalytic scene.

I noticed that most of the citations by the participants were to themselves or to other participants. I missed the use of a comparison group. Much of the interest of the participants was, understandably, not only in commenting about the historical period under discussion, but also in presenting their own thoughts and ideas about psychoanalysis. For instance, Kris explained his ideas about conflict, while Green presented an impressive discussion of

his belief that conflicted, drive-driven, unconscious inner life is communicated by the mother to her infant. He explained that infant observation, which cannot take such undeterminable but profoundly significant factors into account, is psychoanalytically useless, since observation cannot reveal what is going on in the mind.

But where is the data to support the notion that the Hartmann epoch saw a hegemony that excluded others' ideas to the extent that the speakers maintained? That there was a Hartmann era, and that the Hartmannites dominated American psychoanalysis, is an arguable proposition, but it was not argued at this conference. Instead, it seems to me, in addition to the interesting views expressed, a good deal of misunderstanding and a good deal of ad hominem attack were in evidence.

How does the current lack of attention to these writers resemble or differ from the fate of previous generations? Who reads the second-generation Freudian inner circle now? What happened to the interest in Rank, Abraham, and Jones? Or Schilder? Or even Ferenczi? Who reads Ferenczi (though it would be hard to assert that Ferenczi does not live on in interpersonalist thinking)? And why is that so? And if it is so, what does this mean?

How much are Margaret Mahler, Edith Jacobson, Rudolf Loewenstein and Ernst Kris, Anna Freud, Rene Spitz, Annie Reich, Robert Bak, and others—all termed “Hartmann followers”—read, taught, and cited, and what is the significance of this, sixty years after the publication of *Ego Psychology and the Problem of Adaptation*? Why are Jansky and de Hirsch unmentioned, given that they were pioneers of children's psychological testing, an area that has continued to develop, and has led to profound effects on education and to a greater understanding of cognitive functioning? Nor has there been further consideration of the active interest in adolescence and later childhood that was encouraged by the Hartmann group, or its effects on clinical attitudes toward people who had previously been traditionally treated as obstinate and resistive.

With the exception of Arlow, Neubauer, Grossman, Solnit, and Yorke, the other participants had much to say about how the dominance they believe occurred had harmed those then excluded from

the inner circle (Klein especially, Lacan to some extent, Nunberg perhaps) and impeded analytic progress (which Kernberg thought had cost us twenty years by delaying otherwise possible advances) by their hegemony. Green thought Bertram Lewin had fallen into oblivion because his ideas were not acceptable to the ruling group. Kernberg thought Winnicott was not heard because he was regarded as Kleinian.

As to hegemony, Arlow noted that *The Psychoanalytic Study of the Child* was founded and edited by Hartmann and his close associates,<sup>1</sup> but that *The Journal of the American Psychoanalytic Association* was not. The editorial board of the latter had one possible Hartmannite, Sam Ritvo, as well as a probable one, Max Schur. Arlow, Kenneth Calder, Edward Joseph, and Heinz Kohut were also included. *The Psychoanalytic Quarterly's* editors included a friend of Hartmann, Alex Bromley, as well as Lewin, Arlow, David Beres, Lawrence Kubie, and Karl Menninger—but no Hartmannites.

Arlow felt that the Hartmann period ended when Hartmann failed to counter the arguments of philosopher Sidney Hook. In a famous discussion, Hook said that, whenever one cannot say what would have happened if a particular phenomenon had not occurred (in this case, the Oedipus complex, which was claimed to be universal), then one cannot claim anything for the so-called phenomenon itself. Hartmann failed to respond. Who could counter such a proposition?

Some years later, I had a conversation with Hook myself, and he stated the same principle. I asked if he had a son. "Yes," he replied. I asked if he had noticed that his relationship with his son was more competitive and difficult than the son's relationship with his mother. "Yes," said Hook. I asked if this was something he had noticed among his acquaintances; "yes," said Hook. "That's the Oedipus Complex," I said. "Oh," said Hook. "No one ever put it that way before." Who now reads or has even heard of Hook?

I believe that Hartmann's contemporaries—and probably even his collaborators, Ernst Kris and Loewenstein—thought that they

<sup>1</sup> I note that in the arbitrarily chosen year, 1967, Lewin—one of those said to be excluded—was actually an editor of *The Psychoanalytic Study of the Child*.

were making original contributions in their own ways, whether in collaboration with him or independently, and would not like to have been termed Hartmannites. But to return to the crucial point: Was there or was there not a Hartmann Era—an era of dominance, of exclusionary hegemony of Hartmann's ego psychology—that led to the useless lengthening of analyses and to the deterioration of interest in and significance of psychoanalysis? Did such an era really exist, responsible for twenty lost years of progress, for the silencing of dissenting voices, for making extravagant promises that led to disappointment?

\* \* \* \* \*

I had the good fortune to have been trained in psychiatry at Albert Einstein College of Medicine in New York, at that time the most exciting place to be because of the wide diversity of teaching. Among my teachers were Morton Reiser, then already thick into the study of psychophysiology; Ed Hornick, a rather interpersonal eclectic; Emanuel Ghent, a Horneyan-Sullivanian; and Robert Bak and Andrew Peto, Freudians. Israel Zwerling was a social activist, and many others whose interests and research varied enormously had ample opportunity to present their views to anyone interested enough to listen. Sybil Escalona was doing child observation aimed at making prospective conclusions about child development. Wagner Bridger, a Pavlovian, and others of all persuasions were invited to come and teach, and they did so.

We read Sullivan, Horney, Klein, Fromm-Reichman, and others. We heard about "active" therapy of schizophrenics from John Rosen, who claimed to cure schizophrenia. Rosen demonstrated his approach in attempted interviews with a silent schizophrenic patient—who, Rosen knew, liked to suck on used sanitary napkins—by telling him that he knew about his habit, and that his silence and sucking showed he was a "mouth case." Rosen said he had punched another patient who had made a suicide attempt, saying, "Don't ever do that to me again," and that he had hidden outside the room where still another patient was sleeping, awakening him by banging on his window from outside and yelling,

"Now can you tell the difference between a noise and a hallucination?"

We heard about and read Franz Alexander. Sandor Rado explained that the Egyptian pyramids had been built to ensure that dead people could not come back, and that ambivalence was not involved. We read that Melitta Sperling claimed to have cured ulcerative colitis and other so-called psychosomatic diseases. We heard about schizophrenogenic mothers and double-binds. I do not feel that we were insulated from the wide variety of then-active approaches and attempts to try to help sicker people. We—and, of course, patients and their families—were subsequently disappointed and angry about what later seemed to have been failed and insulting experiments, presented with passionate belief by their practitioners, but without evidence of efficacy.

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I was a psychoanalytic candidate at New York Psychoanalytic Institute between 1962 and 1966, while I taught and researched at Einstein, and I had the opportunity to meet, study with, and to befriend many senior analysts of the time. They included Victor Rosen, Arlow, Charles Brenner, Jacobson, Mahler, Phyllis Greenacre, Grace Abbate, Marianne Kris, Charles Fisher, Kurt and Ruth Eissler, Berta Bornstein, Loewenstein, Lillian Malcove, Otto Isakower, Leo Stone, Bak, and Hartmann himself. Of course, I also knew the next generation—Martin Stein, for instance—as well as the generation after that—Milton Horowitz and Manuel Furer, to name two.

As for Winnicott, his works were taught—and well taught—when I was a student, and when he came to speak, the crowd that came to hear him literally spilled into the street. In addition, there were quite a number of Lewinians, including Kubie, Isakower, and Malcove; Lewin's Freud lecture and other speeches were greatly admired. His dream course was probably the most respected and talked about at the institute, and his books were widely read. Arlow and Brenner were certainly irrepressible, and they were certainly not Hartmannites.

At that time, I noted that a number of interpersonal factors were active at the New York Psychoanalytic. There was hot competition between some who were natives of the United States and others who were immigrants, with significant envy and resentment on the part of some Americans toward the Europeans. There was significant resentment on the part of members of both groups toward those on the education committee who conferred training analyst status. This was hardly an unusual situation; however, the body that made those decisions could be described as a clique only by stretching the data, given that Europeans made up nearly half of its members. The faculty was probably more heterogeneous than most, but this did little to temper political and personal feelings.

\* \* \* \* \*

- Hartmann, in this book, is described as coming from an “aristocratic” background and as one-quarter Jewish. No one else was ethnically described or pigeonholed according to social class.
- He is criticized because he did not involve himself in larger causes than those he wrote about.
- He is criticized because he never became involved with more than a narrow population of relatively normal people (though his first paper included an explanation of how the confabulations of those with Korsakoff’s psychosis could be understood from a psychodynamic viewpoint). He did not concern himself with borderlines or psychotics.
- He is criticized for not having written about the Nazis or the Holocaust. Blum wrote, “The theoretical concept of the average expectable environment . . . courted science fiction,” and that “adaptation” meant “compliance with the Nazis” (p. 94). Hartmann (1960) once wrote that “The sociocultural environment has a positive share in

the establishment of moral behavior. But it is also true that relative freedom from sociocultural pressure runs parallel with the development of the superego" (p. 39), and that "The high value placed on the facing and acceptance of outer and inner reality" and " 'acceptance' of reality . . . [do] not imply, in the context of analytic thinking, passive submission to a given social system" (p. 89).<sup>2</sup>

- Supposedly, according to Bergmann, the Hartmannites recommended that secondarily autonomous character traits should not be analyzed. Where is this recommendation to be found?
- Hartmann's work is criticized because he failed to relate his theories to specific clinical examples and problems. This criticism, occurring thirty year later, amounts to Monday morning quarterbacking.
- Hartmann and his group were said to have excluded others.<sup>3</sup>
- Among transplanted Europeans, there was gossip about this or that refugee's having been sent to Cleveland or Pittsburgh or some other place because "there are enough analysts in New York." How seriously are we meant to take personal criticisms and statements about how people should have behaved and what they should have done in their lives? Is this appropriate at a scientific meeting?
- A certain degree of clannishness seems to me to have been expectable among those who had grown up in

<sup>2</sup> Hartmann, H. (1960). *Psychoanalysis and Moral Values*. New York: Int. Univ. Press.

<sup>3</sup> For Kernberg's statements related to this point, see p. 229 and pp. 285-286 of the subject book.

one cultural milieu, lost it, and then had to deal with transplantation.

- At the New York Psychoanalytic Institute, an American, largely female leadership was indeed succeeded by a largely European one, which was, in turn, held to be an arrogant gerontocracy, and was attacked and eventually replaced by a more “democratic” group—which in turn was attacked and replaced. Such rivalries and their political expressions were—and are, of course—ubiquitous.

\* \* \* \* \*

Much of this was affectionately and satirically described in a series of *New Yorker* stories featuring Al Blauberman, Selboat Selzer, and others, written by Lillian Ross. But that was then (in the mid-1960s) and this is now, and it is surprising to find such attitudes expressed by eminent colleagues at the present time.

Hartmann’s writings, as everyone agrees, are difficult, to say the least. His ideas meandered; he made connections that led to deviations from the main topic. Often, these digressions were interesting in themselves, though not directly related to the expectations one might have from the title of a particular essay. Hartmann himself was fully aware of this, pointed it out, and often noted that he had brought up a matter more suitable for another discussion. In addition, his sentence structure was difficult for readers to follow; mostly, I think, his mind was full of ideas and thoughts, and his writings all had an important aspect: the complexity of human thinking and the multiplicity of levels on which it takes place. His writing style exemplifies the problem of reducing extravagant complication to relatively simple, understandable statements. But he could also be quite clear, as, for example, in the following quotation:

The recognition of acts of moral evaluation, and of their imperative character as dynamically relevant, often decisive, aspects of the personality, is part of self-knowledge in

the same way as is the recognition of the instinctual drives and their aims in the id, and the recognition of the aims and functions of the ego.<sup>4</sup>

These words probably represent Hartmann's attempt to systematize his viewpoint (for which he was criticized by those who felt it caused rigidification), which was also evident in his discussions of neutralization, deneutralization, and related topics, carried out in a somewhat obsessive way, when he knew perfectly well that he was discussing a purely suppositional subject. But Hartmann had reasons for doing this. He wanted a way to explain change in the presence of constancy, and that required some concept of what remained constant, or at least how constancy can be regarded, and he took the drives as that constant. How could a person be the same person throughout life and still change so much? One's physiology changes, the mental capacities change, the environment changes, functions change, childhood dependency is largely left behind—and yet, the same person is continuous.

Hartmann did not resolve this question, and neither, to my mind, has anyone else. I note, however, that his theorizing about drives was an attempt to emphasize the significant and basic biological-ness of mental functioning. So was his interest in proposing the idea of autonomous ego functions, which to him were also rooted in biology. None of this supports the idea, often mentioned in the past and at this conference, that Hartmann abandoned biological rootedness and substituted an excessive emphasis on reality.

The same can be said for another frequent criticism of Hartmann: that his adaptation was a kind of submission to external forces and institutions. For instance, the opinion was expressed by some at this conference that he diminished the importance of the struggle against the social forces that impinge on individuals. Hartmann's idea was that social institutions are used to serve psy-

<sup>4</sup> Hartmann, H. (1960). *Psychoanalysis and Moral Values*. New York: Int. Univ. Press, p. 41.

chic needs, and that they often need to be opposed and altered in order to serve these needs.

To me, his consistent efforts to deal with the extraordinary complexity of psychic life in relation to biological, contextual, social, and interpersonal forces were the most important aspect of his work. In his earlier days in Vienna, when he worked as a ward chief and spent hours at cafés with house officers, he had the reputation of being a brilliant clinician and diagnostician, as well as an inspiring teacher.

I do not think that Hartmann could have come up with a simple, useful though limited, organizing idea, such as unconscious fantasy, strain trauma, compromise formation, personal myth, or the death instinct. He was no Freud, Klein, Lacan, or Kohut, nor a Sterba, Rado, or Katan. He abhorred the idea of wise-man leadership that included a retinue of enthusiastic followers, and made no effort to create such a scene.

Because of the difficulties in understanding Hartmann's writings, a group working on a variety of research problems (Morton Reiser, Alan Tyson, Herb Weiner, William Grossman, Bob Kabcinnell, and Gene Goldberg), invited Hartmann to come to Montefiore, in the Bronx, to discuss his ideas over a series of long meetings. Since I was fortunate enough to hear his discussion—and given the rest of my background in the 1950s, '60s, and '70s, as described above—I was not prepared for some of what I read in this book describing the Hartmann Era conference.

Notwithstanding the presentation at Montefiore, Hartmann did not really discuss his ideas very much in public. He acted like a shy and diffident person. He muttered asides to whoever was sitting beside him at presentations of papers. Often, these asides amounted to corrections of a presenter's mistake in citing the source of an idea of Freud's. He mumbled while turning his head away from the microphone. He disliked public controversy, perhaps partly because of his state of health (he had already suffered heart attacks), and probably partly out of a dislike of what often became a heated argument. No doubt all this added to an impression of him as aloof and arrogant. He was held responsible for

the appointment of his wife as a training analyst, provoking resentment. These factors, as well as his dislike of the idea of creating a following, militated against his work's being well understood.

Finally, and perhaps most important, Hartmann was ill for a long period and died at age seventy-five, in 1970. His career in New York had lasted twenty-nine years, many of them characterized by depleted energy. He missed opportunities to clarify, to discuss, to refute his critics, and to further refine his ideas. He was certainly not responsible for some of the more obsessional attempts of those who tried to reify his characteristically allusive and many-leveled thinking. I do not think anyone who knew Hartmann would have regarded him as a linear thinker, although there were some who proposed classifying his approach as linear.

Nevertheless, I was surprised by the misconceptions of many of the contributors to this conference. First, although Hartmann was privileged, he was no aristocrat. He came from an upper-bourgeois, liberal, intellectual background, and had an educational and cultural background similar to those of others of his time—gymnasium, university, medical school. He was not a slacker in going to Switzerland, as someone implied (and as Anton Kris refuted). He was a Swiss citizen and proud of it. Dora Hartmann converted to Swiss Calvinism so that she could be buried with him in the Fextal near Sils Maria, near Nietzsche, in a place where the Hartmanns had spent part of every summer vacation.

Perhaps there is an anti-intellectual, politically leftist attitude on the part of some of those who misunderstand and misinterpret some of Hartmann's proposals and aims. And there are some who feel that he interfered with their careers. If the Hartmann Era was so suppressing, if Kohut was heroic when he went against the Hartmannites, how do we understand the appearance, during the last thirty to forty years, of such a varied group of writers as those who characterize psychoanalytic discourse today?

An example of this kind of thinking in this book can be found in Bergmann's opening appraisal of the Hartmann Era. Here he writes about Ernst Kris, whom he takes to be writing as though he

were Hartmann, and his words, to Bergmann, seem as though they come from Hartmann. Bergmann describes twenty-one characteristic Hartmannite positions. "What makes the Hartmannites into a cohesive group are not only concepts and ideals they shared, but also a set of passionately held beliefs" (p. 9). Perhaps so, but the supposition of cohesiveness, I think, is largely in the eye of the beholder.

Bergmann writes of the Hartmannites that they passionately believed "Freud did not stop to systematize his findings . . . . Psychoanalysis is in dire need of systematization" (p. 9). "As [Ernst] Kris put it," Bergmann continues, "Sooner or later the ever more precise empirical test becomes an essential element in the development of any system of scientific propositions. In the development of psychoanalysis, this moment seems to have arrived" (p. 9).

Where is the logic here? This quotation fails to support Bergmann's proposal. There is no reference to systematization in this citation, despite the use of the word "system." Ernst Kris called for empirical tests to be applied to data. The Yale Study Group work; the work of Galenson and Roiphe; the refinement of psychological testing; the work of Stern outside the analytic consulting room; the current study of taped sessions; efforts to define the relation between analytic intervention, theories, and outcomes in the consulting room; and advances in brain science—all these share the same sense of necessity. Bergmann confuses *empirical research* with *systematization*.

It is clear that the demand for evidence and verifiability is seen as hostile by those who believe that what they impute to the infant's mind and then present as of primary significance to later development is truth, not hypothesis. Perhaps, since their ideas are beyond empirical proof and can never be verified, they seem to say, this demonstrates how profound that truth is. They believe they can know the primal by interpreting derivatives of derivatives in later mental life.

Apparently, some of us do not want to arrive at a system of scientific propositions based on data. Klein and Green, among others, have seen this as an inimical notion. Ironically, one of the ex-

planations given at the conference, in seeking to explain why psychoanalysis has become less important in the community, is that we lack clear evidence of the usefulness of analytic work, of the appropriateness of it in different cases, of the relation of theories to outcomes—a defect that they lay at the feet of the Hartmannites. But I suspect that Klein, Green, and others would not object to having empirical evidence that their approach leads to better results than someone else's.

Green writes:

I . . . wish to distinguish and even oppose what is “psychological” (meaning a general psychology that describes both health and pathology, and collects data subject to empirical test using a variety of approaches, and to keep it away from suppositions about the primacy of the Id, which is the basis and permanent determiner of human craziness, and unknowable in any case . . . ), from what is “psychical.” Space limitations do not allow me to justify this difference. [p. 115]

Most analysts passionately believe that their way of doing things is truer and more helpful for patients, while adhering to a system not based on empirical evidence or testing. So far, no one has shown by means of empirical evidence that his or her way is better than another. Nor has the power of various arguments deterred others from disagreeing, nor persuaded critics to revise their ideas. This leads me to another point made by some participants in the Hartmann Era conference, having to do with ego psychology's effect on analytic technique; a criticism was that the recommended clinical approaches led to longer and no more successful analyses, while making them more superficial.

Another criticism was that emphasis on the need for the analyst to remain anonymous led to the idealization of the analyst, encouraged the view of the analyst as powerful, and contributed to the analyst's dominance over patients. These factors, putatively, led to later disappointment and depreciation of analysis. They also had institutional consequences—namely, in enhancing the au-

thority of dominant practitioners, thereby supporting the stifling of independent thinking and challenge to the established analytic order.

Actually, Hartmann was fully aware of “the child’s indomitable competitive urges for sexual gratification and narcissistic expansion. They induce wishful fantasies of sex, and sexual identification with aggrandized images of his love objects, predominantly of his admired preoedipal and oedipal rivals.”<sup>5</sup> Note that Hartmann was aware of the importance of the preoedipal; note also that those who emphasize the importance of reality determinants of patients’ behaviors are the same ones who decry Hartmann for an excessive emphasis on environmental context.

There are some comments in this book suggesting that Hartmann and his group were never as rigid as some of their followers were, and it seems evident that Hartmann, Bak, Ernst Kris, Marianne Kris, Bornstein, Loewenstein, Mahler, and Jacobson, to name a few, did not especially emphasize the need for anonymity. I once attended a dinner given by the Hartmanns at which my then-personal analyst was also an invitee. This event, along with impressions I formed of my analyst from his writings and his administrative and teaching interests, led to discussions we had in subsequent sessions. Through these, I came to conclude that my analyst was a somewhat moralistic man, but that that fact did not invalidate the conclusion that my anxiety about how much of a moralist and critic he might be, and how he could affect my career or livelihood, was largely a transference problem. Just because something is real does not make it less of a transference issue. It was quite useful to learn this.

Clinical discussions, supervision, and other instances at which case discussions took place revealed that quite a bit of self-revelation was common in these analysts’ work with patients—directly, by way of offering examples cited from personal experience; by the use of jokes; by the offering of congratulations or regrets as

<sup>5</sup> Hartmann, H. (1964). *Ego Psychology and the Problem of Adaptation*. New York: Int. Univ. Press, p. 90.

appropriate situations arose. Certainly, students were asked to be careful and to remember that interventions were influenced by personal issues, and they were encouraged to take an analytic view of themselves and with their analysts. In that arena, countertransference was an accepted, inevitable factor, and the requirement that analytic students be in analysis while learning to do analysis was (and is) based on that understanding.

On the other hand, what used to be called *acting out* did take place. The Hartmann period, like others, was one of clique formation, the conveying of favorites by senior analysts, the splitting of institutes, and scandals about analysts' relations (and marriages) with patients. Perhaps these conditions were more prevalent, and/or more threatening to psychoanalysis, than they are now. Probably, psychoanalytic officialdom was more rigid than now. The responsibility for overdone anonymity and the silence of some analysts; the unethical, impolite, and harmfully impetuous behaviors that took place then, earlier, and occur now; the personal arrogance; the petty rivalries; the blackballing of training analyst candidates—all these, nevertheless, can hardly be laid at the feet of Hartmann and his sympathizers, co-workers, and collaborators.

No one can predict what future generations will make of this book. Today's critics are making their contributions; those contributions will be digested and appropriated by others, and today's experts will inevitably become tomorrow's criticized—and then, largely, the next day's forgotten.

To sum up, I found large parts of the book lamentable. Some of the authors, including Grossman, Solnit, and Yorke, showed a clear understanding of Hartmann's work and times, but others displayed a lack of historical sophistication and an excess of ill-informed, ad hominem disparagement. The most interesting parts of the book were those in which the participants discussed their own ideas, which took place chiefly during the discussion period at the end of the conference.

ERNEST KAFKA (NEW YORK)

WITH A WOMAN'S VOICE: A WRITER'S STRUGGLE FOR EMOTIONAL FREEDOM. By Lucy Daniels, Ph.D. Laham, MD: Madison Books, 2001. 320 pp.

What better way is there to begin than by listening to Lucy Daniels's own voice?

I could see that the most powerful thing of all was words . . . my wish was to become so capable with words that people would not only listen to me, but have to, the way they did with Father and Grandfather. [p. 29]

Much is contained in this brief passage. Lucy's father and grandfather did indeed have a way with words. Editors of one of the most influential newspapers in the country, they exerted a powerful impact on the world around them via the editorials they wrote. As far as Little Lucy (as she was known in her family) was concerned, however, their words were to be admired and appreciated, but they also were to be feared. Her father and grandfather were self-centered, aloof, and imperious. They also were capable of erupting into gigantic, terrifying outbursts. They were far from being warm and cuddly.

Her father in particular had a knack for using words to inflict pain and injury:

Father had a way of saying things that was pleasing and confusingly painful at once. To me as a preschooler, for instance, he sometimes said, "Lucy, you are a sexless highbrow. All brains and no feelings." "Sex" and "highbrow" were words I didn't understand, but . . . I doubt Father knew the destructiveness of his words. [pp. 15-16]

Her mother, Big Lucy, even more, was someone to be feared. She was cold, distant, unloving, and obsessed with order and cleanliness. Above all, she was preoccupied with protecting her position as the haughty, aristocratic, *grand dame* of North Carolina society. She required her daughters, just as she did of the servants

in the household, to dedicate themselves, above all, to ensuring that appearances be maintained at all costs. To do otherwise was to risk the terrifying impact of her rage:

I was afraid to break Mommy's rules . . . so I always obeyed. Mommy was very pretty that night. It made me think about how grownups called her "beautiful." But also how horrifying she was when she got mad. Early on, her lovely dimple would turn into a pulsating tic. Then, even before she spoke, a killing look would come into her eyes, which seemed like x-ray machines capable of seeing all of a child's thoughts and feelings. Those eyes could make me melt and trickle into nothing. [pp. 40-41]

Little Lucy's parents insisted on strict observance of their privacy. When her father sat writing in the library, with her mother alongside him, typing and making copies of his mighty editorial perorations, *he was not under any circumstances to be disturbed*. Her mother had a wall built around the mansion in which they lived in order to keep the common people out and to prevent the children from mixing with them. In her need to remain above and beyond her inferiors, she was oblivious to her daughters' need to play with other children. Respect for privacy did not extend, however, in the other direction. When Lucy's father needed to void, he loudly announced the event to the family and then would urinate loudly and ostentatiously, with the door open so that his daughters might look on and cheer. The door to the parental bedroom was never closed, and both parents paraded around naked while their children walked in and out. The feelings stirred in her by her parents' nakedness added to Lucy's growing sense of badness. Little Lucy was as fascinated as she was revolted:

Father would have said that he and Mommy were "Bohemian." . . . For father, "Bohemian" was being a gypsy, untamed and unconfined by location, affection, duty or convention; for Mommy it meant artistic and precious. Together they warmed to the glory of feeling exotic and wondrously gifted, above conventional standards of be-

havior. They scorned and eschewed any people or conditions they labeled "common." . . . Both my parents drank too much. But Father extolled the virtues of "living dangerously" by smoking, drinking, and never shying away from danger, while Mommy demanded order, cleanliness, and obedience beyond the capacity of most children . . . . Father . . . took pride in expressing anger cruelly and in not appearing cautious or diligent. [pp. 48-49]

Little Lucy, who was hypersensitive and easily thrown into disorganizing disequilibrium, was fearfully eager to live up to her designation as her parents' uncomplaining, obedient child. She knew, however, especially with strabismus that refused to respond either to multiple surgeries or to the training exercises her mother put her through each day, that she could never fulfill her parents' perfectionistic expectations of her. She felt overwhelmed, defeated, and helpless. At night, when she dared to take the risk, she crept past her parents' bedroom to the servants' quarters, where she climbed into bed with illiterate but kind and affectionate Bea, to snuggle against her warm body until dawn.

When she was five years old, just after her youngest sister was born, her parents set plans in motion for her beloved, seven-years-old half-sister from her father's first marriage, who had long been at odds with her mother, to be sent away to boarding school. This was a wrenching loss to Little Lucy, as was to be the departure of Bea when the family moved to Washington, DC, after the attack on Pearl Harbor, when Lucy was seven years old. Her father served as national Director of Civilian Defense, the way her grandfather had served as Woodrow Wilson's Secretary of the Navy a generation earlier. After a year, he became Franklin Delano Roosevelt's administrative assistant and then his press secretary. Mommy was less happy about spending the war years in Washington than was Daddy: "The demands of wartime, with rationing and without servants, exacerbated her tendency to feel mistreated," and "both the house and all our neighbors were 'common'" (p. 54).

Little Lucy responded by becoming Mommy's helper, taking the place of the servants, and by being her littlest sister's mommy. This turned out to afford her an extra benefit, as it got her out in-

to the community. We learn, however, that despite her excessive goodness inside the house, outside, Little Lucy took to luring small children out of their yards—so that she could hit them with a switch. When the mother of one of the children registered a complaint, Big Lucy refused to believe that her compliant little namesake would do such a thing. The reader of *With a Woman's Voice* soon comes to understand the behavior her mother was not able to comprehend:

I feared she'd have said the same thing even if she'd seen me waving the switch. Just like my father burning my bare bottom when I'd done nothing wrong and yelling, "Goddamn, sniveling sissy! . . . If you didn't do it, you should've!" . . . Except for those escapades, though, I was mommy's helper. In fact, I was a miniature Mommy who could do whatever was needed. [p. 56]

Lucy eventually realized that Father was beating her younger sister as well:

It was everyday life for Father, enraged and ripping off his belt, to whip us with our pants down. One year, some teacher called to complain about bruises on [her younger sister and brother] . . . a policeman came to investigate. But nothing ever happened. It just became a big joke Father told many times while other people laughed . . . . Unable to recognize and condemn these brutalities, we kept on experiencing them as ordinary life. Thus, we all had unbearable, unconscious guilt and shame to struggle with any way we could . . . . Mommy and Father ridiculed the teacher and the policeman. [p. 65]

Little Lucy went through her childhood plagued with the obsessive fear that her parents were going to die. She also all but stopped eating by the time she was sent away to boarding school at the age of thirteen:

At the school I'd been mortified by her [her mother's] haughtiness and by the scared clinging that came over me. And it was there . . . that I'd first noticed the bubble.

A transparent, blunting film that sealed me off from everybody else. Looking back at it fifty years later, that bubble seems to have been protection against Mommy . . . . At the same time, though, it felt as disabling as clinging to her. [p. 91]

Despite the “bubble,” she made two close friends, both Jewish, who replaced the two sisters who had been her constant companions. Throwing herself into her studies, she excelled academically and impressed her teachers with her increasing facility with the written word. She managed to get a short story published in *Seventeen* (which filled her parents with pride, although she never got the impression that they actually read the story). Despite the school friendships and the academic achievements, she descended into intense homesickness and deepening, severe anorexia. The latter grew so powerful by the time she was sixteen that the school could not allow her to return. She numbed herself to her father’s rage at her for not eating. He railed at her for her “greed and selfishness” (p. 108) and at “that stupid Jew” of a psychiatrist who took his money but did not *make* her eat (p. 107). Inside her bubble, she was wracked with “guilt and self-hatred,” behind which were “unconscious terror and rage” (p. 116). Amenorrhea had stopped the “mommy coming out in her” (p. 109). She wondered if she were turning into the boy her father repeatedly had told her he wanted her to be.

By the time she was hospitalized, shortly after she had turned seventeen, she was “five feet four inches tall and weighed a little over fifty pounds” (p. 116). Months of subjection to the torture of electroconvulsive therapy accomplished no more than terrifying her that her brain was being destroyed. This was followed by insulin shock therapy, and then by more ECT treatments, at other hospitals. When she still would not eat, she was brought to the Westchester Division of New York Hospital for long-term care, which at first consisted mainly of wet packs and tube feedings. When she finally rebelled, she was transferred to an acute ward, where she joined the truly “crazy” people (p. 126).

After a few months, during which she returned to her former state of timidity and docility, the doctors allowed her to eat instead of restraining and tube feeding her. This allowed her to move to a less acute ward, where the routine was monotonous and boring, but the rules contained an element that for Lucy was a blessing in disguise: "On Hall IV . . . supervision was required even with simple everyday tasks. Sometimes this felt like the mothering assistance with growing up I had missed out on earlier" (p. 135).

After a few weeks, she discovered that she could read again. She noticed that some of the patients had therapists with whom they spoke regularly. She was increasingly curious, but it took her a long time to inquire into the possibility of availing herself of such an opportunity. When she did so, the request was denied. So she read books. After five or six months, she was transferred, at the age of nineteen, to another ward, where the supervision was less intense. It was there that her menses returned after a three-year absence. Her parents visited every three or four months to encourage her, in their own characteristically hot and cold fashion, to consider emerging from her "buried-alive" cocoon to rejoin the world.

Lucy's father managed to strike a fortuitous chord when he sent her a book of poetry written by someone who had been a favorite of his first wife, whom he had lost and apparently still painfully loved. The contact they made through this gift sparked something inside her. It set in motion a sequence of activities that mediated a return to real life. It began with her taking a correspondence course in writing that her parents found for her. After that, she left the hospital for a little while each day to attend a tutoring school in the city (a pain-filled reentry into life that she found to be too much for her, so she had to cut it short). She did not interact with people out in the world, but she did write down the conversations she heard taking place around her. Then she embarked on a long-term project of writing a novel (about a black boy in the South who struggled angrily to establish a life for himself by obtaining an education, in defiance of his stultifying, repressive father). She finally left the hospital and reentered the outside world,

obtaining a job in the billing department of a popular magazine. When she completed her novel, she had also completed her five-year stint as a patient in a mental hospital.

Lucy went back to her hometown and to her parents, despite doctors' advice to the contrary. She did, however, follow their advice to "move to [her] own apartment, find a psychiatrist, take the high school equivalency exam, and start school or work" (p. 161). She passed the GED exam, which surprised her, since she was totally lacking in self-confidence. She applied to the University of North Carolina. A panel of doctors interviewed her. Noting that she had had no psychotherapy to give her "self-understanding" during her years of hospitalization, and that she had never lost her fear of fatness, they informed her and her parents "that a prerequisite for Lucy to enroll at the university under any circumstances must be that she enter psychoanalysis" (p. 165).

Since her father angrily objected to "forking up thousands of dollars to some degree fool who tries to convert human emotions into science" (p. 165), she had to forego the opportunity to go to college. Years later, she learned from her older sister that her guilt about imposing a huge expense upon her parents for her lengthy hospitalization had been without a base in reality. Through someone they knew who was an administrator at New York Hospital, they had managed to obtain public payment for her years of hospitalization there, rather than paying for it themselves. No wonder that, unlike many other patients, she had not received psychotherapy while she was in the hospital!

Lucy's father would agree to pay only for weekly psychotherapy with a local psychiatrist, whom her father disparaged "as a 'Poor Pitiful Pete' [whom he] defended . . . as 'cheaper than the others'" (p. 169). He rejoiced in her taking a job at one of his newspapers. He read the manuscript of the novel she had written while she was in the hospital, and he proudly sent it on to his own literary agent—who astonished her by praising it highly and expressing certainty about arranging for it to be published.

The book was not only well written; it was also timely in its focus on social tensions in the country that were attracting atten-

tion. It was widely acclaimed and became the subject of a cover review in the *New York Times* and in the *Herald Tribune*. It won her not only multiple radio and television interviews, but a Guggenheim fellowship as well. She had found a way to make her parents proud of her and pleased with her: "Writing was, in my parents' eyes, clearly the way to have power and worth" (p. 31).

Fortune seemed to smile upon Lucy in another way as well. In her work at the paper, she was increasingly thrown together with a young photographer whose own childhood had been wrecked by the behavior of an alcoholic father and whose education had been truncated by adversity. Her problems did not put him off, and his outlook was just what she needed: "Oh, I get discouraged . . . I just don't give up. Mad don't hurt you, but giving up does" (p. 191).

They got married, and at first things seemed to go well. Her husband worked full-time as a reporter and photographer at a newspaper, however, at the same time that he attended the University of North Carolina full-time, graduating in three years. He rarely had time for her, so once again, Lucy experienced extreme and agonizing loneliness. An anti-nepotism policy her father maintained on his newspapers was invoked to take her job away from her. Her loneliness and isolation increased even further. Her wealthy parents also declined to subsidize the couple financially—*on principle*—so that they had to barely scrape by.

The power of the compulsion to repeat pain from the past showed itself dramatically. Lucy's seventeen-year marriage produced three children, but it also produced another life chapter marked by rejection, pain, loneliness, and traumatization. Her husband grew more and more distant, neglectful, alcoholic, critical, and even brutal toward her. She found herself back where she had started, becoming more and more deeply depressed. The arrival of a fourth child did not relieve her depression, nor did her decision to give up writing. She returned to her psychiatrist, but the smiling homilies and the increasing doses of antidepressants with which he provided her did not help her at all.

When the psychiatrist was on vacation, she saw his covering doctor for a med-check. To her surprise, "he was the first psychiatrist I met who actually talked about feelings. Discussing my fear and despair with him gave me hope I'd never had before—that somehow there might be a way to understand and work out my feelings" (p. 224). She changed doctors. The new doctor soon took her off antidepressant medication and increased the frequency of her sessions, first to twice a week, and then to four times a week in analysis. As she explored herself and her past experiences, she underwent emotional growth that was extremely welcome to her. Her self-esteem and self-confidence grew steadily. At the age of thirty-four, when her youngest child was two years old, she enrolled as a freshman at North Carolina State University, despite opposition from both her husband and her parents. She excelled academically, much to her own surprise, applied to the Ph.D. clinical psychology program at UNC in Chapel Hill, and again was surprised when she was accepted. She began to assert herself in general and to stand up to her husband. She threw herself into her analysis, her studies, and the care of her children.

History once again repeated itself, however. The analyst she had found, like so many people before him, also failed her. Soon after committing a major boundary violation in which he made a sexual advance toward her, he announced that he was going to discontinue her analysis. She meekly submitted to his injunction not to resume analysis for eighteen months. Shortly thereafter, her husband's license was taken away for drunk driving. It is intimated within the pages of the book that her doctor, too, lost his license, gave up practice, and/or moved away.

Lucy's husband made a brief, seemingly halfhearted, unsuccessful effort to utilize psychotherapy to get his drinking under control and to rescue the failing marriage. In 1974, at the age of forty, Lucy resumed analysis, with someone who was to prove both trustworthy and competent, and she decided to end her marriage. The divorce was finalized in 1976, soon after which she received her Ph.D. in psychology and became self-sufficient for the first time in her life. With her analyst's help, she faced up to the reality that

she could not rely upon her family to be there for her, and she began to rebuild her life apart from them. She started work as a psychologist and, although tentatively at first, entered into new relationships. Both her parents became mortally ill and died during the next few years. The inheritance that came to her enabled her to buy a house in town that she could call her own. Her analyst helped her to begin writing again. She met a man with whom she felt compatible. A relationship developed that was imperfect but exciting. They married in 1986, and, although they split up five years later, there were "many adventures and much growth both before and after" (p. 273).

When an offer came to buy the newspapers in which Lucy now had a significant interest, she became a wealthy woman. Extremely grateful for what psychoanalysis had done for her, she established, in 1989, the Lucy Daniels Foundation, with the purpose of fostering the creative and emotional growth of artists and writers, and the Lucy Daniels Center for Early Childhood, an outstanding, psychoanalytically informed preschool program for troubled children and families. In 1991, the American Psychoanalytic Association named her a Distinguished Friend of Psychoanalysis. Four years later, she was named an Honorary Colleague of the Association for Child Psychoanalysis. She continues to be a highly productive and effective force and to lead a very full, active personal and public life.

*With a Woman's Voice* has been attracting ongoing, deserved interest both within the psychoanalytic community and in the world at large. I recommend it to all who are interested in knowing more about the devastating effects of traumatizing experiences in early life, about the way in which psychoanalytic therapy can facilitate recovery from those effects, and about the power of the human spirit.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

# ABSTRACTS

## PSICOANÁLISIS

### Revista de la Asociación Psicoanalítica de Buenos Aires (APdeBA)

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Abstracted by Irene Cairo, M.D.

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This special issue of *Psicoanálisis*, entitled *Dolor Social* ("Social Pain"), reflects the ongoing concerns of Argentine psychoanalysts, working in conditions of unusual, extreme, and often quite traumatic social upheaval and crisis. It was created against a historical background of interest in social issues and a tradition of political and social involvement that predates the military dictatorship of the 1970s, as well as the State terrorism that resulted in over 30,000 *desaparecidos* (disappeared).

As recalled in Blanck-Cerejido's article (see p. 879 of these abstracts), the Argentine Psychoanalytic Association was founded by six psychoanalysts, two of whom were exiles (Angel Garma and Marie "Mimi" Langer). These analysts and the ones trained later were socially and politically active: from the beginning, their *Weltanschauung* included a profound reflection about the effects on the individual of social and cultural phenomena, as well as of migration. It is no accident that two of the three authors of "The Babel of the Unconscious" (Jacqueline Amati Mehler and Jorge Canestri) were raised in Argentina, and that it would take an Argentine couple (León and Rebecca Grinberg) to write their deep and personal book, *Psychoanalysis of Migration and Exile*.

This issue appears in the context of highly traumatic recent events, social and economic. To frame these abstracts for the North American reader, it is necessary to describe the essentials of the sharp contrast in cultures. Here I refer both to the common use of *culture*—the elements of society, politics, education, and lifestyle—as well as to the different psychoanalytic cultures. Mostly, the authors in this issue are Argentineans living in Argentina, but several live in various other countries, as identified for each abstract. With the exception of Berk and Rosenblum, they all live in countries that might be called “third world”—or, euphemistically, “developing”—countries, where one can at times observe staggering poverty and frequent social unrest. At the individual level, this determines early political involvement.

For many analysts, such involvement develops naturally into an extension and application of psychoanalytic ideas to the social field. APdeBA’s editorial committee and the various authors are aware of the complexity of the thinking involved in approaching these issues. They speak of the need for the creation of new categories and of new spaces for reflection. They call for essential contributions from, and exchange with, other disciplines.

For a better understanding of some of these abstracts, it seems particularly important to highlight certain linguistic and conceptual issues. The Spanish translation of *Civilization and Its Discontents* is more faithful to Freud’s original in German, *Das Unbehagen in der Kultur*, which translates exactly as *The Disturbance [or Discomfort] in Culture*. The meaning of *Massen*, as in Freud’s 1923 article (*Massenpsychologie*), is not *group*, as it has been translated into English, but rather *mass* or crowd (*Masa*), as in the Spanish translation. The word *link* (*vínculo* in Spanish, *lien* in French) is used by several of the authors of this issue to refer to a connection between two or more individuals. Thus, although translated as the same word used by Bion to describe an *element* of psychoanalysis (L, H, K), its meaning here is completely different.

The concept of the *uncanny* is frequently used in these articles. Its meaning here is exactly the same as in Freud’s paper of 1919.

Yet it is worth noting that in two translations of Freud's work into Spanish, two different words have been chosen. Both are words that appear quite frequently in everyday language; they may be rendered as *sinister* and *ominous*. Such words, then, grant the concept much more flexibility for its use in several of the articles. Lutenberg ostensibly makes reference to the concept in his title, but also Gampel refers to it as the opposite of what is familiar and therefore safe.

Several notions that would be quite familiar to South American readers need some explaining to others. From approaches both to the couple and to the family and then to society, many of these authors, following Janine Puget and Isidoro Berenstein, speak of three areas of psychoanalytic understanding: the intrasubjective—the psyche, traditionally the domain of the psychoanalyst; the intersubjective—referring then to the *link*, the emotional connection and interaction within a relationship between two individuals; and the *transsubjective*, pertaining to the connection between the individual and society.

In the post-9/11 era, it is remarkable that so tragic an event does not seem to have penetrated our collective self-image of invincibility. The authors of this issue reflect both on the primitive defense measures employed to cope with anxiety due to social violence and economic violence, and on society's pathway to totalitarianism. Perhaps their ideas are particularly appropriate for our times.

This issue of *Psicoanálisis* is divided into the following sections: "Social Trauma," "Social Crisis and Culture," "Exile and Migration," "Encounters," and "Non-Thematic Articles." "Encounters," in turn, comprises two parts: the first is a dialogue between two renowned analysts highly involved in social issues, one Argentinean, the other French; the second is an interview with an Argentine writer. The two non-thematic articles, as will be noted, follow both in theme and structure the general philosophy of the editorial approach.

**SOCIAL TRAUMA****The Pain of the Social.** Yolanda Gampel, pp. 17-43.

The author lives and works in Israel and describes the Israeli experience of social pain. Individual development and “becoming” result from one’s placement in the social matrix. For such a symbolic placement to occur, the individual needs recognition by the other. The development of the ego ideal and the process of identification are part of what Puget calls the *transsubjective* world. Ideals and ideology become in turn part of the metapsychology of an intermediate space within society and its politics.

The author coins the term *radioactive transmission* to describe the way in which social violence is repeated and produces an echo that persists. Like physical radioactivity, social violence destructively penetrates the psyche without allowing the individual the possibility of controlling its effects. The pain of what is deemed *social* originates in human relationships considered as a group. There is a difference between pain (*dolor*) and mourning (*duelo*), although they share common elements. One dimension can be viewed in the analytic situation, as in the countertransference (Amati-Sas 1991), due to the failure of the common social container.

Pain, like all affects, is a means of both self-knowledge and knowledge of the world. Consciously experienced, it expresses sudden and intolerable variations of the rhythm of the drives. A sociological approach attempts a reconstruction of the past, but a past such as the Shoah cannot be apprehended. Perhaps only literature can make a statement about that which is unthinkable. To that effect, the author quotes fragments by S. Izhar (*Hirbet Hiza*) and Paul Celan (*Todesfugue*), authors whose words can perhaps approximate the horror.

Thinking about the threat to the individual, the author analyzes Freud’s concept of the uncanny in great depth. She contrasts J. Sandler’s *background of safety* with the *background of the uncanny*. For survivors of violence, the background of the uncanny cannot

be integrated later, so that the individual survives in a dissociated state. The author describes several Israeli patients who, in the climate of continuous violence, as a defense against the fear of annihilation, regress to ritualistic behavior.

Gampel reflects on how Zionism offered an illusion of protection after World War II, but also demanded the sacrifice of the immigrants' children. She illustrates the present with individual stories that narrate the horror to which her older patients are subjected, either because their children are now sacrificed, or because those children are viewed as carriers of violence being committed against Palestinians, in a mirror image of the executioners who terrorized the parents' childhood.

The author concludes that for Israelis as well as for Palestinians, there is a background of safety and a background of the uncanny, which are negative mirror images. She offers a technical recommendation, namely, to avoid the invasion of the therapeutic setting by the consequences of social violence—for instance, by resisting the urge to share ideals and opinions. Gampel ends her essay with a call for a conceptual development that will further specify the concept of social pain.

**Trauma and Resilience: A Look at the Children and the Humanitarian Aid Workers in Bosnia.** Jay H. Berk, pp. 45-65.

The author's observations were made during his work for UNICEF, when he participated in training humanitarian aid workers in methods to assist and support children caught in the war in Bosnia. His main point is that there was a surprising resilience among some of the children observed. The term is used in the context of describing the factors that promote well-being in people subjected to stress.

After describing the social and political situation in Bosnia and the horrors the children were forced to endure, the author identifies what, in his opinion, promoted resilience. The spirit of solidarity, the capacity to ask for help, the skill to detect danger

and avoid it, the capacity to relax and be soothed, devotion to a cause, family stability, transmission of a resilience model, consideration of failure as a learning experience, a capacity for humor, a feeling of relative control, an ability to make sense of chaos—all these qualities are seen as favoring resilience.

The author describes techniques that may have helped to promote such factors in the children, such as facilitating verbalization of the events, stimulating communication with other children and with adults, and teaching the children to detect danger signals. At the same time, Berk comments that the health workers were vulnerable to feeling isolated and hopeless in the context of the relentless brutality they observed, or, as a defense against such hopelessness, they could develop extremist views, taking sides and falling into a sort of “group countertransference” that created obstacles to their being truly emotionally available to the children.

**Comment on Jay H. Berk’s Paper.** Delia Torres and María Inés Vidal, pp. 67-79.

From a very different theoretical perspective, these authors open a dialogue with the previous article. They offer a series of ideas that they believe may complement and give greater amplitude to Berk’s. They approach (1) the ontology of evil, (2) the structuring function of the social imaginary, and (3) *resilience* and psychoanalysis. In regard to evil, they use Hannah Arendt’s ideas to highlight the fact (as does André Green) that evil challenges the capacity to think. From a psychoanalytic point of view, there are referents to evil connected with destructive narcissism—mainly, the dynamics of power and the intolerance of difference. Yet intrapsychic forces are not the only causes of violence; they coexist with social processes, which are crucial in the creation of evil.

At the same time, the dimension of destructiveness and death present throughout history coexists with cohesive forces that are a source of solidarity and creativity, even under terrible conditions. In regard to the *social imaginary*, following the ideas of Kaës and

Castoriadis (see article abstracted on p. 881), the authors describe how the loss of usual identificatory references results in a blurring of the representation of society as a provider of meaning and values. Social discourse projects into the child the expectation of a place in the social order. The subject will both transmit the sociocultural model and demand from society the reassurance of occupying a place in it. This process, which Aulagnier calls *narcissistic contract*, is broken under conditions of chaos. Thus, the traditional clinical approach and classic metapsychology are limited. The authors state that social reality has a psychoanalytic status. Interpretive work based exclusively on transference and infantile repressions will not suffice to allow the emergence of new experiences out of the trauma. For victims of extreme trauma, symbolization is arrested, and identity cannot be integrated. They are inhabited by experiences that cannot be represented. In addition, the analyst has often also been affected by a similar social reality (the authors point out that Berk makes reference to this last point).

Finally, in addressing the concept of resilience itself, the authors state that this term, now quite in vogue, is essentially used in regard to children—children in their “vital ecology” of family, community, and culture. Here the search for protective mechanisms is mediated through community. The model of risk centered on individual disease is subordinated to one of promotion and prevention based on individual and community resources.

The authors critique the idea that psychoanalysis could be adjusted to epidemiological concepts, and delineate its inadequacy in addressing notions such as “health, happiness, and adaptation.” Also, they point out that the elasticity implied in the concept of resilience would evoke a return *ad integrum* to prior functions, which they state is neither possible nor desirable. The authors disagree with Berk in thinking that evil can be integrated into psychic life. They agree, however, that group elaboration can be helpful in providing a collective imaginary and may contribute to

some measure of historicization. The creation of what Puget calls an *active memory* can generate new meaning.

### SOCIAL CRISIS AND CULTURE

**The Clinical “Underactivity”<sup>1</sup> of the Psychoanalyst and His/Her Current Practice.** Sara P. de Berenstein and Pablo Grinfeld, pp. 83-98.

The authors refer specifically to the current situation of analysts in Argentina. In Freud’s view, health was defined as the capacity to love and to work: he saw inhibitions or disturbances in the area of work as essentially neurotic, as an individual phenomenon. In undergoing modern social changes, we approach working time and leisure time differently. Currently, we also see the destructive impact of joblessness and the consequences of the impossibility to sublimate. Besides its economic implications, work is in itself a social value. The loss of work is a social death, a sort of “beinglessness” of shame, of a decrease in self-esteem and loss of dignity. The authors point out that if the subject is undergoing a process of change, as frequently happens in our social period, there is a need for new epistemological considerations.

The *social imaginary* of analytic practice has radically changed. It certainly reflects the diversity of schools, but there is nonetheless a core analytic identity that is theorized at various levels. The 1976 International Psychoanalytical Association Symposium at Harlsmere—reported by Joseph, Grinberg, and Widlöcher—concerned itself with whether reduced psychoanalytic practice, psychotherapy practice, and teaching activity may interfere with the establishment of an analytic identity.

For the analyst, as for any worker, identity depends on a balance between the worker’s register in the social division of labor and the use of subjective vocational qualities. The authors refer to Wender’s ideas about the unconscious dynamics of the analyst’s

<sup>1</sup> *Des-ocupación* has been freely translated here as *underactivity*. The usual translation in sociological texts is *unemployment*.

professional vocation. There is a link between a subject (*vocado*) and an internal object (*vocante*). This object begs, demanding care, reconstruction, and reparation. Depending on the fantasized relationship with such an object, there will be a specific reparatory task.

The unconscious aim of the analyst—narcissistic in nature—reinstalls the analyst's subjectivity, the need to understand him- or herself in each analytic action or activity. The current underemployment of the analyst affects her or his capacity for identity, the individual's relationship with the discipline, and hence, essentially, the future of psychoanalysis. Like anyone else, an analyst can suffer melancholia, paranoid reactions, or joblessness syndrome, but the authors postulate that these are only *macroscopic* problems. Berenstein and Grinfield are more interested in *microscopic* signs. Factors such as confusion, a sense of meaninglessness, and the incapacity to deal with free time sometimes lead the analyst to partake in vicarious activities.

The authors delineate three different ideological lines in regard to the current situation of decreased analytic activity. The first—that the discipline is lost—is a pessimistic version, against which they argue that as a treatment method, analysis has barely reached maturity (107 years). They add that any immersion in political, sociological, and anthropological literature, or in any other manifestation of culture, shows that psychoanalysis is established and blossoms in many areas.

A second line criticizes analysts, stating that they have “tarnished the gold with copper,” and that in this way, the victim is blamed. The third line—the position privileged by the authors—states that there are genuine, legitimate replacements for decreased analytic practices. They point out that after the feverish activity of analytic pioneers, who worked in education, rehabilitation, and somatic illnesses, the discipline aimed chiefly at establishing its conceptual grounding and its technical derivatives. Now is the time to readdress world problems, and psychoanalytic thinking can be used more widely and deeply, beyond the consulting room. In Argentina, for instance, analysts function in artificial reproduction

clinics, adoption agencies, and community centers. Thus, to adapt to and live with the newness of our times, solipsism is being left behind, and we are faced with the beginnings of a new analytic identity.

**Life and Death in Culture.** Yago Franco, pp. 99-110.

The author develops the notion of *beyond the discontents of culture*. In Freud's view, a religious feeling is a way of reformulating the need for parental protection, reestablishing the original narcissism. Freud retrieves the protective aspect of culture. Whereas man cannot find happiness in it, he cannot survive without it. The so-called discontent in culture, the expression of the death drive, confronts Eros, and this confrontation dominates both psychic and social life.

The author develops three lines:

1. The original fusion of infant and mother, its rupture, and its consequences.
2. The protection/exposure equation and the role of culture as parental surrogate.
3. The dialectics of the death drive in the individual and in culture.

Following Aulagnier and Castoriadis, the author remarks that there must be a source of "contentment" in culture (civilization). There is a minimum of well-being offered by society. The latter must provide protection through a complex psychic and social elaboration, within which processes of sublimation and identification interface. Culture offers models for identification and objects for sublimation. In this way, a "we" is created in the individual through parental statements taken up again by institutions and by peer groups.

From this obtains a *future project* (Aulagnier's identifications project). If this is lost, then meaning is lost; the psyche is closed. The renunciation of drive satisfaction and the presence of the death drive promote development of the superego and a sense of guilt,

but they also provide a connection with others. Thus, the discontent within culture coexists with a minimum well-being.

Bleger spoke of symbiosis with the maternal object, as Green did later. Social institutions are the repository of that which is symbiotic and indiscriminate in the psyche (the analytic setting also functions as an institution in this sense). Each crisis undergone by society's institutions will force a reintrojection into the psyche. Thus, in normal circumstances, culture offers itself to the individual through its institutions, favoring links among individuals. In totalitarian states, or when a society is destructured due to natural or social crises, such a process is obstructed. The author claims that the current state of Argentine culture is *beyond the discontents of civilization*, and there is a crisis of signification. If the collective project is lost, the individual's identificatory project also suffers.

Social and institutional crises disturb the *minimum well-being*, the links with others, and the processes of sublimation. Anxiety due to helplessness becomes dominant. Then the state of culture is analogous to that of borderline patients. In fact, *this is an artificial borderline state*. The alternative, the possibility to cathect a group, community, or institutional space may offer protection in a transient or permanent way, thus promoting the "relaunching" of the identificatory project.

**Contemporary Culture and Its Discontents: The Uncanny.**  
Jaime Marcos Lutenberg, pp. 111-128.

It has been only since Freud (1930) that we are in a position to theorize the peculiar admixture of hope and death produced in cultures at a time of crisis. The uncanny—the sense of the familiar transformed into the unfamiliar—is characteristic of contemporary culture crises.

Social violence has individual consequences, destabilizing psychic structure. Such consequences are directly proportional to the suddenness and severity of the traumatic event, are related to the way the individual feels involved in it, and are connected to

the prior narcissistic balance and ego/superego integration. (Some individuals abort any sense of trauma, and for them, it is often the body that becomes the depository of panic through somatic reactions.) Social violence also sharpens all the individual phenomena that Green described under the notion of *the negative*. Lutenberg highlights among those the *negative hallucinations*—to *not* see that which exists. Another particular phenomenon that occurs as a consequence of social violence is the development of fanaticism.

From a metapsychological viewpoint, within an uncanny social context, an unbinding (a decathexis) of the representational world occurs—particularly of the preconscious, as well as a deidentification in a split part of the ego. These effects are similar to the depersonalization that occurs in the early stages of psychoses, prior to restitution phenomena. In situations of extreme social turbulence, fanaticism sometimes serves the function of restitution, transiently restoring the fragile narcissistic balance.

The immediacy of present-day news media forces the individual to take in scenes of violence, war, and chaos without the possibility of “digesting” them, allowing them, therefore, to be considered distant. This happened, for instance, in Argentina during the Gulf War, so that when a Nazi attack destroyed the Jewish Center Headquarters in Buenos Aires, suddenly the whole familiar ecology became *uncanny*—as if the scenes of television screens had suddenly invaded everyday experience. Similarly, if the political and social institutions are indifferent to, or accomplices in, the violence, their social protective/defensive function is totally lost. This has been recently pointed out by Elliot Jacques during a visit to Argentina, in a reformulation of his earlier concepts, when he stated that social systems can protect the individual against both persecutory and depressive anxieties.

The current crisis has resulted in a process that leads to a loss of identification structures. The ensuing disturbances, therefore, are not caused by conflict, but rather by an alienating disjointment between the individual and culture, a culture that has become *uncanny*. Following, then, a Bionian model, the author develops the conception that when the culture becomes uncanny, a

fragmentation of the personality occurs, due to the fact that the identificatory models provided do not promote integration. (An alternative to this fragmentation is a split of the personality, often characteristic of the development of fanaticism.) At the same time, in the emergence of a certain type of mystical, theocratic power, the human need to inquire and to learn is obliterated. As a consequence, obstacles to symbolic transformation also develop, and cultural manifestations (such as art or architecture) become impoverished.

**How Difficult It Is to Think: Uncertainty and Perplexity.** Janine Puget, pp. 129-145.

Highlighting the fact that there is no psychoanalytic concept of the social, the author distinguishes the concept of society (in the sense of *Massen*, used by Freud [1923] and translated by Strachey as *Group*) from another notion she designates as *the collective*. The author defines social suffering as the transformation of pain, a way to access pain, and distinguishes such suffering as having its origins in one of three sources: first, the imposition of external forces, which in their variety and complexity produce a dislocation of the personality; second, the effect of opposing forces that lead to confusion and helplessness; and third, the lack of resources.

These sources of suffering manifest themselves in two types of experiences: those of emptiness and deinvestment of the sense of belonging; and confusion, or the experience of being overwhelmed by an excess of traumatic social situations. Puget states that *the collective* derives from the interplay between intersubjective, individual differences and the duty/obligation to "do with others." Since the individual tries to relieve the anxiety of uncertainty, the need to be with others, to belong, is often rationalized—for instance, as the product of a historical past.

Puget thinks that creativity is lost when we lose the capacity to interrogate ourselves about where we are and why. This quality of inquiry conflicts with the need for stability, so that it is common to resort to explanations that obstruct curiosity. Thus, what Puget

calls *the new event*, present in any configuration of intersubjective links, and essential for development and growth, is lost. The difference from the other is imposed as dislocation. The resistance to accept this condition and the need for uniformity lead, for instance, to the formation of a totalitarian structure.

The author defines an *unconscious principle of uncertainty*, extrapolating from physics (Heisenberg's indeterminate principle). The subject needs an illusion of certainty, of knowledge, of truth, in order to tolerate the intrusion of daily life. When that which is sudden and violent in society increases, the consequences of this excessive uncertainty manifest in manifold ways—namely, in somatizations, the dissolution of ideals, increased individual violence, sudden and risky migrations, and so on. Yet new forms of *the collective* can also emerge creatively—for instance, in various new social activities.

Puget also addresses the distant effects of social situations. She extends Gampel's concept of *radioactive identification*—first used to describe the effects of the Holocaust on second and third generations—and talks of *radioactive penetration*. Here the effects are severe, but do not reach the level of a permanent change in identification.

The author has worked with victims of torture, individuals threatened with job loss, and survivors of kidnapping. She presents a detailed clinical vignette to illustrate her ideas.

*Editor's Note:* In conjunction with the following abstract, the reader may be interested in Jean-Jacques Blévis's article, "Remains to Be Transmitted: Primo Levi's Traumatic Dream," pp. 751-770 of this issue of *The Psychoanalytic Quarterly*.

**Dying from Having Spoken? Sarah Kofman and Primo Levi.**  
Rachel Rosenblum, pp. 147-176.

Historical catastrophe/disaster is generally followed first by silence and later by distortions of memory. Between these two,

witnesses are sometimes able to offer a testimony. However, one pathway for doing so—writing—although helpful, seems at times dangerous, since this sublimatory activity may also stir up hatred from other victims or rekindle shame and guilt. The two authors studied here committed suicide.

The connection between writing and death is a recurrent psychoanalytic subject (studied, for instance, in regard to parricide in Dostoevsky and infanticide in Flaubert). Contemporary writers, such as Semprún and Del Castillo, have also approached this topic; Semprún is explicit in the title of his autobiographical work, *Literature or Life*. The author also points out that, according to George Steiner, Paul Celan is the only author who “did not lack the words.” She then wonders: Did this fact have a connection with Celan’s suicide?

Rosenblum delineates a varying degree of nearness to trauma in the production of the two writers studied in this paper. She thinks that this factor—the amount of distance the author permits her- or himself—is important in determining the impact of such writing. Different strategies—literary criticism, quotations—sometimes permit an indirect narration. The dangers, she believes, have to do with two issues: recurrent, penetrating shame and a return of guilt. She tries to approach the following questions: (1) Is it possible to decrease these dangers? (2) Are these dangers universal?

In great detail, the author analyzes the aesthetics of the work of both authors. Observing Levi’s use of Coleridge’s “Rime of the Ancient Mariner” throughout much of his work, Rosenblum suggests that these verses become emblematic for him. As for Coleridge’s mariner, for Levi, the condition of being a survivor transforms the individual into a mere echo of his dead companions. Rosenblum also analyzes Levi’s use of his translation of Kafka’s *The Trial* as another relatively distant identificatory vehicle.

In regard to Sarah Kofman, Rosenblum comments on the creative use of the work of Nietzsche, Freud, and Leonardo. Kofman’s approach to classical texts suggests an oblique understanding of

her own childhood tragedies, which she eventually narrated in her autobiographical memoir, *Rue Ordener, Rue Labat*. Kofman asks whether it is possible to travel outside hell, resorting to Plato's notion of *poros*.

In Rosenblum's view, there are dangerous pathways in the progressive nearness to the indescribable tragic experience. The shameful knowledge cannot be shared with the simple aim of getting closer to others. Sometimes this makes the stigma public, and guilt is likely to return, particularly in the first-person narrative. The discourse of guilt requires a listener who forgives, and that role may sometimes be fulfilled by the analyst. Psychoanalysis might be the way to find the *poros*. As in the tale of Orpheus, the path itself brings the subject back to life.

**Rupture of the Social Link, Transfer of Responsibility.** Maren Ulriksen de Viñar, pp. 177-196.

The author lives and works in Montevideo, Uruguay. The paper describes the profound impact of areas/institutions that pertain to health and education on those who work with social violence, impoverishment, and marginalization. The author has studied many children whose capacities are reduced—although tested as normal—due to fatigue and poor linguistic skills. Trauma affects memory, imagination, and symbolization. Basic categories of thought, such as time, space, and causality, cannot be developed. Self-image is threatened or destroyed. The author states: "All psychic violence aims at submission of the other so that the subject cannot even think her/his own submission."

Meaning, which permits the construction of the social being, is lost under conditions of extreme violence. The state silently transfers responsibility to health care workers, who are not in a position to fulfill the expectations of their job, since they cannot offer a stable frame of reference. Given these conditions, in order to scientifically approach such social situations, it is necessary to articulate notions from several realms of knowledge—anthropological, social, and legal, among others.

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**EXILE AND MIGRATION**

**The Exile of Argentine Psychoanalysts in Mexico.** Fanny Blanck-Cereijido, pp. 199-216.

The author is herself an Argentine analyst living in Mexico. She gives a detailed account of the fate of Argentine analysts who migrated to Mexico, a great number of them as exiles, many during the military dictatorship in Argentina in the 1970s. She estimates that about two-thirds of foreign analysts in Mexico are Argentine (an extraordinary proportion), and also points out that analysts are overrepresented among the exiled population.

Giving a historical background, Blanck-Cereijido points out that two of the six founders of the Argentine Psychoanalytic Society and Institute, Angel Garma and Marie (Mimi) Langer, were exiles. The training of Mexican analysts in Argentine Psychoanalytic Institutions, as well as a law that permitted both countries to reciprocally license physicians, favored the choice of Mexico in the case of those analysts who had to go into exile.

Blanck-Cereijido highlights the active participation of exiled Argentine analysts in academic circles and in many community-oriented projects in Mexico City, as well as in Querétaro and Guadalajara. Concerning analytic practices, the author compares psychopathological findings observed by Argentine analysts to those that they had observed in Argentina, noting significantly different results. She then connects this to the contrasting elements of the two cultures.

Blanck-Cereijido emphasizes that the experience of exile and emigration, albeit quite difficult, was also enriching. In the generally positive experience of adaptation to Mexico, she attributes great weight to the early exile of Marie Langer in that country. Austrian born, Langer interrupted her training in Vienna to participate in the Spanish Civil War, and migrated to Argentina, where she was a founder of the Argentine Psychoanalytic Association and participated actively in Argentine political life. This led to her be-

ing threatened by a fascist underground organization, followed by her exile in Mexico. There she was an active practitioner and teacher, and also created an international program to develop psychotherapy in Nicaragua.

Using the Grinbergs' study on migration as her frame, Blanck-Cereijido also analyzes typical difficulties faced by the exiles. She ends by noting that psychoanalysis considers that we are all foreigners, strangers to ourselves, in our unconscious, and that an element of foreignness and strangeness exists in all our relationships, be they among individuals, classes, or countries. She believes that xenophobia has to do with the threat of a different otherness, and ends by quoting Julia Kristeva: "If I am a stranger, there are no strangers."

**Changes in Psychic Structure Due to Migration.** Carlos Alberto Vispo and Marcos Podruzny, pp. 217-232.

This article examines human migration and its attendant fantasies on the basis of concepts such as oedipal resolution and integration of the superego/ego ideal. Migration involves different aspirations and prohibitions from those of the original cultural milieu. Successful migration requires a prior process and subsequent psychic change. This change can be understood as falling in love (Freud), as catastrophic change (Bion), or as deidentification (Tabak de Bianchedi).

The authors distinguish migration and exile—forced migration—from *im*-migration. They also speculate on Freud's reluctance to leave Vienna in the face of the advancing Nazi threat, citing his personal history; they believe that the trauma of his early migration from Freiburg to Vienna may have cast a shadow on his (mis)perception of the need to leave.

The article ends with a list of factors the authors consider central to the capacity for accomplishing the changes necessary to make a successful migration.

## ENCOUNTERS

**Dialogue between Isidoro Berenstein and René Kaës, pp. 235-250.**

When René Kaës visited Buenos Aires in June 2002, APdeBA's editorial committee invited him to a dialogue with Isidoro Berenstein. The dialogue was framed in the attempt to define *social pain*, the title of this issue of the journal. For Berenstein, pain is always physical; it does not admit symbolization. Suffering, in contrast, can be symbolized. Yet in speaking of *social suffering*, it becomes necessary to be specific: Is it the suffering of individuals? Of subgroups?

Kaës refers to Freud, who spoke of "psychic suffering of social origin." According to Freud, the organization of a social level requires the renunciation of aim satisfaction, thereby triggering a basic suffering. There is a psychic space that is common to society, and it is there, in that space, that the metaphor of a social body can apply. Yet, Kaës continues, the social field has its own life, its own demands, that are imposed on the psyche. In fact, for Kaës, even in the constitution of the drive, an element is formed by the psyche of another. Berenstein asks, how can this element be represented? Questioning the very notion of representation, Berenstein states that this concept is quite inadequate to comprehend the pressure from the other.

When Kaës points out that Freud always presents the social as having a psychic level, Berenstein suggests a hypothetical session. A patient arrives late and refers to a street rally that kept him from being on time. Before leaving home, he had a fight with his wife. Then he relates a dream in which there was some danger; an older man was unable to protect him. Berenstein says that the analyst thinks he already knows about the rally; other patients have told him. He decides not to address the fight with the wife and see if this potentially transferential material develops further later on, so he addresses the dream. But, Berenstein argues, this clinical material shows the heterogeneity of three different areas:

transsubjective, intersubjective, and intrasubjective. The latter is the only one for which Freud offered a theory.

Kaës agrees, in part, but adds that neither Klein, Winnicott, nor Kohut offer the necessary concepts to address these other areas. Kaës believes psychic suffering of social origin derives from the disorganization of *unconscious alliances*, of pacts established within society, such as the one Aulagnier called the *narcissistic contract*. Berenstein then focuses on the meaning of *alliance* versus *link*.<sup>2</sup> Berenstein believes that the alliance renders the link unnecessary, giving the sense of an illusory sharing or of sameness. The dialogue then shifts to Aulagnier's narcissistic contract.

What is established between society and the individual is analogous to that between mother and infant. For the infant, the place where the mother is absent is where representation occurs. In the contract between the individual and society, a structure emerges (in the transsubjective space). This structure, where the individual registers her or his belonging to a group, is transformed as a consequence of social changes. However, in catastrophic social situations, there is no possibility of transformation of existing structures, so that there is only a return to the old—the more primitive. Social suffering, however, not only relates to the rupture and chaos of previously formed structures; it also relates to the existence of many individuals who have never had or have lost their register as individuals in society (Aulagnier's narcissistic contract has not been fulfilled or has been broken). This generates suffering—certainly in those individuals, but also in those who try to impose a place for others.

Analysts themselves, of course, belong to a group, and for that reason, they must be the carriers of the institution, and yet remain able to transform it. But how can we transform that place if our elements to understand the field are insufficient? The drive is our central domain, and at the same time, psychoanalysis does not have much to say about social suffering.

<sup>2</sup> See the introductory section of these abstracts for a comment on the meaning of this term (p. 864).

The two authors seem to differ in regard to the importance of pacts, the narcissistic contract, and unconscious alliances, which Kaës deems more basic to define social suffering; such suffering emerges when those contracts and alliances are broken. For Berenstein, the occurrence of something new, the *new event*, would be of key importance. Suffering occurs whether or not something new can emerge, but it is the new event that transforms the existing structure. Pacts and alliances are less crucial to an understanding of his ideas. For him, the heterogeneity of psychic spaces is quite a specific concept, which defies the notion of the illusion of complementarity.

**Interview of Santiago Kovadloff, pp. 251-264.**

Santiago Kovadloff is a poet, essay writer, and translator of Portuguese. He is a member of the Argentine Literary Academy. The main focus of his interview by members of the journal's editorial board was his reflections on the contemporary disaffection and rootlessness in Argentine society.

**NON-THEMATIC ARTICLES**

**From the Seven Rings to the Infinite Chain.** Guillermo Ferschhut, pp. 267-293.

The title of this article refers to a particular functioning of the profession of psychoanalysis, institutionalized in Freud's times through the Committee of the Seven Rings. The historical origin of this type of functioning is addressed, including its secretive nature and its consequences. A related issue is the basic assumption of *omerta* (the structure of Mafia-like groups) and the possibility of ruptures or openings, affecting as well the way in which psychoanalysis can be transmitted. Using the image of rings, Ferschhut argues that, from the beginning, our theory left holes, a vacuum, that could be filled later with new theory, a new ring that would provide a link, thus forming a chain.

Ferschhut first describes the origins of the Wednesday Group, alluding to the mutual idealization, disappointments, and rivalries

among its members, recalling that the original group was re-founded as the Vienna Society in 1907. Following the founding of the International Psychoanalytical Association, the Committee of the Seven Rings was formed in 1912, in the context of Freud's incapacity to separate his creation—psychoanalysis—from himself. Because he considered dissent to be disloyalty, he was disappointed by the divergence of theory among his followers, as if he himself had been rejected. The group of the seven rings was formed with the aim of creating a shield around him, as well as a sort of omnipotent protection against psychoanalytic “deviations.” It was Jones (inspired by the story of the Knights of the Round Table) who originally suggested it. The committee was formed by Jones himself, Ferenczi, Sachs, Abraham, Rank, Eittingon, and, of course, Freud.

This group lasted fifteen years, until 1927, as a sort of secret society. Bion described *basic assumptions* that can rule the functioning of groups and prevent the structuring of a work group. Such basic assumptions are dependence, flight-fight, and pairing. Ferschtut refers to the work of Romano, who adds a fourth assumption—that of *omerta*. This preverbal and primitive basic assumption aims at impeding the growth and evolution of the group, as do the other basic assumptions described by Bion. In the *omerta* type of functioning, discourse is cryptic, allusive, and sometimes occurs with a severe split between signifier and signified. The predominant feeling is suspicion. The main aim is not to reveal.

Ferschtut quotes Rodrigue, who asserts that the International Psychoanalytical Association grew up under a two-faced power: an open one that unified and protected (amid dissensions, exclusions, suicides), and another that was masked, invisibly leading the business matters. For Ferschtut, the latter is a continuation of the older Seven Rings. He points out that, significantly, according to the etymology of *mafiusu*, the sense of the word is of someone who defends his rights and exercises justice by his own hand, thus forming a fraternal bond.

Ferschtut anchors some of the ideas presented in Freud's *Group Psychology and the Analysis of the Ego*. He elegantly shows

that a silent pact starts to create a mystery, a power within the group, a shell of isolation. Within it lies guilt—for the fantasy of having stolen the paternal penis and for the betrayal of siblings. He highlights that we are always the recipients of our patients' secrets, thus introducing the subject of ethics. Often, the splitting of analytic groups is based on ethical issues. The idea that each group is a closed system invites rituals and violence. Ethical issues may easily be confused with theoretical ones.

Ferschtut then refers to Bleger, delineating how all of us deposit in the institution of psychoanalysis both the most undifferentiated and symbiotic parts of our psyche and the most evolved structures involved in our symbolization process. The author here relates the evolution of psychoanalytic thinking to the title of the article. Rings leave a vacuum—of theory and of knowledge. The infinite chain would be a symbol of the theory not yet developed, of new forms of thinking that at times become obstructed by closed, secret systems.

For Ferschtut, theory is the source of the analytic group's identity. We must distinguish, then, institutional functioning that supports the development of theory from that which supports only a particular state or phase of the theory. He quotes Wallerstein in his discussion of psychoanalysis versus therapy, noting that we cannot determine the differences if we do not take into account the diverse social contexts in which such procedures take place.

Society, Ferschtut affirms, has the right to demand therapeutic results. Faced with this demand, if we cling to the notion of analysis as a more encompassing term, if we prioritize "standards" over results, we place the role of the laboratory technician over that of the physician, or we confuse cure with adaptation to a model of health. As long as we try to maintain old methods and overvalue our standards in comparison to an interest in transformative changes, there will be institutional polarization.

Focusing on countertransference, Ferschtut pointedly describes the evolutionary changes in the concept. The old theory left a vacuum, a hole in the center, the ring, in which a link appeared: first, the notion of countertransference, next projective

identification—and then psychoanalysis opened its realm as new hypotheses became linked into a chain.

Ferschtut valiantly states that as a profession, we lack a historical and cultural context as we examine the theory and practice of psychoanalysis. We function in part as the Committee of Seven Rings: we lose perspective and resist awareness of external change, yet we also seem to ignore how we ourselves have contributed to, and are thus responsible for, some of those very changes. This provides a dose of entropy to the system.

Our discipline has grown and enlarged its scope; its borders have expanded. Yet we must still attempt to understand much more. Hopefully, we can do this as a work group. Our phase of splendid isolation has ended; we must tolerate the uncertainty that these times demand. We are the producers of change, so we must be especially ready to confront it. Psychoanalysis is, by definition, crisis. If we fill the vacuum with new ways of thinking, the links in our knowledge can multiply, extending the chain.

**Transmission between Generations: Secrets and Ancestral Mournings.** Alicia Werba, pp. 295-313.

The author traces the effects in the psyche of two kinds of phenomena that belong to the parents' and/or grandparents' lives. The focus is on processes of mourning that affected the early lives of the parents and were never worked through, on the one hand, and on the other, on shameful or guilty secrets that were never verbalized but perhaps obliquely alluded to, presented in fragments, or conveyed only through nonverbal messages.

Similar to pathological mourning in the fact that the affects evoked have not been connected with words, ancestral mourning differs from the former in that it does not belong to the life of the person affected by it, but to someone else's. Ancestral mourning imposes a psychic burden and demands unconscious psychic work on the descendants. Ancestral secrets, which appear in disturbed family structures, often demand a degree of splitting. More important than the content of the secret is the form in which it is dis-

guised and transmitted, the empty space created by the secret, which may be filled with the patient's obsessions or phobias.

"What is unspoken in the first generation is unnamable in the second and unthinkable in the third," affirms Werba. The resulting symptomatology in the patient often takes the form of anguish, somatizations, or phobias. Referring to the work of Abraham and Torok, Tisseron, and Faimberg (the latter, incidentally, being another Argentinean living abroad), Werba deals with the vicissitudes of identification that make the symptomatology possible, creating areas of alienation in the patient.

The author offers a methodically described, rich clinical example of an analysis that gradually dealt with both processes of mourning and tragic secrets in the life of the patient's ancestors. Through profound work on the patient's dreams, Werba facilitated the working through of pathological identifications. She points out that, whereas the identificatory web is, of course, the result of messages derived from both the libido and the death instinct, only the latter creates areas where the unprocessed fragments can appear to be alien.

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As the reader may appreciate, the authors of the preceding papers are particularly immersed in contemporary French psychoanalysis, as well as in the work of Freud, Klein, and classical Argentine analysts. Among the latter, Bleger appears frequently in the bibliographies, especially with respect to his ideas on maternal symbioses, many of which were later taken up by Green.

The intellectual background of these authors is one of refined theoretical preoccupation, within different conceptual models from the ones we are familiar with in North America. Their interests are expressive of the way these analysts attempt to deal with the situations of social distress in which they live. Their creativity has made possible the development of new ideas around events that may seem at times unthinkable. Social and economic violence, chaos, and ultimately social breakdown have created the conditions in which these trained observers have been challenged to maintain their capacity for thinking.