PATIENTS READING ABOUT THEMSELVES: A STIMULUS TO PSYCHOANALYTIC WORK

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Patients' reading of their psychoanalysts' papers about them as a vehicle for psychoanalytic work is a relatively new phenomenon in the field. Over the past five years, reports of analysts' employment of their writing in this fashion have begun to appear in the analytic literature. This paper presents clinical illustrations of this specific use of analysts' writing. These illustrations were drawn from interviews with analysts who published clinical articles in Psychoanalytic Dialogues *between 1995 and 2003. The author considers some of the clinical and scientific implications of this use of papers written for publication.*

INTRODUCTION

Over the past two decades, it has become increasingly common for analysts to request permission from their patients to publish clinical material, rather than merely to disguise it (Kantrowitz 2004c). Many analysts who showed their patients what they had written found that both the request and the patients' responses to the written material evoked and highlighted reactions that were central to their patients' difficulties.

In the last five years, another trend has emerged: some analysts now introduce a request for permission to publish the material with a focus on what the request and the reading of the paper will stimulate in analysis. There is a shift from thinking of the request as an

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introduction of the analyst's agenda based on the wish to publish, to thinking of the request and showing the material as a vehicle for facilitating the analytic work, something that is beneficial to the patient. I will provide some historical context for the changes in view and then illustrate and discuss these newer ideas and practices.

A Brief Historical Review

Writing about patients in decades past was assumed by many analysts to be an activity that did not necessarily involve patients, provided their identities were properly concealed (Freud 1905). While protecting confidentiality was always viewed as essential, analysts were sometimes less successful in accomplishing this than they assumed (Mahony 1984, 1986). Beginning in the late 1960s, societal ideas about the acceptance of authority began to change. By the early 1980s, postmodern influences began to be reflected in mainstream North American psychoanalytic literature. The analyst was no longer viewed as a blank screen, but as a contributor to the analytic process (Hoffman 1983; McLaughlin 1981). Psychoanalysis came to be seen as a two-person process. Concomitantly, patients' rights to privacy and autonomy became a focus.

Stoller (1988) raised concerns about the ethics of writing about patients without obtaining their consent. Lipton (1991) soon followed, echoing a similar caution. Both these analysts illustrated the process of asking patients' permission and describing patients' reactions to reading what their analysts wrote about them.

While in the late 1970s and early 1980s, sixty-eight percent of the authors publishing clinical examples in the *Journal of the American Psychoanalytic Association* and the *International Journal of Psychoanalysis* employed only disguise, by 2003, only forty-three percent of authors in these same journals maintained this approach. Another forty-three percent changed their practices to varying between only disguise and the seeking of permission, with fourteen percent always asking permission (Kantrowitz, in press, b). Most of these authors, when asking consent, have also shown patients what they have written.

In addition to changes in cultural attitudes, analysts who advocate asking consent cite concerns about increased access to published material due to the Internet; they worry that patients may find their own material and feel betrayed. Such discoveries may have untoward clinical ramifications, and sometimes also result in lawsuits. But proponents of disguise alone maintain that, due to the influence of the transference, there can be no truly informed consent, and asking permission intrudes the analyst's agenda either into the patient's analysis, or into his or her life, if the analyst asks permission after termination. The manner of preserving confidentiality remains a heatedly debated topic.[1]

The Design of This Study

This paper presents examples provided by nine analysts who have used the papers they wrote about their patients as a stimulus for the analytic work. The clinical material comes from 30- to 60-minute telephone interviews that I conducted with authors who published in *Psychoanalytic Dialogues* between 1995 – 2003.[2] These interviews were conducted as part of a study of analysts' attitudes and practices in relation to writing about their patients and the ramifications of patients' reading about themselves. Certain categories of material emerge as common focuses of analytic attention. I will discuss and raise questions about the implications of the introduction of this new analytic technique, both for the treatment itself and for its effect on the readers of analytic literature.

Literature Review

The amount of literature on the analyst's use of written material as a vehicle for clinical work is small (Bridges, unpublished;

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[1] Gabbard and Williams (2001) have provided flexible guidelines for preserving confidentiality when writing about patients. Gabbard (2000) has further reviewed the central argument in this debate.
[2] I attempted to contact and interview all fifty North American authors who had published clinical material in *Psychoanalytic Dialogues* between 1995 – 2003. I was able to locate forty-five of them. Thirty-one agreed to participate in telephone interviews.

Crastnopol 1999; LaFarge 2000; Pizer 2000). To the best of my knowledge, no such literature existed seven years ago. Three of the four authors cited identify themselves as theorists of relational psychoanalysis. Only LaFarge was trained in an American Psychoanalytic Association–sponsored institute; she maintains an eclectic theoretical orientation.

LaFarge (2000) thinks having her patients read her accounts of their analyses is a useful step in de-idealization of her as the analyst. She does not view this as a technique that would be appropriate for patients who are themselves mental health clinicians because she thinks it might encourage intellectualization of the process (LaFarge 2002). She asked two patients to write narratives of their analyses and gave them the parallel narratives she had written. LaFarge was apprehensive that her patients would experience this reading and writing as an imposition of her interests, but thought the possible therapeutic benefit worth the risk—a risk that she believed would be analyzable. She recounts that reading what she wrote helped her patients to see that she did not always view herself or her work as perfect in the way that they imagined. In one instance, it also stimulated competitive issues that led to a patient's taking more responsibility for her own ambitions.

Crastnopol (1999) thinks it is wishful thinking or denial to believe that the impact of writing about patients will not be part of the dyad's intersubjective experience. In her view, many patients accept being written about because they have a wish to be part of their therapists' lives in a fuller way. Partaking in the professional side of the therapist's life by being the subject of an article provides a wider community for the patient as both a source of mirroring and a kind of holding environment. Crastnopol gives an example of a patient who was at first pleased to be asked, but then revealed ambivalence about the request in a dream. When the patient read the therapist's account of this interaction, she also found evidence that the therapist had not understood things in the way the patient had assumed. The patient believed that the therapist had not clearly enough conveyed that the patient had "felt less accepting and more ambivalent about the dream therapist's

distractedness" (p. 454). Crastnopol acknowledges that she may unconsciously have wished not to permit herself to be aware of the possibility of having carelessly hurt the patient. The patient also expressed her wish to view her therapist's writing about her between sessions as signifying an involvement with her, but considered this idea preposterous. Crastnopol describes a process in which she and the patient shared their formulations and readjusted their understanding of each other and their work in the process. The therapist became more in touch with the patient, and the patient gained a greater trust in the therapist.

Pizer (2000) wonders whether his writing interest interferes with his listening and interpreting activity, or whether it more keenly focuses his attention, "bringing patterns into awareness and enhanced clinical use" (p. 250). He believes that analysts' gratitude to patients for permitting use of the material may deepen "a loving bond that opens further potential space in the treatment relationship" (p. 250). One patient's reading of his paper enabled the patient to see how the analyst held his patient and his patient's subjective experience in mind. Through their negotiations around the details of the written material for publication, the patient also recognized how the analyst worked together with the patient to provide for the patient's needs. Pizer believes that such writing metaphorically holds together, contains, and integrates the patient's experience in the treatment.

In another example, Pizer wrote to a former patient to request permission to publish material about a treatment, which the patient had broken off with Pizer. The patient's reading this paper led her to wish to return. This patient believed that what Pizer wrote was more about himself than about her, but what she believed she learned about Pizer was precisely what reassured her and made her feel it was safe to return to treatment. She saw the way he thought about his work as indicating that he was of "sound mind" and "high seriousness" (p. 257)––in contrast to her family. There was a safety in knowing the way he thought about his work and how it was linked to a professional community. The fact that he shared the details of his work with others in his profession gave her a sense of safety.

Bridges (unpublished) believes that reading the therapist's account of clinical work can be a vehicle for further clinical work. She spoke with sixteen patients, eleven in treatment and five who had terminated, and offered to share with each of them a draft of a chapter for a book in which she described a clinical interaction with each patient. All these patients were in psychotherapy, not psychoanalysis. Fourteen patients gave her permission. One patient felt angry, hurt, and betrayed, and left the treatment after a short time. Some patients' reactions changed over time. After the initial reading, other patients never mentioned it again, but for some, reading the chapter became a therapeutic vehicle.

For example, one of Bridges's patients had hoped to find written documentation of the therapist's warm feelings toward her, in order "to diminish her shame at the depth of her longing" (p. 14) for the therapist. She was hurt and shamed not to find this. The patient highlighted in red the passages that hurt her feelings and stimulated shame. Then, later, in reviewing the chapter again, she highlighted in blue the passages in which the therapist expressed feelings and thoughts about her. She saw that, even though the therapist had not written as much as the patient had wished about her own feelings and thoughts about the patient, they were in fact present in the manuscript. The experience of the discrepancy between her own initial reaction and what she came to recognize as the therapist's reflections about her enabled her to see the extent to which her affective state had shaped her perceptions.

Another of Bridges's patients, who at first found the therapist's formulations distancing, came to realize that seeing the therapist as an observer who stepped back and viewed their process was relieving. This patient had previously had a therapist who had been unable to maintain sufficient therapeutic distance. Other patients, who at first found reading the material a way to self-soothe in the therapist's absence, later experienced new anxieties when they recognized a level of separateness between themselves and the therapist in the written material. For many patients, the experience of reading what the therapist wrote was a validation of

her trust in the patient's process, enabling them to feel more trust in themselves.

These illustrations in the literature point out several ways in which patients make use of reading about themselves: (1) for validation; (2) to clarify misunderstanding in both directions; (3) to heighten awareness of transference-countertransference interactions and to make past experience more emotionally alive in the present; (4) to detect and examine the analyst's thoughts and feelings about the patient; and (5) to facilitate a process of de-idealization.

Many relational analysts feel freer about asking permission and show their patients the clinical material they wish to publish because they believe their patients benefit from reading what their analysts write about them.[3] They describe how patients' reading about themselves helps to focus them on central transferential issues and brings these concerns to center stage in the treatment.

RESULTS OF THIS STUDY

Nine authors in the sample who published in *Psychoanalytic Dialogues* have shifted from the classical position of providing an account of a patient in order to illustrate a theory or technique, to viewing and using their papers about their patients as a tool to advance the treatment. Their conscious rationale for this practice is that the therapeutic action of psychoanalysis occurs in the context of conscious and unconscious engagement of patient and analyst, where the meaning that occurs is co-constructed. As such, these analysts welcome, and may even create, through the introduction of their papers, heightened transference-countertransference interactions. While this view is consonant with their theory,

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[3] Seventy-seven percent of the authors interviewed who had published in *Psychoanalytic Dialogues* report that they ask patients' permission for publication at least some of the time, compared with fifty percent of interviewed authors who had published in the *Journal of the American Psychoanalytic Association* (Kantrowitz 2004a), and compared with forty-two percent of the authors interviewed who had published in the *International Journal of Psychoanalysis* (Kantrowitz, in press, a).

other motivations, both conscious and unconscious, that lead analysts to these decisions may be ignored.

I will present illustrations provided by these analysts and then discuss the complexity and controversy around these issues. My comments will first be directed toward highlighting the analysts' perspectives. It must be remembered that these reports are based on relatively short interviews. As a result, the analysts' accounts may not portray the depth and complexity of their thoughts. I will postpone offering arguments contrary to the analysts' views until I have presented all their examples.

These examples fall into three general categories: (1) the analyst's becoming aware of a countertransference or a characterological aspect of him- or herself; (2) the patient's becoming aware of the analyst as a separate person; and (3) both the patient's and the analyst's becoming aware of issues highlighted in the writing that then gain increased prominence in the analytic work.

In most instances, these papers were not written with the conscious intent of furthering analytic work, but it is the view of these analysts that the effect of their patients' reading these papers has had this positive outcome. As with many papers about clinical work, countertransference factors were often the stimulus for writing. The unconscious wish to communicate something to a patient is an additional motivation, once it is expected that the patient will read the analyst's paper. A number of these papers were also shown to the patient by the analyst, with at least part of the analyst's conscious intent directed toward its impact on the patient in relation to the analytic work. (Whether this agenda was the central, conscious motive for writing the paper was not explicit.) I will highlight the differences among the respondents in conscious intent, as I have understood them.

Countertransference Recognition

One analyst reported that his written material unconsciously communicated something to his patient that had not been explicit in the treatment. Consciously, he had shown it to the patient to ask

her consent. Unconsciously, he may have wished her to know something about his countertransference. Here is an excerpt from his account:

> The patient's father kissed her good night, a gesture that she experienced as eroticized. In the paper, I included my reaction to this, something I'd not specifically told her about in the treatment. [The analyst left the specificity of his reaction to the patient unstated, but the implication was that it had been his attraction to her.] It led to an explanation from me. I wasn't consciously intending the paper as a communication, but it was. Then it became part of our work.

In this instance, what was revealed was specific to the analyst's countertransference to this particular patient. The analyst in this context was not unaware of these feelings. But what he *was* unaware of was that he was using his request for permission to publish to reveal these feelings to the patient. The analyst, it seems, was conflicted about directly revealing an erotic countertransference. Many, probably most, analysts would share his concern. In this respect, by giving the patient his paper to read, he bypassed a prohibition, communicating his feelings without consciously deciding that he was going to do so. He then needed to work with this revelation with the patient. One must assume that the analyst had been in a state of denial in not anticipating the paper's impact on the patient. Countertransference reactions are inevitable, as are unconscious intrusions. However, while it is courageous of the analyst to reveal to the patient as much as he did, it is also important for analysts to maintain an awareness of the need for self-scrutiny.

In the next example, taken from another analyst's account, what the patient picked up from the shared material was a more general attitude on the analyst's part, rather than a specific reaction to the patient herself; however, the analyst's attitude had particular pertinence to the patient's background. This analyst's conscious motive for showing the patient his paper was also to request her permission for publication.

This patient's concerns were organized around social class issues and feelings of being disrespected. When she read a paper I wrote about her, she found evidence of disrespect in what I wrote and called my attention to it in a playful but slightly sadistic way. She reacted to my wording that she had "kicked alcohol." I could see what she meant. It really called my attention to how she perceived me. It brought into focus the different things she saw as disrespectful, which she hadn't formulated that way before —e.g., my taking vacation when I wanted to, and her having to pay when she went on vacation. My saying that the rules were for my benefit helped because she thought I had been hypocritically covering up in pretending that they were for her benefit. All this became clearer after she read what I wrote.

In this case, the written material provided supportive data for the patient's perception of the analyst's attitude of disrespect, and sensitized the analyst to the patient's point of view. It would appear that the analyst confirmed the accuracy of the patient's perception about what she had detected in his paper; she then felt freer to voice her complaints about other areas where she believed his disrespect showed. But this in turn enabled the analyst to clarify that she had attributed disrespect to details of the framework where it did not exist; he did so by explaining the motives for these rules. (It is not clear whether he also encouraged the patient to associate and to elaborate on this perception of disrespect, since this was not the focus of his communication in the interview with me.) In accordance with his theoretical beliefs, he openly communicated his own views and his new self-awareness. The written material does not seem to have brought about new insight to the patient; it only confirmed her perceptions. It was the analyst who learned about himself and then used this learning to provide further clarification to the patient. The patient, in this respect, had served as his supervisor.

Another analyst offered a similar example. He also focused on the beneficial nature of his increased appreciation of countertransference reactions that a patient had perceived and addressed after

reading the analyst's paper. He, too, consciously intended only to ask for permission.

> When patients read something I've written, sometimes they appreciate being portrayed sympathetically, but when they don't feel this way, it leads to tensions and sometimes ruptures in the work. We explore how they feel misperceived or misunderstood. Sometimes this leads me to see my biases or limitations, the factors in me that have kept me from seeing something about them. For example, one woman was ambivalent about continuing treatment versus becoming part of a cult. She saw my writing about this as reductionistic. I had tried to see her perspective, but in reading what I wrote, she saw me as not understanding or appreciating her point of view in her conflict. Seeing this, I felt, helped me to broaden my perspective.

All three analysts whose comments are summarized above noted that patients' reading of papers written about them enabled the patients to show their analysts something about the analysts that had not previously been conscious for these analysts. Thus, the patient's calling attention to the analyst's attitude or feeling about him or her as manifested in the writing served as an interpretation that the analyst was able to take in. Two of these analysts indicated that their patients had previously tried to make them aware of their attitudes, but they had not grasped the validity of the patients' perceptions until they could see the evidence in their own written material. Again, the patient became a supervisor. The patient's reading was thus used in a situation of temporary role reversal, where the patient observed and interpreted the analyst. If the analyst can resist becoming defensive, as these three were able to do, then the patient feels validated and understood, and analysis may proceed and deepen. These three analysts maintain that showing their papers to their patients facilitated analytic work. Their focus in my interviews was not on the question of how to preserve confidentiality—these analysts were completely committed to always asking permission—but on the benefit to the patients from reading about themselves.

In other instances, however, the patient's perception of the analyst's countertransference may cause disruption in the work. One analyst offered this example:

> My patient was at first excited that I was writing about her. She felt like Freud's daughter. But when she read what I had written, she became inflamed. I ended with a quote from Adam Phillips about flirtation: "You can play and keep things alive and not serious." She was enraged, feeling my countertransference was more play than real. She couldn't tolerate her sense that I was putting our work in intellectual, theoretical terms. She felt it as abandonment. She wanted it to be that I was writing about her because I was so taken with her, not because her treatment illustrated something. For me to have an interest in theory was something just for *me*. It altered the developmental progress of the analysis. This was not a good outcome. I was writing about a transference that had not been fully explored, both in relation to the ongoing transference and to the meaning of my writing to her.

This analyst recognized the interference that his patient's reading about her analysis posed for their analytic work. As in many other examples, the patient's reading what the analyst wrote brought the transference meaning to the fore. The analyst was both honest and self-reflective. He acknowledged that he had not carefully enough thought through the effect that reading the paper might have on the patient, based on the state of her transference and the limits of her understanding of it at the time. The kind of self-reflection that he referred to is all that one can reasonably expect when analysts make decisions of this type; it is an illusion to think that one can ever know enough to really be sure how a patient will react. This patient did not want to know about the analyst except in terms of his involvement with her. Nor did she want what they were doing together to have meaning or use for him apart from their engagement with each other. The recognition of the "as-if" nature of the work shattered her sense of connection with him.

Not every patient reacts this way. One of Bridges's (unpublished) patients, who initially felt injured in a similar fashion, ultimately attained a therapeutic benefit from the experience of reading about himself. As one analyst described, some patients can appreciate that the analyst has a professional life that is separate from the patient's personal use of analysis (Crastnopol 1999). Gerson (2000) points out that, for some patients, the imagined presence of this professional community as a third party, privy to the analytic work, is reassuring. The challenge is to discern which patients will experience the situation in that manner and which will not. Even if it were possible to make this distinction, and if the clinical problem could be solved, we would still be left with a problem in that published cases would represent a skewed sample; the result would be a distortion in the psychoanalytic literature.

Taking In the Analyst's Presence

Other analysts employ their writing in a much more conscious fashion as part of analysis. One analyst illustrated this process of using writing to engage his patient in a different way.

> I recently asked someone's permission. She's still in treatment and we could make something together of my thinking of her. First, she found it exciting, but then she found it a violation, though she could stay with it in ways that are possibly good for analysis and probably not bad for her in general. She gave permission and I showed my writing to her. I don't know what informed consent would mean, given who she is and what our relationship is. She's not in a position to say no. She was excited by the ideas I had about her and that I was thinking about her in that way, but then it felt like it was nothing about her, only all about *my* ideas, aggrandizing my ideas and exploitative of her. This reaction is so thematically connected with the whole analysis—that the analysis is for my benefit. She fights and resists the process; she doesn't want me to get the benefit of her getting better. Instead of putting the writing aside, as I would have with other patients who

have said that they didn't want me to write about them, I moved forward more aggressively, making it an issue between us. I more assertively engaged her passivity. I wanted the issue alive in the work between us.

This analyst introduced his request for permission and showed the patient what he had written with a clear and conscious intent to get her to think about his thinking about her. He wanted her to examine his view of her. The writing was used to stimulate her mental activity, to awaken her interest in their interaction. His stated motivation for the request was not about getting permission, but rather about provoking her increased engagement in analysis. This example is the clearest illustration I have come upon of how writing can be enlisted specifically as a vehicle in the analytic work. Presumably, this analyst had tried the more usual analytic techniques without success, and introduced the paper as another mode of communication in an attempt to overcome an impasse in analysis.

Another analyst also used the written material to help her patient become aware of the analyst. The paper had not been written with this motive, but the analyst believed that disclosure had a felicitous effect.

I asked my patient's permission to present material about her for a panel. She agreed and didn't ask any more about it. Later, she became curious and wanted to read it. She took the paper and kept it, and it became an integral part of our work. She'd reread it and come in saying she'd found something more; it enabled her to see more. The paper was very personal in regard to me, and she had trouble making me into a real person. So reading the paper was hard for her, but edifying, because she was so struck by her inability to make me a subject. She wanted to do that consciously, but she'd been unable to, and reading the paper brought home that emotional inability. When she'd reread it, she'd realize that she had forgotten that her mother had been depressed. She'd told me her mother had been suicidal, but she had never integra-

ted that into her representation of her mother, as something intrapsychically important to her. My denial of my own mother's pain was something I put in the paper. The fact that she learned that I had a powerful affective life helped her integrate her awareness of her defenses against knowing about that powerful affect in herself. She began to become more aware of her feelings. Also, she learned that I had subjective reactions in the sessions; she had walled off knowing that. Even though there were warm moments that she acknowledged, she didn't take them in as a full experience. Reading the paper and bringing it in over time began to result in more feeling in her and between us.

In this instance, the analyst's intention, at least initially, was not directed toward helping the patient take in the analyst's presence. The analyst did not give the patient her paper to read until it was requested. However, in writing the paper, the analyst may have acted out her frustration at not being perceived as a subject by her analysand. Most analysts agree that, once permission is asked, if the patient wishes to read the paper, he or she should be allowed to do so or the analyst must forgo using the material publicly. By involving the patient in reading very personal material about the analyst, an interpretation stimulated in the countertransference is bypassed and replaced by an action.

In regard to this last example, it could be hypothesized that the transference to the analyst was as the patient's depressed mother. If that is accurate, then the analyst's presence was acknowledged, possibly as a danger that had to be walled off. The analyst may have been trying to defend against a very distressing transference projection. It seems likely that the patient had avoided understanding how ill her mother was because the experience was too overwhelming, and she needed to protect herself from such intense fear. The analyst may have used the writing of the paper as a way to express and explore what the patient stimulated in her, an unconscious management of a countertransference that she may not have understood in respect to the patient's conflicts. The

analyst did not seem conscious of considering the impact on the patient of reading it.

It might also be speculated that, in revealing her pain in relation to her own mother, the analyst portrayed the possibility of affect containment—the analyst, unlike the patient, could allow painful memory to be conscious—and that the patient could use this in an identification. In this respect, the analyst might have been stimulating an identificatory self-transference, and thereby evading the more painful and frightening maternal transference. It was the patient who used her reading of the paper to begin to perceive the analyst as both separate from, and similar to, herself. The analyst seemed less aware of the patient's use of the paper in terms of recognizing similarity. However, it is possible that what the analyst reported is only the first step in a process.

In both of the latter two examples, the papers concretized the analyst as an other. Both patients seem to have had difficulty sustaining a sense of the analyst as separate from themselves. In the first example, it seems that the patient projected negative aspects of her experience onto the analyst and did not allow him to get close enough to engage in the work. In the second instance, the analyst felt that the patient was not taking in an awareness of the analyst as a person with her own sets of feelings, reactions, and personal history. Whether or not my added speculations about this second case are correct, it is clear that the patient used reading the paper to advance her analytic work.

Thus, a written paper invites the patient to use a different way of integrating information. The analyst's voice—the auditory experience of the analyst—is not part of the process, but his or her ideas are made visible and remain permanently available. The analyst's paper holds a reality steady for the patient to absorb at his or her own pace. The information can be returned to again and again, unchanged by memory or desire. It makes a link between patient and analyst, but it also casts them as having different centers of volition.

Both these analysts were exploring a new technique. Writing became a tool of the treatment, helping to make boundaries more

clearly perceived and reflected upon. Although these accounts do not specify why the analysts thought a new technique was necessary to facilitate this perception, both seem to have subjected the action and its ramifications to inquiries that promoted analytic work.

Enhancing Attention to Ongoing Analytic Issues

The next analyst whose remarks I summarize also pointed out how reading what the analyst had written about the patient disrupted the patient's construction of the analyst's attitude and feelings for the patient. Like the two patients previously described, this patient needed to readjust her perception. But she, unlike the other two, had her perception challenged more around a specific construction than in terms of her whole sense of self. The work with the paper was described as part of the ongoing analysis, more than as a stimulus that introduced something new.

> I wrote about a patient who had been hospitalized and its effect on her. It was written near the time of termination. My patient was in the field. She read it and was tearful. It became a revisiting of how treatment had shaped the patient's way of being. But the experience was seen as mixed because of termination; it meant taking something from the patient, making use of it. The patient questioned whether she had moved fast enough, made enough progress, and whether I liked her or really cared. These questions were there. Reading the paper made them come up more explicitly. It was a mixed bag to reexperience something that had been so difficult and painful. It was always present intellectually; reading it made it present emotionally. In the transference, the patient felt I was throwing her out. But reading what I had written threatened the construction that the patient was not important to me; the article made the patient feel specially connected to me. She showed the paper to her husband, who said, "It's the only way you'll get into print." That focused the competitive aspects—both between the patient and her husband, and between the patient and me. The trauma I wrote

about—being left by parents, feeling isolated, abandoned, and the object of their indifference . . . termination became a version of that. The patient felt an embarrassment that these feelings had been so tenacious. It was humiliating to her that these feeling had shadowed her life. But it heightened the work on these feelings in the termination and increased our focus on them.

In this instance, it seems that the patient and analyst had been actively working on transference issues of anxieties about whether she was cared for and her fear of abandonment. The patient's reading of the paper did not introduce any content into the analysis that either patient or analyst was unaware of. Rather, it augmented the patient's experience and brought in an intensified affective awareness. It may be that the patient was better able to allow herself to have her feelings because she felt less vulnerable. The paper gave her information about her analyst's attitude toward her; it addressed her fear that her analyst held the same attitudes that she felt her parents had had. Unlike the analysts in the previous examples, this analyst did not seem to feel that reading the paper was needed for this to occur; rather, the analyst wanted to illustrate how writing can augment the experience in the ongoing work.

Another analyst wrote about the effect of his infant daughter's illness and death on his work with a patient. He described how both the event and the patient's reading about it were woven into the analytic work.

This is the only time I made the material from what I was writing part of the work. I was writing a chapter in a book that concerned serious illness in the analyst's family and its relationship to the analytic work. My second daughter was born with a severe illness and died when she was one year old. This occurred in the early part of my work with someone whom I worked with for seven or eight years. The chapter alluded to my patient as my colleague. Around this experience, there was symmetry in our relationship. I highlighted what occurred that my patient observed, and how he responded to me with generosity and relatedness. It shaped collaboration, an iden-

tification between us, a symbiotic experience in the transference-countertransference. He'd lost his father when he was very young and grew up with a depressed mother; he felt he and his mother were like Siamese twins. One of his reasons for choosing me as his analyst was a feeling he had that I was depressed enough for him to feel at home. He became aware that I had a daughter who was very ill. I was missing a lot of work. I told him about this—as I told most of my patients and basically anyone who asked. I felt the desire and inclination to do so; I felt it kept me emotionally present.

Two years after my daughter's death, I'd written a proposal for this chapter. I had not yet asked the patient for permission to write about him. He was a writer himself and was trying to get a good friend, whose first name is the same as mine, to send off a manuscript, and was talking about this on the same morning I was sending my proposal in. It felt uncanny. I asked about his ideas in relation to writing. He thought I had an ambition for it, but had been inhibited. I showed him my proposal. He read it and described feeling a little competitive because he thought it was good. He also felt he played a role in helping me fulfill my ambition by being collaborative. I think this sense of being collaborative and helpful to me was central to changes in his feelings about himself. He could do something helpful that he hadn't been able to do with his mother.

This analyst illustrates a belief in the therapeutic action of analysis as occurring through an experience of the analyst as a new object (Loewald 1960). The example shows how this experience was concretized by collaboration and mutuality in both the work and the writing. While the analyst generally viewed his patient as a collaborator in the work, the specific need and connection to him—stirred in the analyst by his daughter's illness and death—may have played a major role in his decision to share this writing with the patient during their work. It was the only occasion when he had done this; all his other clinical writing had been done after analyses were terminated.

Another analyst emphasizes the view that her patients' reading about their work together was a vehicle for sharpening awareness and focusing attention on some aspect that was being defended against. Although she did not present this motive as her only or central reason for showing patients what she wrote about them, she believed that the fact of this potential therapeutic benefit made her more comfortable in asking permission to use material for publication. A summary of her remarks follows:

> One patient appreciates scholarship, so it enhances her trust in me when she reads what I write. It's not only how we work together, but also how I think that makes her feel safe. I make a point to talk to her about her defenses and character style, how she inundates analysis with stories; this for her is not only a defense, it's her signature. I highlight how she uses the work—as a structure as well as a defense. After reading this, she begins to question whether what she is doing at a given moment is a defense, or whether she is trying to communicate something. Of course, it can be both, but what is its purpose right then? This sharpens her attention on what she is doing at a given moment.
>
> In my writing, I also used some terms in relation to her husband, on whom she is hyperdependent, in ways I might not say them directly to her. I described her idealization of him and their hyperdependency on each other. It becomes something she can be more aware of. I hadn't been that explicit about her idealization of him in our work. At the time she read it, she said, "Hmmm. We're very close; maybe there's some idealization." It didn't hit her over the head as it might in an interpretation. This was more of an aside. But, some time later, she came back to it as something she had come to realize. The writing focused it and brought it more to the center of her awareness.

In this example, unlike the others, the focus was less on the transference-countertransference relationship and more on the patient's taking in of the analyst's awareness of defended-against in-

trapsychic aspects in the patient. Like the analyst in the previous example, this analyst emphasized that the written word helped focus the patient's attention on an issue that was already part of the analytic work.

SOME REFLECTIONS ON PATIENTS' READING OF THEIR ANALYSTS' WRITING

Relational analysts have pioneered a new way to think about the introduction of the analyst's writing into analytic work. These analysts provide examples of writing as facilitating some aspect of analytic work. They convincingly show that the patient, the analyst, or both (presumably, both in the long run) benefit from this process. Based on some of the examples, it can be shown that some patients may benefit from the concrete expression of writing. They are able to better absorb something through reading than from spoken words—perhaps because they can hold these ideas constant by reintroducing them into awareness when they begin to slip away. It may be that such written material provides a kind of transitional object, creating an object constancy for these patients that the real person of the analyst does not. Relational analysts may be illustrating the benefit of this technique for particular kinds of patients for whom usual analytic techniques are insufficient. But not every patient needs this particular approach.

The theory that the therapeutic efficacy of analysis occurs in conscious and unconscious interactions, co-constructed by patient and analyst, provides relational analysts with a justification for this method. As analysts, however, we are aware that decisions are rarely, if ever, based only on conscious rationales. Analysts wish to publish their papers; this wish is most often their leading, conscious reason for writing. There is nothing ignoble about personal ambition as long as it does not lead to insensitivity or disrespect for others. Unconscious factors also fuel wishes to publish. I have previously discussed the role that narcissistic and exhibitionistic needs

may play in writing, as well as in the unconscious use of patients (Kantrowitz 2004a). The conscious and unconscious motives for writing are not unique to psychoanalysts. All scholarship likely has some similar dynamic underpinnings, though individual variations make generalizations overly simplistic.

The fact that psychoanalysis as a field not only benefits from, but also needs, published clinical illustrations is indisputable; this fact makes analysts' personal ambition and unconscious needs useful for the advancement of knowledge, as well as for the benefit of future patients. Relational analysts are now suggesting that the patient who is written about may also benefit from the writing. Nonetheless, even if gain is evidenced by both the state of knowledge, and by present and future patients, analysts' self-interests, more than their altruistic motives, are likely to be the impetus for writing. The motives for writing and showing patients what is written are always multiply determined. Sometimes, showing a patient what the analyst has written about him or her may have a less than kind motivation behind it; conscious or unconscious anger or sadism may be revealed.

Once analysts believe that their patients gain something from being written about, the conflict between writing to benefit the field and the clinical benefit to the patient dissolves. Certainly, when analysts accept this, they are taken out of the terrible dilemma of conflicting loyalties. Analysts' personal ambitions can then be fulfilled with less angst, and unconscious self-interests stir less conscious conflict. But there remains the question of when the reading really benefits the patient, and when the analyst merely wishes this to be so.

Reading about themselves distresses many patients. As I described previously (Kantrowitz 2004b), some patients do not mind being written about, but they do not want to know about it, no less read what the analyst has written about them. Asking permission is not a safeguard against patients' negative reactions; in a number of interviews with former patients, requesting permission to write about a patient was the first step in the loss of differentiation of roles between analyst and patient. The patients who reported these

experiences found this blurring of boundaries very detrimental to their analytic experience (Kantrowitz, in press, b). Of course, such transgressions do not always happen, but when analysts rationalize their actions, they are more likely to occur. On the other hand, in support of the relational analysts' position, certainly, there is benefit to patients when analysts can see and acknowledge their contributions to conflicts between them. I am not referring to analysts' disclosing these contributions to their patients, but simply to their knowing about them. Undoubtedly, in these cases, analysts gain new knowledge about themselves that can also make them more sensitive and effective in their work.

But if the patient knows the analyst's conflicts, thoughts, and feelings, what are the long-term effects of this knowing when it results from the analyst's confirmation of the patient's fantasies about how the analyst feels about the patient—versus the patient's "knowing" in a more ambiguous way? When does knowing that one has had an impact on one's analyst solidify a belief in one's perceptions and a feeling of being respected by another, and when does this become a burdensome sense of having too much power?

We are all aware that patients discern many things about their analysts' attitudes, values, and beliefs—even their personalities and conflicts—in a myriad of ways, without their analysts ever explicitly imparting such information. But I maintain that there is a difference between what is implicit and what is explicit. When such communications are implicit, patients may think they "know"; nonetheless, this knowing remains in an area of ambiguity. This area is the analytic space of "as if" and play. As Chused (1992) stated, even if what a patient recognizes about the analyst is true, it does not mean that this recognition is not also a part of transference. What is the effect of collapsing this space? It seems to me that this is likely to reinforce patients' defenses and resistances. Inadvertent enactments can be informative to both patient and analyst, but for the analyst to intentionally act in such a fashion is different.

We might also ask what limits concretization places on analysis. Can patients as freely pursue and explicate their fantasies when they know how their analysts really feel about them? And what

does "really" mean? We know that patients' feelings about their analysts evolve and change during the work; shouldn't we assume that the same is true for analysts? And what about an analyst's unconscious? He or she can write only about what is consciously known, and not even all of that is likely to be fully described in writing.

Once something is written down, it is there forever, but the feelings that have been recorded and transcribed may not have the same permanence. This last point needs special consideration, since the writing is used as part of the analytic work, and it is being done *during* the process, not after analysis has ended. Following termination, there is a more balanced perspective, as well as a clearer sense of what one feels and the meaning of what has been felt. An analyst may be aware that he or she is describing something that reflects only the current moment, but will the patient share this awareness? Is it reasonable to expect that of the patient? For those who can and do appreciate this fact, will reading foster intellectualization? For some patients, intellectualization may be helpful, providing a distance from which to more freely explore without becoming flooded by affect, but for others, it may serve as a defense against the very affective experience that they need.

When does acknowledgment of an erotic countertransference provide an elevation of self-esteem that allows a patient to more freely love and be loved in the world, and when does it create an interference with the development of loving others? As one analyst interviewed noted, a patient's belief that he or she is special or loved by the analyst can enhance self-esteem, but it can also create the feeling of an idealized, special relationship, like an idealized first love, with which no real-life relationship can compete. It is not always clear when the analyst is revealing these feelings for the sake of the patient and when it is for himself or herself. Unconscious factors push these decisions. How can one be sure?

The clinical examples provided in this paper mainly focus on the benefits of the patient's taking in more about how the analyst "really" is and "really" feels about the patient. The assumption seems

to be that this action on the part of the analyst is carried out for the sake of the patient and the treatment. But, as analysts, we know that motivations are more complex and multidetermined than that assumption would imply. The darker sides of the analyst's conscious and unconscious motives are given little consideration.

There are dangers in analysts' revelations of these feelings—dangers not just to patients, but also to analysts themselves. As one relational analyst said, speech is a performative act. It may not be so much a danger of the patient's knowing what the analyst feels as that the analyst may begin to lose his or her own sense of being the analyst. We have learned that boundary violations are far more frequent than we were previously aware.

The effect of knowledge of positive feelings, even when they are not so charged, is also not so clear. The patient's knowledge that the analyst has definite positive feelings for him or her may stimulate fantasies of being special that in turn may open material to be explored, but such knowledge may also close off other avenues from exploration. Some patients describe a fear of revealing material that might change the analyst's positive view. Every countertransference perception is Janus-faced for patients. Both feeling unimportant and feeling too important carry costs.

And what about negative feelings or even hate in the countertransference? Some relational analysts maintain that these reactions to patients should be processed in the work before they are written about. An analyst's anger, if visible, needs to be processed and understood. But unless both patient and analyst can understand countertransference hatred as projective identification, how can it be absorbed? And why would the analyst choose to reveal it? Can any patient really integrate that he or she has been hated —as a fact, rather than as an unconfirmed fantasy? Maybe. But again, over time, what will this mean? It seems likely that, at times of stress or self-doubt, this concretization would be returned to and ultimately turned against the self. There are times when patients benefit from explicit confirmation or disconfirmation from their analysts, but identification of which occasions call for this response must be carefully considered.

In an earlier paper (Kantrowitz 2004a), I raised concern about analysts' tendency to turn away from struggling with conflicts about employing only disguise in their published papers. The avoidance of deeper self-reflection and of considerations of complex motivations that might mitigate the use of this preferred stance was troubling when evidenced in certain examples. Similarly, some analysts who invariably ask consent and show patients what they write may be avoiding the struggles and conflicts with the opposite solution. Asking permission when there is a chance that a patient may find an article and recognize him- or herself seems essential, but sometimes, it may be appropriate to ask whether an article of this type should even be submitted for publication. At times, involving a patient in one's writing may be detrimental to the treatment.

An additional question is why this new technique is needed for the more high-functioning analytic patient. In the last example given in this paper, the analyst made it clear that the patient did not need the writing to do the work, but also that reading her writing facilitated the process by amplifying the patient's awareness of preconscious aspects of herself. The analyst viewed this as a gentler way of confronting her. The data support the analyst's view that the patient benefited from reading about herself, at least in the present moment.

Many relational analysts argue that it is these engagements that promote psychological change; this is the philosophical underpinning of their theory. But if the patient does not need this prod —the analyst in my last example stated that it was not necessary to introduce something through action for the patient to reflect about herself—then what is gained by introducing it, rather than letting the patient more gradually come to recognize her conflicts in another way? Does the decision to show one's writing to a patient reflect a lack of patience? Some analysts would argue that analyses take too long, and anything that speeds the process is of value; but we do not know all the consequences of making the analyst and the analyst's thoughts and feelings more transparent.

These examples make clear that analysts may be revealing attitudes, beliefs, and countertransference affects of which they may

be unaware. They need to be open to what their patients may perceive that was unintended, as were many of the analysts interviewed in this study. Relational analysts believe this is all part of the work. And, many times, the analyst's openness about such issues may be very effective in the treatment. Just like the choice either to ask permission to publish or only to employ disguise, such decisions must be made on an individual basis. Self-reflection is essential for analysts as well as for patients.

Data are not yet available on the long-term ramifications of the technique of sharing written materials about patients with the patients themselves. What we do know is that transferences are sturdier than was originally assumed. Knowledge of facts about one's analyst rarely interferes with transference proclivities. As some of my examples illustrate, some patients continue to strongly defend against taking in the individual characteristics of the analyst. The relational analysts who were interviewed used their writing to reveal countertransferences to their patients and/or to themselves, to make themselves known and to help the patient know themselves as separate, and to highlight issues or transference-countertransference conflicts. More classically oriented analysts have different theoretical views and use more standard technical approaches to these problems. The method of relational analysts is an ongoing experiment that may teach us more about psychoanalysis itself.

But there is another consideration: namely, that analysts' decisions to involve patients in their publications may potentially have an effect on the readers of psychoanalytic literature. Levin (2003) argues that, no matter how therapeutically or clinically useful it may be to involve the patient in the analyst's report of clinical material, it should never be done. His concern is that, once it becomes common practice that psychoanalytic papers have been read and approved by patients in advance, the readers of the literature will think that authors are no longer free to express their real views. Rather, readers will believe that the clinical picture presented has been censored by the narcissistic needs of patients. Based on my interviews with analysts in this study, there is reason to think

that many analysts have been selective in the material they pub-
lish, based on their concern for patients' sensitivities. It should
be noted that a number of analyst-authors who never ask permis-
sion and use only disguise also share these concerns, and exclude
from their writing areas they believe would be shaming to the pa-
tients. In other words, many analysts impose a censorship on them-
selves. Nonetheless, most analysts interviewed in this project felt
they were freer in what they wrote when the examples were not
shown to their patients.

Levin's position presupposes that all analysts will begin to in-
volve their patients in decisions about publication of clinical ma-
terial. While the current trend is an increase in the direction of
seeking patients' permission, many analysts—even twenty-three per-
cent of the relational ones interviewed—still rely on disguises
alone and do not ask consent. As long as a sizable literature exists
that is not dependent on patient approval, I do not think analysts
need worry about any loss of credibility in what they write for the
public.

The analyst-authors who are writing about work with patients
in which that writing has been shared are no less credible. Every
paper reports only a part of the analytic picture. Papers are written
with certain perspectives in mind and are intended to transmit
certain points. As long as the data that support these points are not
falsified, the veracity of clinical accounts should be perceived as
acceptable. Papers should be judged by how well the analyst has
been able to present the material. At the same time, the readership
should keep in mind that other material—material not relevant
to the analyst's topic—may have been excluded.

The danger is not so much that the psychoanalytic readership
may come to distrust what is written, but more that, if all papers
were shared with patients and dependent on their approval, the lit-
erature would wind up excluding many important topics out of
concern for patients' sensitivities. In many instances, analysts are
probably quite accurate in assuming that their patients would be
hurt by publication of such material—hopefully, not by the tone
of the writing or by any lack of respect, but by the embarrassment

of something having been made public that is intensely private and possibly humiliating to them. Under these circumstances, unless analysts can be quite sure that their patients are not identifiable and will not themselves seek out these papers, they need to sacrifice potential benefit to the public in order to protect their patients. But often this is not a necessary choice, and the analyst can find a way to preserve the patient's confidentiality and to contribute to the field of knowledge without involving the patient, when the analyst believes such involvement might be detrimental.

I have turned the spotlight onto the topic of disguise only versus asking patients' consent because the method described by the analyst-authors presented in this paper is compelling. As stated earlier, if analysts believe they can benefit their patients as well as themselves—and also benefit the field of psychoanalysis—by writing about their patients, the conflict of loyalties disappears. The logical next step, then, is for this practice to become the community standard, and for those who have continued to use disguise only to come to be viewed as—and to view themselves as—behaving in an aberrant fashion. Over time, aberrant behavior might be seen as unacceptable behavior. If such a standard of patient involvement with publication consequently became normative and was seen as the only acceptable behavior, then Levin's (2003) concern would be warranted. Such a widespread practice would also mean granting patients an inordinate amount of power that would likely not be to their benefit; and it would surely be detrimental to the literature in psychoanalysis.

Conclusion

Using written clinical material as a vehicle for therapeutic work is a creative innovation. There are many patients who may benefit from its introduction. But it needs to be employed reflectively and judiciously. And we need to study the long-range ramifications of employing it. It does not suit every patient or every clinician; nothing can substitute for individual clinical judgment and sensitivity. We need diversity in our methods for preserving confidenti-

ality and for doing clinical work, thus ensuring that such methods
can be tailored to each patient–analyst pair.

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THE COGNITIVE EFFECTS OF TRAUMA: REVERSAL OF ALPHA FUNCTION AND THE FORMATION OF A BETA SCREEN

BY LAWRENCE J. BROWN, PH.D.

Following a brief review of Freud's writings on trauma, the author discusses relevant theories of Bion, and in particular the concepts of the alpha function *and the* beta screen. *A clinical example is presented in which the patient's relatively recent trauma in adulthood had become fused with prior related experiences, leading to a propensity for repeated enactments in analysis and a failure to learn from experience. Drawing on the analyst's alpha function, the patient was gradually able to use mentalization to transform her rigidly structured traumatic organization. The author highlights the roles of dreams/dream associations and of screen memories in the patient's analysis.*

> My film [*Apocalypse Now*] is not about Vietnam. It
> *is* Vietnam.
> —Francis Ford Coppola (*Hearts of Darkness* 1991)

INTRODUCTION

I once treated a woman, terribly traumatized by an abusive family situation and trapped in recurring self-destructive enactments, who asked, in the middle of a session, "Dr. Brown, do you know anything

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about napalm?" I asked what she meant, and she said there was something important about it that could help me understand her inner experience more completely. I inquired further, and she told me that napalm had been designed to adhere to the skin and that it was impossible to wipe it away. My patient continued, "That's what it's like for me. I have this horrible thing inside me, like it's burned to the inside of my skin and I can't get rid of it."

I learned much of great value from this patient, and there are two features of our work together that I want to emphasize. The first was her subjective experience of something's having quite literally penetrated her "skin boundary" (Bick 1968, 1986; Grotstein 1997) and having lodged itself inside her. The second aspect was her sense of being besieged by an internal, concrete experience that was encoded as a raw sensory event, a thing in itself (Bion 1962a; Freud 1900, 1915)—a thing to be gotten rid of. It was her desperate attempts to unburden herself of this "horrible thing inside me" that led to her repetitively destructive behavior.

The clinical manifestation of these issues will be revisited shortly in a more detailed description of another case, but first I will proceed to a general discussion of massive trauma in adulthood, and, more specifically, to the implications of Bion's theories for our understanding of such phenomena. This paper addresses some of the effects of major traumatic experiences in adulthood, and suggests that Bion's (1959, 1962a, 1962b, 1963, 1967) theory of thinking can provide the analyst with a useful means of describing certain phenomena of trauma that are also of important clinical utility.

PSYCHOANALYSIS OF TRAUMATIZED PATIENTS

Several features of the clinical presentation of massively traumatized patients pose significant challenges to the psychoanalysis of such individuals: the often unyielding, persistent repetition of enactments; the patient's subjective sense of having a foreign body inside that cannot be "digested"; evacuative nondreams that seem to

offer little associative material; the deformation of at least a component of ego functioning; and unusually compelling countertransference reactions. My main thesis is that massive traumatic experiences affect the psyche by bringing about an impairment in the capacity for symbolic thinking (what Bion calls the *alpha function*), which results in the formation of a rigidly structured traumatic organization (the *beta screen,* comprised of *beta elements,* in Bionian terms) that dooms the traumatized patient to seemingly endless patterns of enactment, thereby precluding the ability to learn from experience. In particular, it is the quality of that traumatic organization that forms the heart of the traumatic situation, a situation characterized by a certain kind of cognitive concreteness.

I will now explore how these factors (the sense of having been penetrated by something from outside the self and the experience of that which has penetrated as being concrete in nature) have been approached in some of Freud's writings on trauma, before returning to a discussion of the relevance to these phenomena of Bion's theory of thinking.

Although Freud (Breuer and Freud 1893, 1895; Freud 1905) gave considerable attention to the role of trauma in the development of psychopathology, it was not until the horrors of World War I became impossible to ignore that his attention was shifted to the debilitating impact of massive, overwhelming trauma upon the psyche. It is important to note that, even though his theories underwent considerable modification (Reisner 2003), Freud always maintained an economic point of view as an essential element in his theory of trauma. Thus, with regard to the traumatized patient's characteristic experience of having been invaded by something outside the self, Freud (1920) offered the following observation:

> We describe as "traumatic" any excitations from outside which are powerful enough to break through the protective shield [*Reizschutz*]. It seems to me that the concept of trauma necessarily implies a connection of this kind with a breach in an otherwise efficacious barrier against stimuli. [p. 29]

Within this largely economic view of trauma (Baranger, Baranger, and Mom 1988), Freud attributes the experience of the psyche's having been penetrated by something from outside itself as a kind of psychological representation of the overwhelming of the ego's protective shield by the traumatic event. In the case of massive trauma endured in adulthood, the ego's protective shield is shattered, and the individual is bereft not only of a safe external environment (Laub and Auerhahn 1993), but also suffers an internal splintering of the ego. The degree of devastation may be so complete that the traumatized person collapses completely, as occurred with many victims of the Nazi death camps (Fink 2003; Tarantelli 2003); however, in most situations, there is a restitutive process in which the ego engages in order to adapt (Hartmann 1958).

From the point of view of Bion's theories, in this restorative process, the ego seeks to cobble together a semblance of cohesion (Levine 1990) from its fragments (*beta elements*) through the formation of a rigid traumatic organization (the *beta screen*), which has the effect of a "second skin" (Bick 1968, 1986) that encases the shattered ego. However, this is a Faustian deal: cohesiveness is reinstated, but at the cost of the capacity for play/imagination (Auerhahn and Laub 1984; Herzog 2001) and symbol formation (Segal 1957, 1978)—both losses that tether the traumatized patient to repetitive enactments.

For the purposes of this paper, I will stay with Freud's economic perspective as a central aspect of trauma, that is, "excitations from the outside which are powerful enough to break through the protective shield"; however, I suggest expanding this view to include Grotstein's (1997, 2000) definition of trauma as sudden, overwhelming stimulation, external to the self, that exceeds the individual's capacity for containment. The inclusion of the Bionian concept of *containment* allows for an extension of Freud's thinking to encompass the object relational dimensions of the so-called protective shield. Khan (1963) broadened the concept of the protective shield to include the role of the mother as auxiliary ego, while Laub and Auerhahn (1993) noted that severe

trauma disrupts the link to the internal empathic mother that comprises a dimension of the ego's protective shield.

Bion (1962a, 1962b, 1963) further elaborated the unique role the mother plays in offering protection to the immature ego through her capacity to help her baby manage overwhelming emotional experiences by *containing* the unbearable affects through a process of *reverie* (Ogden 1997), in order to make such experiences more bearable to the infant. This containing function is gradually internalized and becomes one of the pillars of the protective shield. Bion (1963) also introduced the significance of the father's role in bolstering the mother's capacity to bear her infant's painful experiences, and Gooch (2002) illustrated how the parents function as a containing couple, with the father stepping in to assist the mother in managing that which exceeds her capacity to handle. This internalized, combined parental container, with the father backing up the mother, is an aspect of the oedipal situation (Britton 1989, 1998; Brown 2002) that also becomes an additional component of the child's protective shield. Herzog (2001) does not refer to the internalized couple, but speaks of how the actual parents, working collaboratively to both stimulate and even out the child's aggression, can help build a framework that strengthens the child to be able to respond to future trauma with resilience.

In his "Introductory Lectures on Psycho-Analysis" (1916-1917), Freud stated that in the "war neuroses," experiences become traumatic because "The increments of stimuli have not been able to be 'worked off' in the normal way" (p. 275). Bion would refer to these "increments of stimuli" that inundated the ego's protective shield as beta elements, that is, raw sensory/affective experiences, like my patient's napalm analogy, that could not be mentally digested. Beta elements remain in the psyche as concrete experiences that cannot be thought about in secondary process ways, and instead are "objects that can be evacuated or used for a kind of thinking that depends on . . . manipulations of what are felt to be things in themselves, as if to substitute such manipulation for words or ideas" (Bion 1962a, p. 6).

The need to be able to learn from experience, i.e., the need for "increments of stimuli . . . [to be] 'worked off' in the normal way" (Freud 1916-1917, p. 275), gives rise within the psyche to the *alpha function,* which acts on beta elements to transform them (Bion 1965) into "alpha-elements which resemble, and may in fact be identical with, the visual images with which we are familiar in dreams, namely, the elements that Freud regards as yielding their latent content when the analyst has interpreted them" (Bion 1962a, p. 7). The process by which beta elements are transformed into alpha elements is reversible, and, like other ego functions, can result in regression to earlier stages: experiences that previously had been encoded as alpha elements may once again return as beta elements. According to Bion, an envious attack is the primary factor in the reversal of alpha function; however, *I suggest that an additional factor is the destructive effect of massive trauma that overwhelms the ego's alpha function, leading to the formation of a rigidly organized beta screen that gives the psyche a sense of structure in the face of that which cannot be managed.*

What constitutes this beta screen? Put in the language of trauma, the beta screen is the ego's attempt to piece together the shards of a shattered psyche to reestablish a sense of inner continuity and coherence. Bion (1962a) states that the beta screen is "coherent and purposive" (p. 22), but is also rigidly organized and impermeable to learning from experience. Just as the psyche can never regress to what has actually occurred before, so the formation of a beta screen is not simply a return to the original beta elements. Bion (1962a) says that

> The reversal of alpha function did in fact affect the ego and therefore did not produce a simple return to beta-elements, but objects which differ in important respects from the original beta-elements which had no tincture of the personality adhering to them. [p. 25]

Thus, the former alpha element is returned to its concrete origin, but now as a kind of meaningless ghost of its former self. These new beta elements, former alpha elements "divested of all

characteristics that separate them from beta-elements" (p. 25), are the detritus of an exploded psyche that are then fashioned together to form a "coherent and purposive" beta screen. It is interesting that Bion does not further elaborate the structure of the beta screen, and, in fact, does not refer to it again in any of his writings.

Meltzer (1981) has drawn our attention to the way Bion's notion of the reversal of alpha function expands Klein's (1940) concept of destructive attacks upon the self. Klein addressed the sadistic attacks upon internal objects and the self, while Bion elaborated how an ego function—in this case, the alpha function—may be attacked and dismantled. Meltzer states that "alpha process can perhaps work backwards, cannibalizing the already formed alpha elements to produce either the beta-screen or perhaps bizarre objects" (1981, p. 530).

In a related vein, Sandler (1997) proposed the existence of an *anti-alpha function,* defined as a universal tendency to reverse the alpha function and to "replace psychic reality with material reality" (p. 47). Thus, the anti-alpha function appears to comprise both a means of adaptation in a more transitory manner, and the ability to structure "rigid, concretized organizations in the mind" (p. 47). Clinically, one manifestation of the anti-alpha function is a situation of false truths that seem believable, a fable of psychoanalysis that actually precludes real analysis. Sandler asserts that the anti-alpha function may be instigated in the analyst, such that he or she inadvertently colludes with the patient's veil of truth.

Sandler goes on to adumbrate two categories of beta elements: *seemingly intelligible* ones and *seemingly unintelligible* ones. These latter beta elements are the kind described by Bion as marked by confusion and unrepresented, concrete emotional experience. On the other hand, the seemingly intelligible beta elements are "disguised by social collusion" (Sandler 1997, p. 49), comprised of what passes for rational thought with diluted or no latent content, and what may actually be quite bizarre but that also passes for normal. Sandler does not connect these subtypes of beta elements to the concept of a beta screen, but it appears reasonable to assume that a beta screen may be made up of various combinations of these two types of beta elements.

I would now like to return to my hypothesis that massive psychological trauma has the destructive effect of reversing alpha function, leading to the formation of a rigidly organized beta screen that gives the psyche a sense of organization in the face of that which cannot be managed. Emotions that are unbearable to experience in a meaningful way (alpha function) are coped with via a defensive concretization (Brown 1984, 1985, 1987) that offers the embattled ego a kind of adaptive plea bargain: instead of having to manage unbearable alpha element experience, the ego can shift defensively into an active muscular mode (Bion 1962a), attempting to expel concretely felt beta elements through violent projective identification. The beta elements that form in response to trauma are composed of perceptions of the traumatizing event that have been rapidly compressed with associated experiences from the patient's past.

What I wish to emphasize here is that *a massive trauma in adulthood enlivens latent childhood experiences, which are then organized by what occurred in adulthood*. Unlike the situation that obtains when there is childhood trauma that then organizes later experience under its aegis, massive trauma in adulthood can instead organize what has occurred in the past.[1] This proposal is closely linked with Freud's (1918) concept of *nachträglichkeit*, or "deferred action," which he delineated in his description of the Wolf Man. He asserted that an early, dormant perception of parental intercourse remained quiescent in this patient until a dream occurred when the patient was four years old, at which time the earlier recollection achieved psychological meaning, once awakened by the subsequent dream.

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[1] Blevis (2004), in discussing Primo Levi's Nazi concentration camp experiences, describes how the "traumatic shock" has the effect of "compressing the array of traumas of the person exposed" (p. 753), and also results in "the murder of the metaphorical dimension of language" (p. 756). I am in substantial agreement with these statements, but I emphasize that the massive adult trauma is compressed with, and also organizes, the earlier traumas. Furthermore, a main thrust of this paper is a postmortem, in Bionian terms, of Blevis's "murder of the metaphorical dimension of language."

The situation I am elaborating here, however, is one in which the current trauma has become fused with prior related experiences into a concrete amalgam that cannot be thought about or dreamed about; these prior experiences are encoded as beta elements that are adaptively fastened together into a brittle beta screen. This beta screen becomes the traumatized patient's "story," which organizes his or her chaotic inner world, and which is elaborated repetitively in the patient's associations and persistent transference enactments, and in the analyst's countertransference responses. A particular countertransference reaction is the analyst's questioning "what really happened to my patient?" (Levine 1990), and the tendency to be drawn into a collusion that views the patient as victim (Reisner 2003), which I believe to be a result of the "seemingly intelligible" beta elements that comprise part of the traumatized patient's beta screen.

CLINICAL EXAMPLE

Ms. R, a research scientist in her mid-thirties, initially consulted me because of problems in her marriage. An engaging, attractive, and highly intelligent woman, she had been married for several years and at the time had no children. She suspected that her husband had a problem with alcohol, which was masked by his denial and minimization; this left her feeling very unsafe in the marriage. She described her husband as oversexed, and although they had frequent intercourse, she was unable to reach orgasm. Almost parenthetically, she said that she had been brutally raped in her early twenties, but now felt that was behind her since she had had several years of intensive treatment following the assault. We met in twice-weekly psychotherapy for one year, and then began analysis when it became clear that her rape had impacted her life more profoundly than she had previously believed.

Ms. R was one of five children. Her parents' first child, a son, died in infancy, and her parents had adopted a daughter several months after the tragic loss. Her mother became pregnant with Ms. R as the adoption process was nearing completion, so that the

mother had two babies to care for. When Ms. R was two years old, her parents adopted another child, this time a foreign-born boy who was then six years old. Another son was born when Ms. R was four years old. Ms. R felt that her mother had never mourned the death of the infant son and had quickly sought to replace the loss.

The patient described her mother as a bon vivant, always the center of lively attention, very attractive, dressed to emphasize her sleek figure, and who, at the age of seventy, "was still a fox." Her mother was also a Pollyanna who did not want to hear any bad news, and upon hearing an unpleasant story, was known to say, "I'd die if that ever happened to me." When Ms. R told her mother of the rape, she was unable to comfort her daughter, afterward referring to the attack as simply a "mugging."

Ms. R was very close to her father, a successful business executive, who was the more nurturing of her parents. He was able to comfort her after the rape, but only in a limited way, and after twenty minutes, told her a story about how soldiers have to get back to the battle and go on to the next mission.

She remembered her early years at home as nearly idyllic except for one blemish. The adopted boy, P, became increasingly bizarre as he grew older. P was preoccupied with violence and sex, and once said that a sailor had forced his penis into P's mouth. He also made frequent lewd remarks to their mother. Ms. R remembered one occasion at dinner when P said, "I'd like to fuck you, Mom," to which her mother responded with a wave of the hand and in a somewhat flattered voice said that P was being inappropriate. Ms. R also recalled that P was so provocative that her father, ordinarily a gentle man who was not easily angered, exploded with rage and actually struck P repeatedly. P was later diagnosed with schizophrenia in adolescence and had been placed in a long-term facility when Ms. R consulted me.

Ms. R related the story of her rape as follows: While in graduate school, she was walking home from campus one evening with two other women when three men accosted them. Each of the men took one of the women and dragged her into the bushes and

raped her. Ms. R told herself that she would not permit this to happen to her, refused to submit, and fought her attacker with all her strength. She recollected that her rapist was joined by the other two men, apparently because they had finished with the other two women, and now the three men attempted to subdue her. She locked her legs together so that she could resist being raped vaginally; she reported that the men then decided to rape her orally. They forced open her mouth and one of the aggressors rammed his penis into it. Ms. R stated that she bit the man's penis as hard as she could, at which point that man pummeled her mouth with his fist. She also said that one of the other men tried to force a glass bottle into her anus. For some reason, however, the rapists suddenly relented and left the scene, perhaps because they heard someone approaching. Ms. R said that one of the women who was raped later killed herself, and that the other was currently in jail for having murdered her own infant.

Prior to the rape, the patient said she had been untroubled by events from her childhood, and had been able to experience pleasurable sexual relations, including the achievement of satisfying orgasm. However, the horrific incident of the sexual assault seemed to have a magnetic effect upon earlier painful events, forcefully drawing them together, like so many iron filings, into a new structure that was defined by the rape. This traumatic organization was split off from her everyday functioning, in which she had earned a reputation for being creatively flexible and open-minded; however, in her intimate relations, Ms. R could rapidly transform into a rigidly controlling tyrant.

To paraphrase Bion (1957), there was a sharp differentiation between the traumatic and nontraumatic aspects of this patient's personality. The traumatic aspect of her personality was rigidly organized, impermeable to change, and essentially concrete in nature: she hardly dreamed, and had meager associations, at most, to the few dreams she did have. Various components of her personality configuration were repetitively enacted in her analysis, which—as one might expect—was tumultuous and turbulent for both of us (Bion 1976). At times, Ms. R experienced me as her im-

penetrable mother, and so would deliberately provoke me to see if I could "take it," testing to see if I would dismiss her attempts to affect me or if I could tolerate and contain the unbearable concrete experiences that she was able to "think about" only through projective identification.

In some instances, she seemed identified with P, her adopted brother, when my interpretations felt like the intrusions of the sailor who had allegedly orally raped her brother. At other moments, she identified with the aggressor (A. Freud 1936) and became the attacker, a condensation of the rapists and P, saying that she wanted to throw me down and rape me, "with all the accumulated rage of every woman who has ever been raped." I found this statement both poignant and intimidating, and was able to interpret that she felt her rage to be so vast that she needed to splinter it into fragments for distribution among other women. Ms. R found this observation helpful, which restored a positive sense of me to replace the "rapist" me.

For a period in the analysis, Ms. R tried to seduce me sexually, sometimes turning on her stomach to look at me while licking her lips lasciviously. She said she wanted to arouse me and offered to perform fellatio on me; indeed, she succeeded in stimulating me to blush with embarrassment. She stated that no man could turn down the offer of a really great blow job. With much difficulty, I was able to regain my faculties and said that I did not see this as a sexual invitation, but more as her using a sexual offer as an attempt to maneuver me into being a "rapist" whom she could control and overpower. This seductive/controlling attitude toward me also expressed Ms. R's identification with her sexually provocative adopted brother, who succeeded in baiting their father toward violence. Thus, we could see both the remnant from her childhood experience and the rape from her adulthood condensed together, with the earlier occurrence organized under the auspices of the later one.

As Ms. R's marriage was explored, it appeared that the cover story of her husband's heightened sexual appetite was not the en-

tire picture; indeed, we learned that she also provoked her husband sexually, thereby turning him into a libidinous predator. She explained that she preferred to have sexual intercourse from behind since this did not make her feel claustrophobic, as sex in the missionary position did. Furthermore, we were able to appreciate more fully her very strong reaction to her husband's propensity to drink too much. His empty wine bottles had become an icon to which facets of the rape experience became attached: her husband felt like a rapist to her, with his breath stinking of alcohol, and he seemed to be forcing a bottle into her by sexually penetrating her from behind.

I want to focus on one segment of the analytic work in greater detail in order to demonstrate another manifestation of this patient's traumatic organization. About two years after the analysis began, Ms. R gave birth to a healthy little girl. She adored the baby and found that breast-feeding her infant was truly a shared pleasure. Then, at about six months, her daughter stopped gaining weight, although she was now on solid food in addition to breast milk. Numerous medical evaluations found no reason for this problem, and Ms. R started to wonder whether there might be some psychological basis.

I was concerned that her feeding relationship with her daughter was coming under the hegemony of the traumatic part of her personality organization, and so I referred her to a female colleague, Dr. S, who worked with mothers and infants; Dr. S observed Ms. R and her baby during feeding. She noticed immediately that Ms. R was stiff and inhibited while feeding her daughter, and that the feeding exchange had no pleasure attached to it. Ms. R realized that this observation was true, and we began to examine it in the analysis. In the session prior to the one I will present in detail, Ms. R had been talking about her father's recent diagnosis with cancer, her sadness about this, and her anger at him for possibly leaving her with her mother—some of which was directed at me.

A Key Session

Ms. R began the session by talking about her anger toward me, saying, "I want your physical comfort, and then I want to turn it into something violent for you, to fuck your brains out." Her thoughts went to wanting more time with me during her father's illness, and to how embarrassed she was about talking to me in this way. She then told me of having seen Dr. S the day before, and of how her daughter did not want to eat at all while there. Ms. R and her daughter had taken a bath together the previous night, and the baby had laughed while playing with Ms. R's breasts. That night, she had a terrifying dream (as noted above, she rarely had dreams with meaningful associative content): that her daughter drowned in the bathtub because Ms. R had fallen asleep. In the dream, she was going to jail because an autopsy revealed that the baby had actually drowned in breast milk. What came to mind next was that she had recently given her teenage stepdaughter a book called *Our Bodies, Ourselves,* to help her learn about sex.

The patient continued by saying that she had also had an intense dream about me the previous night, which reminded her of a particular night when she had acceded to her husband's wish for sex, which appeared to have stimulated labor. She was embarrassed to tell me the dream because it felt like an invasion of privacy. She dreamed that:

> I am lying on the couch, and I sit up and start to walk toward you. I push you out of the chair—no, you ask me to close the shutters and I do. You say, "no," and I push you off the chair, and I pin you, and you can't push me off like my husband did to me that night. I have you pinned and you say that your next patient will see me, and then you say, "Your father sees you and that's why he's sick and dying."

Her association was to a female teacher she had heard about who had been caught in the act of seducing a 14-year-old boy. Ms.

R wondered how they had been discovered, and surmised that someone had peeked in the window.

This material was so dense and layered that it was hard to know quite where and how to intervene. The theme of invasion stood out to me, and the dream about the patient's daughter struck me as very important, given the feeding problems. I said to Ms. R that getting and giving comfort seemed to be linked to fears of invading and of hurtfully penetrating, and that her dream about her baby appeared to express the unspoken sense that feeding her child was the same thing as invading her with milk.

Ms. R said that Dr. S had been very helpful, that she appreciated my referral, and that she was attempting to be playful while feeding her daughter. She asked for an extra session that week, and when I was unable to offer a time that fit her schedule, she asked for a back rub. I commented that she was asking for comfort that would be an invasion of her privacy, one that would likely flood her with very complicated emotions. She grew sad in response, and spoke of her worries about her father.

Following this segment of analytic work, Ms. R and her daughter were able to find pleasure in food and eating, and the baby began to gain weight. This was a very useful session for the mother-infant relationship, and also signaled the beginning of Ms. R's ability to shift to a less concrete level of mentation, as indicated by her capacity to dream complexly and with rich associations.

Discussion

Ms. R experienced conflicts around sexuality linked with aggressive themes in her childhood. Her mother's hysterical style appeared to have suffused the family with an erotic atmosphere, a level of sexual electricity that overloaded the adoptive brother's limited circuitry. His provocativeness stirred father to such extremes that, on one occasion, he lost control and beat his son. Neither parent individually, nor as a combined couple, was able to provide adequate containment for strong, difficult-to-manage emotions. Mother's announcement that "If that happened to me,

it would kill me" when hearing about unfortunate situations, sig-
naled mother's conviction that she could not bear to hear bad
news. When faced with the loss of a baby in infancy, mother seemed
to have embarked on a manic reparative effort to deny grief by
having more babies, thereby precluding any mourning.

One must also wonder about the patient's father's capacity to
bear the pain of loss, as well as his ability to assist his wife in deal-
ing with sadness. Indeed, Fonagy et al. (2002) argue that the trau-
matized child requires the assistance of the parents in "mentaliz-
ing" traumatic experiences, but that the meanings the trauma car-
ries for the parents may preclude their ability to be helpfully avail-
able. This links with the contributions of Gooch (2002) and Her-
zog (2001) regarding the central role of the actual and intrapsy-
chic parents in preparing the child to handle trauma. Unfortu-
nately, Ms. R's actual and intrapsychic parents functioned in a
way that diminished her ability to be resilient when confronted by
trauma (Lisman-Pieczanski 1990).

While it is impossible to know completely how these themes
from childhood had affected Ms. R before her rape, she described
having felt satisfied with her life and having enjoyed pleasurable
sexual relationships with men prior to that trauma. It is likely that
such childhood experiences lay fallow, perhaps to sprout like
dormant seeds into neurotic symptoms in the future. Tragically
for Ms. R, she fell victim to a vicious attack that exceeded her ca-
pacity to contain it. When told that her daughter was raped, Ms.
R's mother pared away the horror of it by referring to the event
as a "mugging." For his part, father was more available to help Ms.
R in beginning to process the overwhelming experience of this
brutality; however, he quickly shifted to a soldierly approach and
advocated her "getting back to work." Thus, having neither the
benefit of actual parents to help her manage, nor of an internal
parental containing couple capable of transforming the traumatic
experience (Bion 1962a, 1965), Ms. R was catapulted into a psy-
chic caesura (Bion 1977) in which "the impact of the catastrophe
explodes the psyche and disarticulates its organization, precipitat-
ing the mind to the most primitive states of mental activity" (Taran-
telli 2003, p. 923).

The ferocious attack on Ms. R detonated an intrapsychic explosion that blew away her usual defenses, devastated her ego's protective shield, and left her staggering to try to find new equilibrium. One effect of this blast to her psyche was to bring about a reversal of alpha function, in order to encode the events of the rape—now rapidly condensed with aggressive and sexual experiences from her childhood—as beta elements. For example, as noted above, Ms. R's childhood witnessing of her father's being provoked to violence by her adopted brother appeared to have been transformed by the rape into an identification with her brother, an identification that was partly expressed through her provocative behavior toward me. This seemed to represent both a sense of herself as victim, identified with a child's helplessness, and the adult aggressor who sought to master that very helplessness. This childhood experience, later organized by the rape and encoded concretely as a beta element, could not be "thought about" by secondary process, and was instead repetitively acted out through provocative acts in the transference. Registering the various component aspects of the rape as beta elements is a primitive adaptive strategy of the ego that allows these inner experiences to be "thought about" through projective identification.

A second effect of the destabilizing shock to Ms. R's mind was the formation of a beta screen that cohered together the fallout of beta elements comprised of pieces of the rape fused with experiences from her childhood. This beta screen created in her splintered psyche a sense of organization, albeit a rigidly structured one that fated her to a propensity for continuous enactments and an inability to learn from experience. This formulation is similar to Steiner's (1993) description of a pathological organization, a netherworld between the paranoid-schizoid and depressive positions, to which the patient psychically retreats for sanctuary. Steiner does not link his concept to Bion's theories; whereas my emphasis here is on the concrete nature of this traumatic organization and on the adaptive nature of the beta screen in bringing order to a psyche shattered by actual events—an order that, tragically, offers little comfort to the patient.

This traumatic organization was deconstructed in Ms. R's analysis, each component of it acted out in the transference, and also manifested in my strong countertransference reactions—in just the way that Bion (1962a) stated the beta screen is partly designed to evoke a response in the analyst. At times, Ms. R's use of violent projective identification, as when she wanted to rape me "with all the accumulated rage of every woman who has ever been raped," shocked and stunned me, initially, and left me in an unthinking state, having been assaulted by what Sandler (1997) called unintelligible beta elements. At other times, I felt caught up in believing something at face value while simultaneously sensing that I was missing something obvious, which is often an indication that an intelligible beta element is being enacted.

This latter impression was particularly strong when the patient told me about her husband's allegedly voracious sexual appetite. Her repetitive recounting of their sexual exploits filled me with the impulse of wanting to protect her from this predatory male. I did not feel attacked by the evoked response, but did feel that there was some knowledge of what this meant that remained on the edge of my mind, just beyond reach. My thoughts about my feeling the need to protect Ms. R from a sexually attacking male led me, of course, to thoughts of her rape, and how, retrospectively, I might have functioned as some omnipotent force to prevent the brutal attack—but also to my reflecting on her identification with her adopted brother, who seemed to have been the victim of father's aggression. Unlike at other moments when she was unrelentingly antagonistic toward me, here I was able to think and reflect.

Later, when Ms. R expended considerable effort in trying to seduce me into being a rapist, I was able, finally, to appreciate her role in transforming her husband into the sexual beast from whom I would protect her. Thus, the analysis of Ms. R's traumatic organization occurred in a piecemeal manner, with various facets of this beta screen activated at different points, inducing in me a diversity of countertransference reactions that required processing by my internalized alpha function couple (Brown 2004).

The session I presented in detail shows how a component of the densely packed beta screen was enacted in the transference, and was also expressed through the feeding difficulties Ms. R encountered with her daughter. Desirous of comfort from me, she acknowledged turning this longing into the violent statement that she wanted to fuck my brains out, which made her feel embarrassed about speaking to me in this way. I noted to myself that she next described the meeting with Dr. S in which her daughter did not eat; I thought that there must be some connection between her fucking my brains out and the problems with nourishment, but its meaning eluded me. Her thoughts then quickly went from the dream of her daughter drowning in breast milk to the book *Our Bodies, Ourselves,* and then to the memory of possibly harmful sexual intercourse that stimulated labor.

Some idea began to develop in my mind having to do with force, force-feeding, and one's body not being one's own. It was when she introduced the dream about pinning me down by saying she felt it was an invasion of privacy that the word *invasion* had the magnetic effect of pulling all the other iron filings of associations together into one *selected fact* (Bion 1962a). Her description of the actual dream confirmed the theme of forceful invasion, and my interpretation addressed both the transference and the unconscious fantasy of drowning her child with milk. Continued work on this aspect of her traumatic organization contributed to Ms. R's ability to work through the feeding difficulties, and also likely prevented her personal trauma from being transmitted to the next generation (Bergman and Jacovi 1982; Herzog 2001).

Ms. R's capacity to have the two dreams about her baby and me was itself an important cognitive milestone that indicated the nascent success of her dream-work alpha (Bion 1992) in converting what had been a component of the traumatic beta screen into an alpha element suitable for dreaming. Her previous "dreams" were clipped fragments with almost no associations, as though they were disconnected words from a telegram without a context, like Freud's (1916-1917) description of the "increments of stimuli . . . [that have not] been 'worked off' in the normal way" (p. 275).

Ms. R's capacity to dream such dreams, therefore, offered a window through which the process of mentalization (Fonagy et al. 2002) or transformation (Bion 1965) of beta elements into alpha elements could be observed *in statu nascendi*.

Put another way, the patient was becoming a dreamer who could have a dream (Bion 1992; Grotstein 2000) indicative of an increased cognitive flexibility, as well as of a developing permeability of what had been an obdurate beta screen. I believe that the prior analytic work in which Ms. R's repetitive transference enactments were gradually understood by subjecting them to my alpha functioning significantly helped to foster this transformation. In addition, it is also probable that seeing her daughter's failure to thrive, and coming to understand the involvement of her own traumatic past in her baby's symptom, unleashed Ms. R's love for her daughter as a powerful force to courageously reckon with her traumatic past. As Bion (1962a) wrote, "When a mother loves the infant, what does she do with it? . . . My impression is that her love is expressed by reverie" (pp. 35-36). In this regard, one might speculate that Ms. R's literally life-giving, loving reverie toward her daughter might have simultaneously served as a working through of her own childhood experience with a mother whose capacity for bearing painful affect was notably limited.

CONCLUDING REMARKS

The process by which the rigidly constructed traumatic organization (beta screen) is slowly transformed and mentalized is also a means by which the traumatic event is "historicized" (Baranger, Baranger, and Mom 1988), that is, given personal significance in the context of the individual's conscious experience of life. In their work with traumatized patients, Baranger, Baranger, and Mom have observed the emergence of screen memories in the analysis, which they consider to be way stations between the simple repetitions of the trauma and its historicization. In this regard, the appearance of screen memories may be an important signal that a cognitive progression from the concrete to the metaphorical is underway.

Greenacre (1971) has written about how screen memories fuse together events from different developmental stages, so that what is consciously recollected is linked symbolically to an unconscious earlier memory. The screen memory, therefore, is a compromise formation that both hides and simultaneously expresses something of the earlier repressed memory. Although there are certain similarities to the beta screen, these two types of "screens" serve different functions in the personality, particularly in the way each binds anxiety. The screen memory serves to defend against the anxiety that would result if the repressed memory were to surface, while the beta screen is directed at managing the anxiety of fragmentation of the entire personality. Furthermore, screen memories imply a capacity for symbolization in that the conscious memory stands for the repressed one; however, the beta screen, by contrast, is comprised of elements that remain concrete in nature until the capacity for symbolic transformation is achieved.

Just as Baranger, Baranger, and Mom (1988) consider the emergence of screen memories as indicating that patients are beginning to historicize the past trauma, I would say that the development of the capacity to dream is a milestone along the path to forming screen memories. Without an intact alpha function to transform the raw emotional data of trauma (beta elements) into symbolic thoughts (alpha elements), the capacity for screen memories is curtailed. Thus, owing to the preponderance of concrete and rigidly structured thinking in the traumatic organization (beta screen) of Ms. R, screen memories were not an aspect of her treatment. However, the slow emergence of a capacity to dream provided the necessary groundwork upon which screen memories might later be constructed.

In closing, I would like to quote from one of Bion's (1978) São Paulo lectures, in which he noted that "we have to judge how to tell the patient the truth about himself without frightening him" (p. 173). Indeed, when working with a patient trapped on the repetitive psychic treadmill of a traumatic organization, we are challenged in the most profound way to tell him or her the truth about him- or herself. There are, however, many truths. One is

that something uniquely horrendous has happened, something so ghastly that it cannot be thought about, yet it requires being thought about. We must also tell the patient the truth that he or she coped in the best possible way at the time, and that these efforts at coping may well have created new difficulties, namely, the resulting traumatic organization that has become encysted in the personality.

And there is a final truth, the one that is the most frightening to accept: that, despite whatever heinous experience originally victimized him or her, the patient must now recognize how he or she continues to imprison the self through destructive, repetitive enactments. I believe it was this final truth of recognizing personal responsibility for one's fate that led Freud to expand the seduction theory to include the concept of unconscious fantasy. For it is the careful psychoanalytic work that addresses the unconscious meaning the trauma carries for the patient that unlocks him or her from the grip of a traumatic organization.

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WHICH REALITY IN THE PSYCHOANALYTIC SESSION?

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The author discusses how the analyst's theory influences what happens in the psychoanalytic session, and, in particular, how it determines which of several possible realities become the focus of attention. An overview of Bionian thought and how it informs the author's way of working is provided. In elaborating his use of the narrative level in the session and other key concepts, the author presents three brief clinical vignettes.

THE ROLE OF PSYCHOANALYTIC THEORY

Every technique is closely tied to the theory from which it derives, and a continuous interplay exists between the two. For example, in a model in which the aim of therapy is first and foremost to make conscious that which has been repressed, one welcomes every possible historical reconstruction and eventual uncovering of traumatic factors; and in a model in which the aim of therapy is primarily to make unconscious fantasies conscious, one would hope to achieve, more than the interpretation of such fantasies, a sense that the patient's mind has become detoxified, decolonized, and liberated from such fantasies and from the distortions they cause in perceptions of the self and the world.

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A model that proposes to shift attention onto the functioning of the mind should pay maximal attention to what happens at the apex of the mind's contents—that is, what happens to the qualities and modalities of formation and management of thoughts and emotions. The analyst can use such observations to identify various degrees of suffering and pathology in the patient. (Naturally, I make this description very explicit in an attempt to clarify my discussion; in clinical work, these modulations are apt to be much more shadowy and entangled.)

In discussing the latter model I proposed—the one on which I wish to elaborate—it is useful to first underline two of its key aspects:

1. First, the importance and value of the patient's responses to interpretation—that is, the need for the analyst to take into careful consideration how much the patient says after each intervention or missed intervention; how something may derive from a small part of the patient's history—from the transference as repetition; or how it may stem from a part of his or her fantasies—from the transference as a projection of internal objects; and, overall, how the patient's reaction is an *answer* to our interpretive activity, that is, to our own mental functioning. It is also a *signaling* of the way in which the patient has heeded our intervention: either as something helpful, or as something that throws him or her into discomfort.

2. Second, it is crucial for the analyst to individualize various therapeutic factors in accordance with the patient's varying levels of mental functioning.

The patient's response is like a kind of satellite navigator that continually allows alterations of interpretations and permits us to see where we are. Fortunately, it is the patient who provides us with measurements and with a sense of what might be the appropriate level to hold with him or her in order to maximize factors

of development and growth. If one does not make use of the navigational aides furnished by the patient, one risks going ahead only according to one's own agenda, without appropriate references, remaining too closely coupled with theory.

When an analyst is at work in the office, theory must be forgotten. When Bion (1970) recommended that the analyst function "without memory or desire," he meant exactly this: that we should put between parentheses all our theorizing and seek with the other an original emotional union, one that might be transformative. We should not look for and then discover oedipal aspects, for example, but should remain open to discovering something new with the patient. Later, we may have to resign ourselves to having discovered "only" oedipal aspects—but always with the faith that one day, perhaps, we will arrive at discoveries not yet made.

The elements provided by the patient can be gathered, from time to time, and utilized to accomplish a transformation in the way the analyst positions him- or herself, and to modify the way the analyst interprets and decodifies because it has seemed that this is necessary. But once the decodification is accomplished, we must listen to what the patient tells us in order to know how to proceed, and to assess whether something has been done too soon or too late. From a theoretical point of view, it is necessary to underline two things: the first point is that the patient (whether adult or child) speaks most of the time of very diverse subjects. I refer to the various components of the patient's discourse (and by *discourse,* I mean to include the patient's silences, as well as the play and drawings of the child patient, naturally), which the analyst must arrange into a sort of prism that allows him or her to see the convergence of all the various communications, and to appreciate the sense and meaning that they have within the analytic relationship. When we are with the patient—from the beginning to the end of a session—communication does not exist that does not have, *from our point of view,* a relational meaning as well; that is, there is never a communication that can be regarded as only the "outside" of the patient. The patient speaks of absolutely real things, but our most intent listening cannot be other

than substantially relational, because three elements are always present: the analyst, the patient, and the setting. If one of the three is minimized, the discourse is no longer an analytic one (Ferro 1992).

This type of approach owes much to the Kleinian model, in which all the patient's communications are habitually interpreted as communications of transference. But there is a big difference: the fundamental goal is no longer to perform transferential de-codification, but to observe which transformations can be made with respect to the various communications. A kind of inverted prism comes to be successively applied: How is the operation of convergence accomplished? An operation of divergence also becomes apparent, in which the analyst recovers the manifest contents of what the patient has brought in, but must also recognize that each of these communications contains "something more" that adds the analyst as a factor of transformation with respect to the patient's communication.

A BIONIAN APPROACH

At this point, it is important to examine the theory that supports these reflections. Bion (1962) furnished us with a simple model of the mind, one flexible enough to permit continual expansions. He also gave us instruments with which we can think, without telling us *what* to think, and these instruments continually broaden the field of exploration. The most important of these is the concept of *reverie,* which implies the existence of an ongoing emotional exchange within the analytic couple, in which protoemotions, protosensations—β-elements—can be evacuated by the patient and then collected by the analyst's mind, which is capable of transforming and elaborating them, together with the method to accomplish that operation. That implies the transformation of β-elements into α-elements, and also projection and introjection of the α-function (that is, the method that allows the accomplishment of transformative operations from beta to alpha).

Another key point is the postulation of the existence of a dreamlike thought (formed out of the sequence of α-elements) that is also present in the waking state in both the analyst's and the patient's minds. The dream work thus broadens enormously: there are both *waking dreams* and *sleeping dreams.*

The waking dream state is a continuous process at play, which gives us a theoretical justification for the observation that, from a certain point of view, the patient in session is renarrating all that happens in that same session. The waking dream thought remains unattainable for us, except in reveries (those vivid fantasies, dreams with the eyes open, that the analyst's mind sometimes produces out of the patient's projected identifications) and in so-called visual flashes (in which a pictogram—an underlying visual unit—of the film of the patient's waking dream thought is always in formation in the patient, eventually to be projected and "seen" by the patient on the outside).

By contrast, we can come to know all the *narrative derivatives* (Ferro 2002a, 2002c) of that film of α-elements. The narrative is thus a communicated derivation—that is, communicated by the patient to the analyst, with minimal and maximal degrees of distortion coming from the mind, continually "pictogrammed" in real time. We have, therefore, two distinct foci in the study of the "mind" and the study of the "mind in relation," as in the analytic consulting room:

- the formation of α-elements, from the original and unknown pictogram in the mind of the patient, and

- the narrative derivatives—within a certain obligatory measurement, even though with varying degrees of deformation and of very different literary forms.

I will introduce a hypothetical situation in which the proto-emotions, the sensorial and emotional turbulence—increasing due to an interpretation by the analyst—may remain part of a background of unbearable pain, anger, and revenge. One might observe the formation of the following α-elements:

| A child who cries | A hurricane | A man who fires a gun |

What would remain unattainable in those elements, but could come to be known in their narrative derivatives, might be the following (bearing in mind that the narrative derivatives have as a common characteristic the ability to convey the same emotion in different words):

- *Through a memory of childhood:* "I remember the evil that the doctor did when he took out my tonsils, the fury that I felt and the slap that I gave him as soon as they freed my hands." Or even: "A childhood memory comes to my mind of a time when a bully made my nose bleed, and I punctured that stupid kid's tires."

- *Through an external anecdote:* When his dog was run over by a speeding motorist, a boy chased him on his motorcycle, and, on catching up to him, punched him in the face.

- *Through a sexual episode:* "Without warning, my boyfriend became so brutal in demanding to make love to me that I didn't want to see him again for a week, and I threw all his gifts to me out the window."

- *Through an episode from a movie:* "I saw a film in which a child was kidnapped, and his father was so furious in his grief that he succeeded in routing the kidnappers, rather than submitting to such a tyrannical act."

- *Through a dream:* "I dreamed that some bandits raided a peaceful Indian tribe, destroying everything, but then the warriors returned, full of anger, and chased the bandits, eventually slaughtering them."

According to this view, a dream could also be a narrative derivative of the α-elements in the moment in which it comes to be narrated. In the case of child analysis, the discourse can become

even more complex because there could be graphic derivatives (drawings) and playful derivatives (games), or even motoric derivatives (acting in). It would be a useful exercise to imagine which of these might be present.

THE NARRATIVE LEVEL

I would now like to shift to another level, a specifically narrative one (while the first level contains an implied narrative α-function—the capacity of the human mind to form emotional pictograms—and α-elements, the result of the α-function). The choice of narrative genre is another interesting problem. This choice is not simple and depends on both the patient and the analyst; it depends on the analyst in terms of the explicit and implicit theories he or she holds, leading the analyst to undertake different scenarios in accordance with the model in which he or she feels most comfortable. A narrative scenario may be, for example, the reconstruction of childhood and the family story, the Freudian model in its most classical form; or the recognition and illumination of the patient's inner world; or an explanation of the characteristics of the patient–analyst relation. Another narrative scenario may be the creation of a space, an affective theater in which all the figures and characters inhabiting the analytic drama may thrive, so that what used to be a source of pressure in an inexpressible condensed form is made thinkable and expressible. But why do we speak of something today and of something else tomorrow? Or, why do we speak of something with one patient and of something else with another patient? The narrative genre is also chosen, day after day, by the patient. What counts is the emotion or sequence of emotions that the patient wishes to express, or wishes to see expressed with the analyst's help.

Let us take a closer look at the patient (if indeed it is at all possible to look at only one pole of the analytic dyad without the other), and imagine that the patient experiences disorientation, anxiety, and solitude. The patient comes to the session without necessarily being aware of these protoemotions; indeed, they

may find expression in very different narrative modalities. For example, under the general heading of "miscellaneous facts," the patient says, "I was at Milan-Malpensa Airport when, due to heavy snow, no planes were taking off or landing, and no one knew how to deal with the emergency." Note that the choice of narrative genre is a hurried one, derived from the current sequence of emotions, and that it is precisely this quality that makes it interesting here. Our interest in the manifest text is therefore limited, inasmuch as we remain at the level of manifest text, but we always think that we could, thanks to that text, try to contact and explore the underlying emotions.

In the context of the same emotional sequence of disorientation, anxiety, and solitude, another patient might say, "I saw something on TV that shocked me. Due to heavy showers, some speleologists were trapped inside a cave when the cave's entrance was blocked by the rising level of the river. They were in complete darkness, and it was cold."

And with regard to still the same sequence of information—disorientation, anxiety, and solitude—another patient might say: "I remember that one day, when I was a child, my mother came to fetch me very late in the afternoon. It was dark and it was raining, and I felt more and more frightened." Or: "I had awaited Marina's return for a long time so that we could make love, but when she came back, I saw her putting on her pajamas and slippers and she went into the bedroom with a bad headache." Or: "While making love to Marina, I felt she was so cold and distant that I no longer knew who I was with or what I was doing." (Naturally, there is another factor at issue here, that of the status ascribed to childhood memories or to sexuality, according to different models.)

It would be inappropriate to tell a patient—even if one ignores the possible homosexual anxieties such a statement might produce—"you are telling me that you felt I was distant, cold, scarcely available, absent." The important thing here is not so much the decoding of the communication (it would be like saying to a friend, "I understand that you are thirsty," when it would be much more important to give the friend something to drink) as

the understanding of the emotion that inhabits the patient at that very moment, and the analyst's ability to acknowledge and hold the patient's feelings of disorientation, solitude, and anxiety. This requires that the analyst modify his or her way of being with the patient (for example, with regard to timing, depth, and quantity of interpretations, tone of voice, and all other elements that touch the patient), such that the patient can appreciate an internal transformation occurring in the analyst, thereby creating a transformation in the emotional-relational field.

I could provide countless other examples, but what I wish to say here is that *psychoanalysis may be the method that allows emotions to melt into narrations*, and it is *these narrations that give body to the emotions and make them visible*. It is therefore not the account itself that matters, but its underlying emotions, from which the narrative genre is also derived.

In other cases, we might assist the patient in creating an account that can convey emotions unknown to him or her. But what is to be done with the patient's account? The discourse becomes even more complex, for we have to consider the formation of images and the narrations that in turn come out of them. In my opinion, the analyst's role is to promote the creation of affective-climatic coordinates, which activate the patient's imaginative capacities by making him or her serve a sort of apprenticeship in the analyst's workshop, with the analyst—where images are formed based on the patient's account, as well as on what is unspoken and unvoiced.

The formation of images has long been, in psychoanalysis, the privilege of dreams: that which happens to us when we are in bed and when, in our sleep, we produce images—that is, the dream as the royal road to the unconscious. But Bion (1962) postulated, on the contrary—and his claim is supported by clinical and theoretical evidence—that dreaming is a constant activity carried out by our psychic apparatus, even when we are awake. This means that the mental work of wakefulness consists of forming images that sum up, just as in night dreams, the emotional quality of what we are living at that moment. What we "say" is the narrative derivative of these images.

Recognition of this phenomenon necessitates—as I have pointed out (Ferro 1996, 2002b)—a way of understanding the characters in the sessions that is very different from that of more classical models. It is a sort of progressive deconstruction that passes from character = person to character = internal object, or character who synthesizes emotional aspects of the field (or who permits the naming of affective places in the field: an affective hologram).

For example, a patient says during a session that her son should not be excessively stimulated, because otherwise he becomes excited and then irritated, and then he cannot sleep due to the excessive stimulation. We might think, depending on our listening perspective, that the patient is truly speaking of her son, of his characteristics, and of her experience of motherhood. But by modifying our listening perspective, we might think that she is in fact speaking of the internal-object child and of the fantasies associated to it. Or, changing our listening perspective once more, we might think that she is speaking of a place in the field that is being obstructed, excited, and irritated, allowing neither for metabolism nor for sleep; this place in the field could be the patient's psychic apparatus, the analyst's psychic apparatus, the transformational mental function that operates within the field, or the fruit of the synergic unity of the analyst's and the patient's α-functions.

Some reflections regarding free associations derive from what has just been said. These, then, are not as free as they might seem to be from their appearance. According to my way of thinking, *the patient's free associations are narrative derivatives of the waking dream thought, with various degrees of distortion and camouflage. The same is true for the free associations (fluctuating attention) and reverie of the analyst during a session*. The synthesis of these allows us to "go upriver" in following the patient's associations, all the way to the source, which derives from the sequence of α-elements continually constructed by the patient (and the analyst), if we want to appreciate the complex α-functions of the field.

Even a dream at this point no longer has any value in speaking to us of the unconscious, but can be seen as an element that comes to be communicated by the patient in that moment to give us an approximation of his or her α-sequence. The dream thus becomes

in some way a manifest aspect of that which remains of the unknown and which is the waking dream thought. For example: "I dreamed a big dog came near me and I was afraid it would bite me, but instead, it gave me a party." The dream becomes a narrative derivative with respect to the mental function of that definitive moment, and this is what is of interest to us. It is clear, from this method of conceptualizing, that *a change emerges in technique that I would describe as paradoxical: if, on the one hand, it is necessary to try to be in unison with the patient and to give great value to manifest communications, on the other hand, it is also necessary to try to reaccess the dreamlike thought, and, above all, to develop the patient's α-function and to augment the capacity to think—in other words, to augment the container.* As far as the problem of the contained, in reality, it is of equal worth, because that which both elements communicate is merely the sequence of α-elements (Ferro 2002a, 2002b).

WHICH REALITY?

Having made these prefacing remarks, I will now address the central theme of my essay: that an important element of reflection on what takes place in the analytic field may be derived from what is often referred to as communications of reality (Baranger and Baranger 1961-1962; Ferro 1992, 1996). This concept is a *vexata quaestio* in psychoanalysis, lying somewhere between the Scylla of acknowledging the value of communications of reality (but who is to decide which communications are, indeed, those of reality?) and the Charybdis of denying the existence of such communications, and always redirecting them—by way of interpretation—to the internal reality of the analysis.

Let us move on to some clinical material to explore this concept further.

Lucilla's Drama

Lucilla, a pregnant patient, told me—during a period in her analysis that I thought had been fertile—that her doctor had given

her a terrible fright when he noted indications of fetal malforma-
tion during her ultrasound exam, which he told her had to be
confirmed by amniocentesis. I naturally felt—and indeed was—
very close to Lucilla at this painful moment; I commented, un-
derlined, and shared her emotions of uncertainty, pain, and an-
ger. Following a spontaneous abortion a few days later (before the
date that had been set for a therapeutic abortion), I also shared
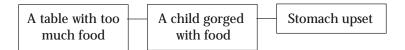the patient's feelings of mourning, loss, and despair.

When the emergency situation was over, I said to myself as I
was thinking over our sessions that what we had been dealing with
this time was, without any possible doubt, a *given,* an irrefutable
fact of reality, and that analysis had in fact modulated and made
thinkable and tolerable the emotions related to that loss and to
other dramatic situations that it inevitably recalled. But I was not
fully satisfied with this perspective; I felt like someone with slight
indigestion. I often think about Lucilla's analysis, which was fertile
and intense; and then, almost involuntarily, I also rethink in great
detail the sessions themselves, and it seems to me that I can find
in them sets of signs that I interpreted, but that did not guide me
in the fine-tuning of my interpretive activity.

Of course, I spoke to Lucilla of the split she had described be-
tween her own dark skin and her sister's fair complexion—inter-
preting them, as in the situation of a double, as diverse aspects of
Lucilla herself, one part solid and the other more fragile, by means
of the associations she had made with respect to characteristics of
courage and security possessed by one of them, and the fear and
vulnerability of the other. I discussed this directly with the patient,
just as I interpreted a series of exciting activities as antidotes to
the fear of depression, and a latent homosexuality as a defense
against persecutory anxieties. But I slowly realized that I was the
one doing all the work. I did it sensibly and actively, but without
any co-exploration or co-construction. Bits of communication—
coming from Lucilla—of previous sessions then come to my mind:
the clogging of a computer; the need to de-fragment its hard drive;
her son's allergic reaction to an excessively large meal; an even-
ing with a friend who ceaselessly spoke of difficult issues and who

made his still fairly young child listen to hermetic, obscure poems. I then understood, by linking these fragments taken from different sessions, that my interpretive activity had been excessive, undigested, and intrusive.

Discussion. At this stage, a "fact" (linguistically speaking, a *narreme)*—that is, a narrative subunit (the story of the spontaneous abortion), originating from an experience outside the session—is perfectly adequate to describe something that has been conceived in such a way that it cannot but be lost, something that is incapable of healthy development. What I am getting at is that sequences of α-elements (Bion 1962) were engendered in this patient, the narrative derivatives (Ferro 2002a) of which could be found in her account of the computer, the dinner, and the ultrasound, and through which I could have contacted the patient's psychic reality.

Let me clarify the interplay between the α-elements and narrative derivatives, imagining them in a completely hypothetical way. These α-elements could have been:

A table with too much food	A child gorged with food	Stomach upset

This sequence (usually unknowable in the waking state) produced the narrative derivatives mentioned, although these same narrative derivatives could have found different narrative anchoring points (through play or drawing in child analysis, for example), which would similarly have allowed me to contact what the patient's psychic apparatus was making into pictography in the course of the continuous process of alphabetization. What I am saying is not that it was my interpretive activity that caused the spontaneous abortion, but that Lucilla found a highly efficient manner of telling me what was in fact going on in our field.

Had the patient not lost her baby, she might have told me the same things via other narrations that would have been expressive of the same sequence of α-elements. Examples of similar sequences in other clinical accounts might be the story of a film in which

a ship sinks beyond salvage; or the childhood memory of the patient's father's friend, who broke a toy that was very dear to her, and the pain she experienced following that incident. Thus, "reality," too, becomes another of many possible narrative derivatives.

This brings me to consider as still fully valid something that Bezoari and I have postulated (Bezoari and Ferro 1992) regarding the need to consider what happens in the analytic situation as *virtual,* something located in a sort of no man's land halfway between external and internal realities—as long as the analyst, the patient, and the setting are alive and vivifying. A collapse of the setting would completely preclude the existence of such a virtual space, which is comparable to the concept of the analytic field (Grotstein 1978; Ogden 1993; Winnicott 1971). When reasons based on external reality prevail, tragically, there can be no more analysis. That is, once Bin Laden is no longer what the patient dreads to see emerging from under the couch, but instead becomes the *real* Bin Laden from external reality, then there is no analysis, but only a cry of "Help!"

But just as it would be naive, in my opinion, to think that we might be able to discriminate communications of reality from communications of fantasy—even when the setting is functioning—it would also be cruel and inhumane to think that we must systematically insist on always interpreting in the transference those communications that appear to belong to reality, and that find their way into the virtuality of the analytic field. Thus, a communication that relates the loss of a "child," as in the case of Lucilla, described above, teaches us something for future reference, with no need whatsoever to provide an interpretation to the patient, since she might perceive it as a lack of understanding or a banalization of her "real" drama. Note that this drama also consists of a communication that allows us to rearrange the analytic field more efficiently, so that "children" may be born as functions of both parties' psychic apparatuses, and not as the products of a colonization that must be expelled. That being the case, if a patient says that her son must not be excessively stimulated because he may get excited and irritated, who is she in fact talking about?

The answer to this question naturally depends on the listening perspective we choose to adopt. The one I find most useful is one that considers all this to be the patient's suggestion of the "technique" to be employed, as she informs me that I must use interpretation in a progressive and contained manner, lest I become an element of blocking and irritation. Naturally, there is no reason why we should not follow her lead by making comments and non-saturated interpretations based on her manifest communications, but the fact of listening to the patient's communication, at that precise moment, as a *narrative derivative* of the analytic dream marks the *specificity of the psychoanalytic status of the encounter*.

In my idiolect, I therefore regard the patient's free associations as narrative derivatives of his or her dream thoughts in the waking state, with varying degrees of distortion and camouflage. The same can be said of the analyst's free associations and reverie during the session. Concentrating on these associations allows us to go back up the stream and reach the source, found in the sequences of α-elements that are ceaselessly being created by the α-function of the patient, the analyst, and—to make things even more complicated—the analytic field.

Stefania's Miscarriage

Stefania, a patient brought to me in supervision, suffered a miscarriage. One session before this painful episode occurred, the patient said that she did not have the courage to tell her friend Carla that she was pregnant. She feared Carla's jealousy; Carla could not decide to have a child, Stefania said, because she was still completely wrapped up in her work. In the next session, the patient came in and reported serious problems with her pregnancy; she had suffered a spontaneous abortion, which called for a "uterine revision"—a technical term, she said, for a *curettage*.

The analyst (my supervisee) succeeded in becoming very close to Stefania, who reported that a male colleague had said to her: "In the midst of all this death in the hospital, it's really beautiful that something can be born . . ." She then spoke about the cold

attitude of the person who performed an echocardiogram and said that her baby's heartbeat could not be detected. Then she said that she was afraid she might be conveying something negative, and moved on to speak about a dream in which there was a terrible plant with leaves whose tips had been cut off.

To the head of the hospital ward, Stefania had said on the phone: "I terminated my pregnancy," and the doctor, surprised, thought she meant that she had done so voluntarily. The emotional climate of the patient—and the analyst in supervision—was dominated by feelings of guilt (the patient's statement concerning the possibility that she might be conveying something negative, and the words she used to the head of the ward; the analyst, too, wondering "where he went wrong," "what he hadn't seen," in what way he might have failed, or wondering if he should have reversed his perspective and spoken of the patient's "destructiveness").

It seems to me that this situation offers many points for reflection. First, I think an understanding of it can help us free ourselves from the omnipotent fantasy that we are responsible for what happens to the soma (ours as well as the patient's), and that there exist simple, naive codes of psychosomatic understanding in which, in a sort of delirious après-coup, everything can indeed be explained from a psychoanalytic point of view. But we must also not shirk the responsibilities that we bear, as analysts, with regard to patients' communications.

Stefania had started her analysis with severe hypochondria, which was expressed via her dread of cancer (most often, she referred to breast cancer in this regard). This cancer, thus syncretized, later metamorphosed into various benign or malignant tumors present in patients on the pediatric cancer ward where Stefania worked. At a certain stage in the analysis, it seemed that, alongside the cancer ward (protoemotions, β-elements still awaiting thinkability), an obstetric ward might be established (in which new thoughts and new emotions could be born). Somehow, unexpectedly, the cancer ward engulfed the obstetric ward. Again, a

new thing that was just undergoing the process of becoming now "died" and had to be removed.

Discussion. It is of the utmost importance not to think that this patient's miscarriage occurred *because* her anti-parts overcame her parts that sought growth and development; rather, we might try taking a daring point of view, radically psychoanalytic, in our understanding of the patient's communication, by observing the fact that the cancerous aspects prevailed—for the moment—over growth and development, finding expression in this event (the miscarriage) which allowed them to be conveyed with all the tragedy that attended them. I am trying to say that, had the patient been able to carry out her pregnancy to term, she would have found another way to express a disorganized development of emotions that occurred at the expense of their organized development. For example, she might have spoken of her husband, a deputy mayor responsible for public works, who could not enforce the city's improvement plan due to the prevalence of real estate projects that took no account of the basic rules of urban development, and because he was being threatened by the Mafia. Or she might have described a dream (as she had already done) in which a plant could not grow or develop because its leaves were cut. Or she might have recounted a childhood memory: In her garden, weeds always proliferated and it was impossible to allow for the growth of the smaller plants she had always wanted to have there.

Focusing on the patient's destructiveness in such circumstances does not make much sense, because, frequently, this is perceived by the patient as a way to blame him or her. It would be better and overall more actively hopeful to think of destructiveness as an undifferentiated proliferation of protoemotions that, at that moment for Stefania, fueled the "cancer ward" (where we began to see envy, among other components). But it would gradually become possible to both contain (in a well-developed container) those protoemotions, and to transform them (thanks to the development of the patient's α-function with respect to the pro-

gressive introjection of the method with which the analyst gives life to his or her own reveries).

But neither does it make sense to interpret the internal "miscarriage" as being caused by these hostile forces. Rather, being conscious of the work that is taking place, we should instill hope in the patient and return to working patiently in the "cancer ward," until such time that an organized development of emotions can gradually replace massive and undifferentiated proliferation.

Maria's Crises

A young and highly talented analyst brought a long clinical vignette to supervision with me. The patient, Maria, had recently started her analysis; at the beginning of the week, she told her analyst that her father annoyed her with his pretentious wish always to teach her things, and with his never-ending quarrels with her mother. One day, exasperated by the noise of a fight in her parents' room, she "threw a knife at the sideboard."[1] Maria then mentioned an aggressive uncle of hers, of whom she was not afraid.

Before the next session, the analyst—whose behavior here was questionable, at best—telephoned Maria to inform her that, due to an unexpected change, she would not be able to see her for that afternoon's session, but if the patient wished, they could have a session later in the evening. The patient accepted. At the beginning of that session, the analyst apologized for the change. Maria said that the change of time was in fact quite convenient, and that the "displacement" was no problem. She went on to discuss the need to be perfect and the "flaws" that even the analyst herself might have.

Maria then started to complain about "not being able to say no." The analyst asked: "What about saying 'no' to me?" "Absolutely not," replied the patient, and went on to describe unpleasant

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[1] *Translator's Note:* In Italian, the patient's phrase was "lanciato un coltello contro la credenza." The word *credenza* means *sideboard,* but also *belief,* and both meanings were relevant to what followed.

things that had happened to her at her workplace: "As far as to-night goes, it's okay, but it mustn't happen again, Carlo [her boss] behaving like that to me . . ." "I feel I have to satisfy his every wish, as soon as possible, and I don't like it." She then said that she did not always like her work as a teacher of psychology, although there was a new Ph.D. student who was younger than she and very cute, open-minded, relaxed; it seemed that the student was "easy-going, not fussy." She would have liked to emulate his way of do-ing things. A little spice in one's life could do no harm, and, fur-thermore, "I wish I had no brakes."

Discussion. Let us stop for a moment to think this over. In the first session, Maria already manifests a certain intolerance to-ward something of a pedagogic nature, as well as her emotional "incontinence" around the exclusion of the weekend break, which gives rise to a loss of control and to "the throwing of the knife at the sideboard," without any fear of the violent aspect/her uncle. To the analyst's request for a change of time (which, in fact, was a sort of abuse on the analyst's part), she first replies à la Fantozzi,[2] saying that it does not pose any problem. But then she complains about not being able to say no, and about the fact that she has to submit to and accept other people's needs. Maria then seems to recover a positive view of what happened via her account of the Ph.D. student—the relaxed and unacademic aspect of the ana-lyst—who provides a little spice and does not seem to have inhi-bitions (the inhibitions with which Maria is afflicted, on eating, sexual, and relational levels, so much so that she wishes she had no "brakes").

In the next session, Maria shows that she has taken a step away from the belief that she was a "nice and perfect child," by discussing her neglect of her exams. She then speaks of her fa-ther's total lack of interest, which, however, "has changed a little since I had my seizure" (the patient had in fact had an epileptic seizure). She then says that a letter came from her uncle, in which

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[2] In Italian comedies, Fantozzi is a popular character who represents the eter-nal loser.

he accused her mother of stealing jewelry. The uncle also wrote in his letter that "a trial is going to take place, and that those who are guilty will have to pay." He added his advice that the patient should "save yourself while you still can," but she did not let herself be impressed by the letter because she knew that "my uncle is crazy."

More reflection is called for here. We see that Maria lets herself be influenced by her analyst's relaxed world: She loosens up, she studies less for her exams (for the session); and then comes the statement, "I wish I had no brakes." Once the brake is loosened, the "uncle" part of herself can come to the surface, and she experiences the change of appointment time as something that "displaced" her (made her lose her mind). The analyst stole the session; it is unjust; the analyst must go on trial; and the patient must defend herself from such an unreliable person.

In other words, the effects of the "displacement" of the session have reached a groundswell. Trust (the sideboard/the belief) is still frail; the end of the week and the change in setting activated uncontrollable aspects of the self as soon as the hypercontrol guard was loosened.

But how should we conceive of Maria's seizures, her epilepsy? I maintain that we should do so in at least three ways:

1. As an epilepsy-persona in the session: "If I don't inhibit myself, I might let go of all my brakes, and sometimes I *do* let go."

2. As an epilepsy that pertains to external reality, which is not ours to deal with; rather, it comes from the outside.

3. As an epilepsy that falls somewhere in between the two, related to that hypothetical psychosomatic space in which epilepsy—in addition to being viewed as the narrative of evacuative, emotional incontinence, and in addition to demonstrating a neurological "fact"— could also be seen as a modality of evacuation of hy-

percontrolled and hypersuppressed aspects. These aspects, having no possible modulation or alphabetization (transformation of β-elements into α-elements, including development of an alphabet that permits the reading, in this case, of protoemotional states), are evacuated with the seizure (although, on the other hand, they have managed to find expression through the description of the uncle's letter).

It is this last aspect that seems to be the most complex, as it in effect sets the limit for what is analyzable—the patient's gamble and hope (Green 1992) of being transformable.

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CLINICAL CONVERSATIONS BETWEEN PSYCHOANALYSIS AND IMAGINATIVE LITERATURE

BY FRED L. GRIFFIN, M.D.

A literary form created by an imaginative writer captures something of the way the author shapes emotional experience and psychologically engages with it. The manner in which experience is created and contained in an imaginative literary text has much in common with the way experience is generated and worked with in the psychoanalytic situation.

The author describes a clinical experience in which there was a collapse of the analytic (imaginative) space. He then discusses how he made use of a "conversation" he created with a short story and his own analytic experience to restore his imaginative capacities and to resume psychological work with the patient.

> Writing poetry goes into the psychological complexion of our lives . . . . In a dialectical method, which literature implies, we can experiment without causing much harm except to ourselves critically. If you propose a dialectical experiment, it may reach places in the individual's life . . . which may have an effect of freeing him from being caught in psychological impasses. It is very necessary to free the individual, as the growth of psychiatry has demonstrated to us. We are caught sometimes in impasses in our intellectual life, and if you can use a poem or a literary construction to free you from some implied impasse in your lives . . . because it breaks through, it gives you a chance to experiment with yourself.
>
> —William Carlos Williams (1955a)

INTRODUCTION

In the course of the past several decades, psychoanalysts have increasingly turned to their fantasies, reveries, and dreams in an effort to gain a sense of what is happening in the transference-countertransference experience. If the analytic space between analyst and analysand is severely compromised or collapsed, an analyst may consult a colleague to make use of the colleague's unique perspective and his or her capacity to imagine what is going on in an analytic experience. In doing so, the analyst hopes to achieve "binocular vision" (Bion 1962b, p. 86), i.e., a perceptual depth accomplished by viewing an emotional experience from multiple vertices.

Sometimes an analyst (without conscious intention) is able to use an original work of fiction to achieve similar results. The piece of imaginative literature to which the analyst finds him- or herself turning may generate a new emotional perspective from which he or she may achieve enhanced self-awareness and a greater understanding of the transference-countertransference. In certain of my clinical encounters in which the self-reflective analytic (imaginative) space has collapsed, I have been unable to think about, much less articulate, what I am experiencing in the depths of transference-countertransference.[1] In such cases, I have from time to time turned to a piece of imaginative literature in a way that has served to re-establish an imaginative space. I have then discovered that my engagement with the works of these creative writers has fueled generative fantasies, reveries, and even somatic sensations that assist

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[1] It is my contention that, while analysts use the noun *transference-countertransference* to denote the unique experience that occurs between analyst and analysand, it is better thought of as an active, verblike experience—a *living form* of experience. This idea has its analog in Winnicott's (1971) emphasis on the *process* of playing, rather than a focus on the symbolic *content* of play. "Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist" (p. 38). "The psychoanalyst has been too busy using play content to look at the playing child, and to write about playing as *a thing in itself*. It is obvious that I am making a significant distinction between the meanings of the noun 'play' and the verbal noun 'playing'" (p. 40, italics added).

me in representing and articulating analytic experience. This restoration of an analytic space through my use of fiction seems to be a consequence of the effect on me of the manner in which the author creatively formulates emotional experience (which is captured in the form of the text).[2] My experience of the work of fiction facilitates my viewing the analytic experience from a new perspective.

The works that come to my mind in these circumstances often contain something of the set of feelings that are occurring between me and my patient. These imaginative constructions are "fictions" that symbolize—that re-present (or, more accurately, present anew) —the patient's emotional experience, just as the transference-countertransference itself is a type of fiction that tells us what the patient's internal object world *is like* as it is creating itself. The analytic process may be viewed as a form of new "writing" and "reading" of unconscious experience. In this sense, analysts have become creative writers and readers.

In instances where I have found works of literature useful to the conduct of my clinical work, there is no simple relationship between the experience captured in the work of fiction and that found in my experience with my patient. Rather, there is something in common between the unspoken language of the transference-countertransference and the way language is used by the imaginative writer in his or her work of fiction that brings these works to mind.

In what follows, I will present a case in which the analyst and patient are at an impasse. Rather than turning to the analysis of my own fantasies or dreams to resolve this impasse, I found myself—without conscious intention—turning to a story written by William Carlos Williams, in a way that allowed me to enter into a more enriching dialogue with myself, the patient, and the work of fiction.

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[2] In this paper, I use the noun *form* and the gerund *forming* to refer both to the structuring of literary works by imaginative writers, and to the shaping of the transference-countertransference in the analytic situation. I will not offer definitions of these words. I ask the reader to gather a sense of what I mean by the ways that I use these terms throughout the paper.

UNFORMULATED FORCES
IN THE ANALYTIC EXPERIENCE

> There's nothing like a difficult patient to show us
> ourselves . . . [in the face of] the force of all of those
> encounters. I was put off guard again and again and
> the result was—well, a descent into myself.
> —Williams (quoted in Coles 1984a, p. xiii)

In his eighth month of treatment, Mr. D had once again become
alarmingly depressed, this time in response to the death of a
woman friend in a car accident.[3] He had experienced a similarly
desolate, immobilizing depression five months earlier at the anni-
versary of his father's death. Mr. D, now in his early forties, seemed
not to have the capacity to mourn; rather, he himself became
deadened: he was trapped in a seething internal world that was
black and hopeless. While I had the beginnings of a psychoanalytic
understanding of his depression, the patterning and depth of this
and of earlier reported depressive episodes, and his telling me that
his sister was being treated for "manic-depressive illness," sugges-
ted that Mr. D suffered from a bipolar disorder. I recommended
a trial of antidepressant and mood-stabilizing medications. He
soundly refused medication—a symbol of "Western medicine" that
had failed his father, a civic leader, who had been disabled by a
heart attack when Mr. D was seven years old: "I will not become a
zombie!"

I felt helpless and frightened that Mr. D would kill himself. As
he became more and more closed and withdrawn, his muted rage
was all the more palpable to me. During this time in our work,
I responded by force-feeding him a series of interpretations, as
though his life depended upon them. While these were intended to
address the unfolding content of the material, it is now clear that
they were expressions of my desperate attempt to find a piece of
meaning that he could take in. For example:

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[3] During this phase of his work, Mr. D was seen twice weekly in psychoanalytic
psychotherapy.

- It is understandable that you fear taking this medication, because none of the treatment that your father received could save him.

- It must be terrifying for you to take something into your body that you believe will hurt you. You not only feel misunderstood by me; it also seems to you that I intend to hurt you.

- To take medication is so much at odds with how you see yourself, how you think of yourself—it would be an assault on who you are. Taking medication makes you fear losing what little you feel you have left of yourself.

- If my sense of powerlessness to give you the medication that I think would be helpful to you is anything like the way you feel controlled by me, you must feel utterly helpless—and enraged.

- You are afraid that taking medication will turn you into a zombie—a walking dead person. This is one of your worst fears, because this is how you saw your father after he had his heart attack and his medical treatment.

Mr. D was completely unable to make use of these interpretations, and his depression worsened.

At this point, I was locked into a relationship with Mr. D in which I felt forced to feel and think in ways that were not quite my own. I had lost the capacity for reflective thinking and was unable to find an imaginative space within me where I could engage in the kind of self-analytic work that usually frees me from transference-countertransference impasse. And while I believed that his refusal to take medication offered him a modicum of control, I could sense that he did not have the capacity to engage with me in an exploration of the meaning of this refusal.

Desperate to find a way to understand this experience and to reach Mr. D, I turned first to works of a psychoanalytic writer, and finally to those of an imaginative writer.

I recalled the writings of Bion (1959) on projective identification. He discusses the analyst's containment of the patient's projective identification, through which it becomes "possible for him [the patient] to investigate his own feelings in a personality powerful

enough to contain them" (p. 313). Bion (1962a) describes what happens when containment fails:

> If the infant feels it is dying, it can arouse fears it is dying in the mother. A well-balanced mother can accept these and respond therapeutically: that is to say in a manner that makes the infant feel it is receiving its frightened personality back again, but in a *form* that it can tolerate . . . . If the mother cannot tolerate these projections the infant is reduced to continue projective identification, carried out with increasing force and frequency. The increased force seems to denude the projection of its penumbra of meaning. [p. 307, italics added]

Bion's words helped me by providing a conceptual model for what I was experiencing with Mr. D. However, I had not yet become capable of restoring an imaginative space within myself where I could reflect upon this transference-countertransference experience and then gain a sense of what it would be like to *be* Mr. D at this moment in his life.

At this time, I was aware that I felt "owned" by Mr. D or by some force that I could not explain. For example, once, when worrying about Mr. D outside of a session, I was gripped by the fantasy/visceral sensation that I would at any moment have a heart attack. As this sensation passed through me, I recalled that there were times in my early childhood when I feared that my father would die of a heart attack when he struggled to keep his place of business alive. I suspected that this memory had something to do with Mr. D's experience, but I could not reflect productively on the relationship between these elements of Mr. D's history and my own and how they informed our work together. I was lost (or, more accurately, imprisoned) in an experience in which I felt more like a figure in Mr. D's internal world than a viewer of it. So I "consulted" with someone, as it were, who would allow me to think and not to be owned.

As I attempted to gain an understanding of the experience between Mr. D and me, I found myself turning to a short story written by William Carlos Williams, a poet, imaginative writer, and physician.

I did not deliberately turn to Williams's story. It came to me only after Bion's model of containment had helped me begin to re-open the door to my self-analytic functioning. As a result, I found myself engaging in a fleeting reverie experience concerning one of my favorite Williams (1932a) stories, "The Use of Force," recalling what it felt like to read it. I then reread the story to see where it took me.

In Williams's story (likely a thinly disguised piece of autobiographical fiction), a physician, practicing in a poverty-stricken area of rural New Jersey, is making a house call at the request of parents who fear their daughter has contracted diphtheria. When the child refuses to be examined, a violent struggle ensues.

> The child was fairly eating me up with her cold steady eyes . . . an unusually attractive little thing . . . . I'm here to look at her throat on the chance that she might have diphtheria and possibly die of it . . . . Will you open it now by yourself or shall we have to open it for you? . . .
>
> . . . After all, I had already fallen in love with the savage brat . . . she surely rose to magnificent heights of insane fury of effort bred of her terror of me.
>
> . . . Don't, you're hurting me. Stop it! Stop it! You're killing me! . . .
>
> . . . But now I had grown furious—at a child. I tried to hold myself down but I couldn't . . .
>
> Get me a smooth-handled spoon . . . . We're going through with this . . . But I have seen at least two children lying dead in bed of neglect in such cases, and feeling that I must get a diagnosis now or never I went at it again . . . I too had gone beyond reason. I could have torn the child apart in my own fury and enjoyed it. It was a pleasure to attack her . . .
>
> The damn little brat must be protected from her own idiocy . . . But a blind fury, a feeling of adult shame, bred of a longing for muscular release are the operatives. One goes on to the end.
>
> In a final unreasoning assault I overpowered the child's neck and jaws . . . She had fought valiantly to keep me from knowing her secret.
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> [Williams 1932a, pp. 56-60]

After I reread "The Use of Force," I was somehow better able to be reflective with regard to my experience with Mr. D and to explore dimensions of my experience with him in ways of which I had previously been incapable: My analytic and self-analytic capacities were stimulated, if not restored, by my immersion in the literary form that Williams had created. While later in this paper, I will discuss how my "consultation" (or better still, my "conversation") with this story may have stimulated my imaginative capacities, at the time, I knew only that it had led me toward an understanding of the *form of experience*—that of a life-and-death struggle—that was alive in the transference-countertransference between Mr. D and me.

Having achieved a creative space from which to explore this struggle, I simply told Mr. D, "I think I have been trying to *be* a pill that will save you." His taut face relaxed, and a hint of a smile passed through it. Because he felt that he was being understood (Steiner 1993), we were able to engage in an exploration of the meaning of his refusal to take medication. As I recognized my own fear, helplessness, and rage in conjunction with my frustrated omnipotent attempts to save him, and as he became aware of his conflicted wishes to have me do so, he became willing to undergo a trial of medication.

Once we had begun to find some words for our experience together, Mr. D and I could begin to explore something about the wordless states of dread with which he was so familiar. In brief, certain of these centered around experiences with his mother, in which he believed that "she never 'gets it' with me." For example, Mr. D told me of instances where she gave him items of clothing that did not fit and that were inappropriate for the new place in which he was beginning to live. (The family made frequent moves in conjunction with the father's work.) When he tried to talk with her about his painful emotional states, she responded with non sequiturs. He felt constantly enraged when with her.

More extensive work, however, focused on another sort of "nameless dread" (Bion 1962a, p. 308) about which Mr. D was now able to speak—that of his terror of loss of identity. He spoke of his constant fear of his father's dying, and the terror and guilt he experienced when he became angry with his father, who had suddenly become weak and fragile following a massive heart attack.

Mr. D seemed to feel (unconsciously) that he had only two choices: either to deaden himself to such powerful feelings of rage, guilt, and loss, or to splinter into pieces through a demolition of his fragile sense of self in order to be nothing. He had trained in a profession, but was constantly plagued by the dread that he was not "enough." He felt lost. Mr. D reminded me that he had chosen to come see me, an analyst, because he hoped that I could help him in ways that "Western medicine" could not. The proposal to take medication had threatened to extinguish that hope. He had sought someone to listen to his misery, a person who (he hoped) would be strong enough to contain him.[4]

Mr. D was now also better able to think about and to put into words something of his (and my) experience just before the time that I made my interpretation that moved him. He spoke of how I had been a "rope" that he could hold on to when he was unable to find words for the terrifying feeling that he was about to break into pieces or to kill himself. As he spoke of this rope, I could now envision how—in being tied to one another—each of us teetered at the edge of our own personal terrors: We had been separated by a chasm, the cavernous depths of our own life experiences. I had to find a way to digest my own experience before I could grasp his without fearing that I would fall into the chasm of my own desolation.

As the patient and I became better able to talk about these sets of feelings, I recalled and began to hear in a different way the words written by the poet Rumi that Mr. D had given me five months earlier:

> When water gets caught in habitual whirlpools,
> dig a way out through the bottom
> to the ocean. There is a secret medicine
> given only to those who hurt so hard
> they can't hope.
>
> [Barks 1997, p. 52]

[4] Britton (1998) says the following about failure of maternal containment: "Bion's *nameless dread* is, I think, a manifestation of this [inchoate] terror when, in infancy, maternal containment fails completely. Later, when whole object relations are established and part no longer equals whole, it expresses itself in this more partial form of existential anxiety, the fear of loss of identify" (p. 7).

The medicine to which this poem refers is a kind of medicine that can only be "given" by another human being strong enough to assist an individual in finding a shape for emotional experience. For Mr. D, this would involve finding words to give form to and articulate his experience. In so doing, he would be creating a *form/*identity that is capacious and more durable than what he had been able to generate to this point—a form of self-experience sufficiently powerful and substantial to contend with inner and outer forces that he had to face. It had become clearer to me why the "lifesaving" medication that I was suggesting he take was such a threat to the fragile sense of hope that he possessed—the hope of developing a sense of self from the inside out, and not the other way around. It was, however, yet to be discovered why I had not (for a time) been a person sufficient to assist him in this process.

THE THING IN THE ROOM

> But the poem is also the search of the poet for his language, his own language which I, quite apart from the material theme, had to use to write at all. I had to write in a certain way to gain a verisimilitude with the object I had in mind.
>
> —Williams (1946, p. xiv)

Such unformulated, unarticulated forces as those encountered with Mr. D embody elements of unconscious experience that are initially communicated through sensory impressions that make a kind of physical impact upon the analyst. In order to learn from clinical experience, these impressions must be given a shape (i.e., must become symbolized) and then be created in words (i.e., become verbally represented), so that they may be transformed into something (interpretations or other forms of intervention) that may be used by the patient. The analyst must achieve sufficient proximity to the patient's (and his or her own) sensory experience to be receptive to what is being communicated, while at the same time maintaining adequate distance from the experience to contain it. In this way, the analyst is in possession of an imaginative

space (an analytic space) where he or she may create metaphors for what the patient's unconscious experience is like for him or her.

It is true that the narrative (content) of "The Use of Force" bears strong resemblance to the story line of my experience with Mr. D—that of forcing something into a patient. But the content was only a gateway to my use of this text. Once I entered into the experience of reading the story (and of recalling what it was like for me to have read it at an earlier time), I benefited from something far more than a plot centering around a doctor's forcing open a patient "for the patient's own good."[5] (Such a plotline on its own is mere melodrama and would have been of no use to me.) This story is alive in a way that my interpretations were not. My initial comments to Mr. D attempted to address certain aspects of his intrapsychic experience and of his and my experiences with one another, but the interventions lacked the three-dimensional quality of Williams's story, and did not capture the sensory dimensions and the immediacy of the force-field created between Mr. D and me.

What I am referring to as the *form* is not the moral of the story, but *a way of using one's mind* that is reflected in the way language works in Williams's story. "The Use of Force" provided an imaginative form—a dream space—that I could enter and then better find words to describe the emotional context in which I was attempting to force "treatment" on Mr. D. Through my reading of Williams's story and participation in its imaginative form, this literary work provided me with a way of using my mind imaginatively in "reading" and "writing" the clinical experience with Mr. D. Williams helped me bring to life in a much fuller way Bion's psychoanalytic writing—for example, his ideas concerning the forces encountered by analyst and patient in projective identification, and his conception of the process of containment.

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[5] See Ogden (1997, 2001) for discussions and demonstrations of the *experience* of reading, and for his enlivening conversations with imaginative writers and their works. I am indebted to him for what I have learned from him about the psychoanalytic uses of creative writing, reading, and listening.

A DESCENT INTO MYSELF

> I lost myself in the very properties of their minds: for
> the moment at least I actually became them, who-
> ever they should be, so that when I detached myself
> from them at the end of a half-hour of intense con-
> centration over some illness which was affecting them,
> it was as though I were reawakening from a sleep.
> For the moment I myself did not exist, nothing of
> myself affected me. As a consequence I came back to
> myself, as from any other sleep, rested.
>
> —Williams (1948a, p. 356)

Prior to my recognition that I was attempting to be a pill in order
to save the patient, I was unable to achieve sufficient self-analytic
space to explore what was happening between us. I remember
that when "The Use of Force" came to mind in my work with Mr.
D, my initial reaction was a very visceral one: I felt relief, my
body relaxed, and I felt hopeful (without knowing why). I felt re-
lieved that I could enter this story and leave—for a moment—
the world I was experiencing with Mr. D. And I did not feel quite
so alone with my confusion about my experience with Mr. D, or
so fearful about what would happen to him.

In my musings about "The Use of Force" and about my ex-
perience with Mr. D, I recognized that I wanted to be the strong
doctor/father to Mr. D. Yet I felt so weak—and was furious about
my weakness (a set of feelings I knew was related to my early ex-
perience with helplessness, fear, rage, and aloneness). I envied
Williams's (autobiographically) fictional doctor for his freedom
to possess an entire range of feeling states and his facility of
movement among them—his capacity to feel his love for his pa-
tient (both erotic and affectionate love), his rage, and his pleasure
in "the muscular release" of domination—while maintaining his
intention to heal. Mostly, however, I longed to be free of the im-
potence I felt in treating Mr. D. The doctor in the story overcame
his powerlessness through force. And, in the end, his love for his
patient prevailed as he took steps to stop the disease process that
had invaded her. I felt such freedom as I *became* this doctor in my
reverie.

I did not initially know anything more about how this story helped me to discover the words "I think I have been trying to *be* a pill that will save you." In subsequent rereadings of "The Use of Force," I find something very striking about the way Williams constructed this story. Recall that the passage I cited earlier had no quotation marks, demonstrating the thin line between the words/ feelings/actions of the narrator, the physician, the patient, and even the author himself. The lack of quotation marks momentarily causes us confusion. For example:

Don't, you're hurting me. Stop it! Stop it! You're killing me!

If you read this sentence very slowly—"Don't, you're hurting me. Stop it! Stop it!"—who is being hurt in this experience? Is it the doctor who has been "hurt" by having been rendered powerless by his patient? Even as we continue to read—"You're killing me!"—is it the doctor (whose professional identity is dependent upon his delivering treatment) who is being killed as he is made impotent, a doctor who demands that the patient stop so that he can be who he needs to be—a doctor—to her? Or do these words portray an experience of pain in Williams's life in which he used force or had force used against him?

Of course, by the time we have completed reading the sentence, the confusion is cleared up: we know that it is the patient who is screaming these words. Yet the lack of quotation marks provides sufficient ambiguity as to who is being hurt by whom that the sentences never stop suggesting that both of them feel as if they are being hurt or killed. This form itself invites us (forces us) to enter into an experience of what Williams (1948b) came to call "the thing in the room" (p. 289)—a thing that captures the palpable experience created by both doctor and patient.[6]

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[6] One reader of this paper makes the following comment about the containment of affect in the literary form of "The Use of Force": "For me, it is not only the form, but the affect contained in that form, that is significant, and the affect that is consequently liberated in the analyst when reading the piece (thereby entering the form). This fits with the idea that the owner of the affect and action in the passage [from Williams's story] is ambiguous, just as it is in analysis when one is immersed in the patient's (and the analyst's) projective identifications." [Smith 2004]

But this is not the only manner in which the form of this literary construction embodies and conveys the nature of experience *between* doctor and patient. This short story constructs a drama in which "there is no separation between thought, feeling, and action . . . thought *is* action, feeling *is* action" (Surface 1998, p. 97). This rendering of experience is close to what unconscious experience may be like: an experience in which thoughts/feelings/actions run together seamlessly, where they are *forces* that make up who we are.

While the craft of fiction writing may employ certain techniques to shape imaginative texts (Stegner 1942), what I am describing in Williams's text cannot be reduced to a set of literary devices. I believe that the story communicates something of Williams's mode of conducting personal psychological work. This is a story that generates its own force.

In speaking of his clinical work, Williams (1948b) describes "the thing in the room"—a metaphor for what sometimes happens between him and a patient:

> It is an identifiable thing, and its characteristic, its chief characteristic, is that it is sure, all of a piece and, as I have said, instant and perfect: it comes, it is there, and it vanishes. But I have seen it, clearly. I have seen it. I know it because there it is. I've been possessed by it. [p. 289, italics added]

Through the impressions made upon him during the clinical moment, Williams has captured the shapes of experience of his patient's inner and outer worlds that have been communicated to him wordlessly.

But, paradoxically, he goes on to provide a remarkable metaphor that depicts the way in which the thing in the room—the experiences with the patient and the words to convey these experiences—is created in language:

> The physician enjoys a wonderful opportunity actually to witness the words being born. Their actual colors and shapes are laid before him, carrying their tiny burdens

which he is privileged to take into his care with their un-spoiled newness. He may see the difficulty with which they have been born and what they are destined to do. No one else is present but the speaker and ourselves, we have been the words' very parents. Nothing is more moving. [1948a, p. 361]

Here Williams describes a process through which language is created that captures what happens between doctor and patient. This metaphor is a fitting description for what happens in the transference-countertransference experience in the psychoanalytic situation. The analyst's role is not merely that of facilitating the birth of past experience that has been reanimated through the transference and delivered (interpreted) to the analysand; through a close reading of his own subjective response to what the patient communicates, the analyst may grasp something of the patient's emotional states as they are being procreated within the depths of the analytic experience. The analyst is moved to find words for what had been inarticulate. Thus, the analyst and analysand have become "the words' very parents." Through the act of rendering his or her experience in words that are real both to him- or herself and to the analysand, the analyst has been able to catch "the evasive life of the thing, to phrase the words in such a way . . . that will yield a moment of insight" (Williams 1948a, p. 359).

The manner in which Williams conceptualizes the thing in the room tells us something of *how his mind works* as he participates in an experience with his patients and as he finds/creates words to articulate this living thing, the experience that is conceived and given life in the room. My reaching for this story while caught in an impasse with Mr. D reflects both my desire to have my imaginative capacities stimulated and my desperate need to turn to another person to make bearable my dreadful, unformulated experience of a battle of life and death, an experience in which there was confusion (at an unconscious level) about whose life and death was at stake (the patient's or my own).

As I reflect upon the fact that my entering this short story was —in ways that I could not articulate—so liberating and enliven-

ing to me, I am struck by the freedom that Williams (and the physician he created) has in expressing an entire range of loving/erotic/tender and aggressive/hateful/homicidal/sadistic feeling states and intentions in a manner that the constructive and destructive elements are not contradictory. Not unlike the visceral experience of the fictional doctor with his patient in "The Use of Force," we metaphorically enter "the body" of living story and engage with the language employed as it succeeds in capturing human experience and processes it (the physiology, as it were, of the story's language). The raw sensory experience of the patient (both Williams's fictional one and Mr. D) was actively shaped, organized, and transformed by the containing function of another personality (Williams's writing and my own use of my experience of reading). The outcome of these containments was an enhancement of my ability to transform the transference-countertransference experience into a form that was utilizable for the conduct of psychological work.[7]

LIVING AND DYING INCOMMUNICADO

They walk incommunicado . . .
The language is missing them
they die also
incommunicado.
The language, the language
fails them
They do not know the words
or have not
the courage to use them.
                    —Willliams (1946, pp. 10-11)

[7] Bion (1962b) describes containment as an active process whereby the infant's/analysand's sensory and somatic experience is projected into the mother/analyst (who possesses a containing function), whereupon it is modified—given a shape/form—so that it "has become tolerable to the infant's psyche" (p. 90). The act of containment and the internalization of the containing process/function promote growth by creating the capacity for self-awareness and for thinking: "The capacity for taking in sense impressions develops together with the capacity for awareness of sense data . . . . From thoughts and the development of thoughts there arises the apparatus for thinking the thoughts" (pp. 91-92).

My writing this "story" in the form of this paper has revealed yet other clues to how I found "The Use of Force" helpful in resolving my impasse with Mr. D, as well as ways in which I am using the term *form* as I write about this subject. Further self-analytic exploration about why I was initially unable to grasp the meanings of the experience between Mr. D and me led to associations about my own father. Earlier in this paper, I noted that the compound noun *transference-countertransference* does not sufficiently capture the verblike, living form of this experience between analyst and analysand. My experience with Mr. D seemed to be all *verb,* all action/force that connects subject with object (as in a sentence). My father (as I experienced him) was little action—not so much a verb as a noun: "Dad." As a small child, I felt that I needed a father with whom I could interact and with whom I could feel safe in experimenting with my own loving and hating feelings/thoughts/actions. In part because I felt a need to protect my father (which was simultaneously an act of protection of myself), I did not feel safe in such experimentation with him. I believe that I needed not just a presence (which my father was), but an active force in my life.[8]

The psychoanalytic process, as I conceive of it, involves more than the mere presence of the analyst. The analyst and patient produce forces that must be reckoned with through the active containing presence of the analyst. These powerful forces between analyst and patient may often be communicated only through projective identification. If the analyst is not receptive to this use of the self, both patient and analyst will remain incommunicado. Here I use the word *incommunicado* to refer both to the lack of successful communication between patient and analyst, and to the resultant state of solitary confinement that is created for the patient (and for the analyst) when there are no thoughts and words to give shape and meaning to the analysand's unconscious experience.

[8] Wallace Stevens said, "The world is a force, not a presence" (quoted in Kaplan 1957, p. 640).

In my work with Mr. D, I was once again brought perforce to an experience with these elements of my own internal world as I encountered something like them in Mr. D. I turned to "The Use of Force" to help me modulate, shape, explore, and name these powerful forces within myself and between me and the patient—to stimulate my own imaginative use of the transference-countertransference. Through the medium of Williams's story, I was able to restore the capacity to experiment with myself in a manner that allowed me to free myself from the imprisoning impasse with Mr. D.

Developing the capacity for self-experimentation (for generative self-inquiry) initially requires the use of an other—a personality organization powerful enough to contain the emotional forces within. In infancy and childhood, this personality is the parent. In the analytic situation, it is the analyst. In adulthood—under optimal circumstances—an individual has sufficiently internalized the containing function that he or she has the capacity to communicate with him- or herself when faced with powerful, unformulated inner experience. The analyst in the analytic situation may provide containment for the adult whose internalized containing capacities are not sufficient to transform preconscious/unconscious experience into a form that the analysand can experiment with on his or her own. One must find a way to experiment with oneself in order to grow.

CONCLUSION

Some kind of poetic form has to be found or I'll go crazy.
—Williams (1932b, p. 129)

The literary forms that imaginative writers construct capture something of the way their authors *contain* psychological experience. And, while turning to a book is not equivalent to turning to an analyst, one may be affected by a fictional form in such a way that one enters not only into the universe of the narrative, but, just as important, into the universe of how the language of the work

of fiction works. In entering into the experience of reading, of being affected by the way language is used, the work may serve a holding function for the reader. This is an aspect of what Freud (1908) called "the art of creating imaginative form" (p.143), which is employed in writing original imaginative literature, and also encountered in the experience of reading it.

What we now know about the psychoanalytic process makes it possible to focus not only on the symbolic content found in forms that are created by imaginative writers. We may view these living, breathing texts as forms that are available to us as they actively create and contain (as they are form-ing) the experience of the author—and the manner in which that author does his or her own psychological work. We may view texts written by imaginative writers as containers of experience that convey the writers' sensibility and capture the unique ways that they go about shaping experience and engaging with it. Readers of these texts are provided with new perspectives and with fresh opportunities to experiment with the ways that they shape their *own* experience, conduct psychological work, and communicate with themselves and others. To a degree, this approach is not unlike the way an analysand engages with an analyst, and consequently—through the act of self-experimentation—achieves greater freedom to communicate with the self and other people.

In the analytic situation, we may on occasion use the texts of talented imaginative writers in order to hold and process our own experience, to temporarily assist us—as do our dreams and fantasies—in restoring an imaginative (self-analytic) space and in finding words for what is happening in the transference-countertransference that convey to us something of the analysand's unconscious life (and our own). Fifty years ago, William Carlos Williams (1955a) foreshadowed this use of reading (and writing) imaginative works when he wrote the words quoted at the beginning of this paper: *"[I]f you can use a poem or a literary construction to free you . . . because it breaks through, it gives you a chance to experiment with yourself."* While I have described only a single instance of an analyst's use of an imaginative work to experiment with him-

self and to achieve greater freedom, it may serve as an example of how such clinical conversations with literature may be more widely applied.

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A PARAPRAXIS IN A DREAM

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When a parapraxis is put on display in a dream, one can only wonder what service the willful mistake is rendering to resourceful dream work. Freud taught us that anything that appears in the manifest content of a dream may well be a disguise or a distortion of a subject that originally made an anxiety-provoking, and hence short-lived, first appearance in latent dream thoughts. Dreams in dreams and jokes in dreams have been examined from this perspective (Mahon 2002a, 2002b), and this paper focuses on the appearance and meaning of a parapraxis in a dream, with the argument that seemingly casual *"mistakes" are highlighted in the manifest display to cover up some latent, much more* deliberate *subject matter.*

INTRODUCTION

When parapraxes were first discovered by Sigmund Freud, he had to coin the word *Fehlleistung* (faulty function) to identify them, since there had been no word for them up to that point in the history of ideas. The purpose of this communication is to suggest that, when a parapraxis occurs in a dream, the concept of *Fehlleistung* cannot fairly be applied, since the parapraxis seems totally contrived by the dream work in the service of disguise.

Recently, I argued that a dream within a dream or a joke in a dream signifies an unusual extra effort on the part of the dream work to maintain disguise (Mahon 2002a, 2002b). A parapraxis, also, I would suggest, is an unusual deployment of what is usually

diurnal psychological strategy in an oneiric setting: its cameo appearance in a dream is an attempt to divert attention, and its unique defensive properties can be studied.

Given that a dream within a dream or a joke in a dream often seems not to disturb the dream with its unusual presence, a parapraxis could be expected to make an equally nonthreatening appearance in a dream without creating too much psychological fuss or claiming too much significance. But the argument of this paper is to the contrary: a parapraxis in a dream, casual as it may seem, is a highly significant attempt at disguise. For example, a 17-year-old male analysand discussing slips in dreams asked astutely, "Why should there be a *slip* in a dream at all: isn't a dream all slip already?" The analysand—a seasoned one by this stage of his analysis—was puzzled by a psychic product (dream) that exploits unconscious strategies so artfully and complexly, yet seems to need the deployment of a less complex psychic product (parapraxis) in the service of additional disguise. "What was the dream work up to?" was the implicit inquiry of the adolescent's puzzlement, and this will be the main focus of inquiry of this paper as well.

FREUD'S COMMENTS ON PARAPRAXES IN DREAMS

One of Freud's (1900) comments is sweepingly reductionistic, yet powerful. In addressing déjà phenomena in dreams, he writes:

> In some dreams of landscapes or other localities, emphasis is laid in the dream itself on a convinced feeling of having been there once before. These places are invariably the genitals of the dreamer's mother; there is indeed no other place about which one can assert with such conviction that one has been there once before. [p. 399]

If Freud's assessment of parapraxes in dreams sounds like a generalization about the meaning of déjà vu, in another instance, he follows the clinical material in a less sweeping, more focused manner. He reports one of his own dreams:

I was going to the hospital with P., through a district in which there were houses and gardens. At the same time I had a notion that I had often seen this district before in dreams. I did not know my way about very well. He showed me a road that led round the corner to a restaurant (indoors, not a garden). There I asked for Frau Doni and was told that she lived at the back in a small room with three children. I went toward it, but before I got there met an indistinct figure with my two little girls; I took them with me after I had stood with them for a little while. Some sort of reproach against my wife, for having left them there.

When I woke up I had a feeling of great *satisfaction*, the reason for which I explained to myself as being that I was going to discover from this analysis the meaning of "I've dreamt of that before." In fact, however, the analysis taught me nothing of the kind; what it did show me was that the satisfaction belonged to the latent content of the dream and not to any judgment upon it. My satisfaction was with the fact that my marriage had brought me children. P. was a person whose course in life lay for some time alongside mine, who then outdistanced me both socially and materially, but whose marriage was childless. [Freud 1900, p. 446-447, italics in original]

Freud sweeps the anagogic interpretation of his own dream aside as too facile to engage him beyond the first waking moments, and reaches deeper for the psychoanalytic meaning: a wish to topple a rival, on the most sexual turf ("my flesh is procreative, and yours isn't!"). Freud, initially seduced by the manifest satisfaction of discovering the meaning of "I've dreamt that before," is not satisfied (ironically enough) until he traces the sense of satisfaction to its deeper, darker core of meaning in the realm of competitive, sexual latent imagery. But, by focusing on the *affect* of satisfaction, Freud neglects the *formal structure* of parapraxis itself and its functional defensive armature, and to this neglected aspect of the topic I would like to bring emphasis. It is Freud's revolutionary insight that allows us to understand that intellectual assessment made in the manifest content of a dream should be

seen as a disguised derivative of a latent issue: in other words, it is *subordinate* to the main agenda of the dream, which is *dream work,* even though its manifest content usurps the limelight in its overt display.

Whereas Freud suggests that déjà vu is a reference to the universal spawning ground of the mother's genital, a place about which everyone could assert, "I have been here before," I would like to argue that a parapraxis that claims "to have been here before" is making a rightful claim from another vantage point: since it has been displaced from its original latent context to its more high-profile, manifest role of disguise, it has made a *prior* appearance in dream space and is therefore right to claim that "I've been here before." The same could be said of all parapraxes: they are mistakes, which is to say that they reflect a facet of unconscious meaning whose "out of placeness" is, after all, what gives them their essential, uncanny identity. The mind is aware, on some level, that the unconscious engines seem to have misfired: there is a subjective sense of mistaken identity, of false perception or expression, even if one is not able to correct it immediately.

In Freud's (1901) famous Botticelli/Signorelli misnomer, for instance, the physiognomy of Signorelli's self-portrait in Orvieto was said to be ultraclear, but the name of the artist could not be retrieved for some time from its linguistic coffers. Hamlet's slip in his first soliloquy (Mahon 2000), "But two months dead, nay, not so much, not two" (Shakespeare 1604-1605, I, ii, 138), is corrected almost immediately by the grieving prince, but this particular slip, planted by the Bard (as I have argued elsewhere), is a Shakespearean aesthetic strategy that hints at the complex internal conflicts of the hero.

Returning to dreams, when parapraxes are deployed by the dream work during sleep, the manifest sense of mistake could be viewed as correct from a more ironic point of view than would be the case in waking life. "Look at the mistake I've made in prime time [manifest time]" could be a clever cover-up of: "There are no mistakes in the unconscious. I was deadly serious about what I wanted, what I wished for, in the latent content of my dream!"

While Freud does not focus on the function of the déjà phenomenon in his dream, he is clearly aware that his waking thoughts about the parapraxis, his sense of satisfaction that he was onto the meaning of parapraxis in dreams, are deflecting him from the deeper significance of the dream work's use of the parapraxis in the first place. While the infantile wish hidden in the dream proclaims unconsciously that "I've been there before"—meaning "I've been there before P. [a paternal stand-in]; I've been deeper inside my mother's sexual parts than even the penis [P.] of my father"— the manifest content tries to focus on incompetence, rather than on this satisfied sense of triumph. In fact, the bald statement of infantile triumph so deeply hidden in the uncanny feeling is denied in the manifest disguises: "I didn't know my way about very well," and P. had to show the dreamer "a road that led round the corner to a restaurant (indoors, not a garden)." In the manifest content, P. is the knowledgeable one who shows Freud where to go, even though, in the hidden, latent content, the dreamer "knows it all."

By focusing on the *function* of the parapraxis in the dream, I am augmenting Freud's statement that the sense of satisfaction is being misidentified as manifest pleasure in decoding parapraxis, rather than latent pleasure in the satisfaction of sexual triumph over the childless P. If the dreamer awakes and is seduced, as Freud seems to have been, by the uncanny aspects of déjà phenomena in dreams and the intellectual opportunity to study these phenomena (reaping glory from the inquiry), one can argue that the dream work has pulled it off, so to speak, and led the censor and the awakener away from the scent of the latent and the infantile, thereby allowing a secret satisfaction to reap its rewards, unbeknownst to the watchdogs of scrutiny.

This, I believe, is the essential *function* of the appearance of parapraxes in dreams: they bedazzle the dreamer with their uncanny affects, and in this way keep the dreamer and the censor— and even the awakener—unaware of how cleverly the dream work has deceived them. I will now illustrate this thesis with clinical material from my own psychoanalytic experience.

CLINICAL EXAMPLE

A 60-year-old lawyer in the eighth year of a very productive analysis had a dream in which a parapraxis appeared, the first ever as far as he could remember. A man of keen intelligence and rigorous curiosity, he found that the appearance of unusual fauna in a dream landscape aroused as much interest as a new sighting in an astronomer's telescope. "I've heard of day's residue," he joked, "but this is not residual—it's functional," and he set to work to decode its meaning.

"I'm walking down a city street—New York, probably. Skyscrapers all around. I am walking with Nelson Mandela, but I am calling him *Tomás Magadin* in error." In the dream, the error does not seem to generate any anxiety, but on waking, the dreamer is struck by the parapraxis and puzzled by its meaning. The flow of associations was copious and cogently assessed by an analysand who at this stage of the analytic journey was as Freudian, if not more Freudian, than the analyst himself!

The analysand noted that Lord *Nelson* was an admiral who won a famous sea battle by placing a telescope to his blind eye, therefore not seeing how outnumbered he was, and his ultimate victory proved that blind courage is sometimes more effective than cold-blooded visual reality. "An ambiguous ideal, to say the least," chortled the analysand, impressed by the double-edged wish embodied in the condensation of Nelson the blind and Nelson the victorious. *Mandela* seemed to pick up the same theme almost in the same breath. Mandela was *man* with the feminine appendage *Della* (as in Della Hopkins, a childhood sweetheart of the analysand). *Hopkins* led to an association to Gerard Manley Hopkins, the innovative poet who introduced the concepts of *sprung rhythm* and *inscape* into modern poetry. And the poet's name seemed to condense the manly and the feminine (the analysand thought of poetry as an expression of feminine aspects of the psyche).

The dreamer's genetic context needs to be summarized before the dream can be discussed further. As mentioned earlier, the analysand was a 60-year-old lawyer nearing the end of analysis; he

was the product of a white, Anglo-Saxon, Protestant family, in which a powerful mother had steered the family's "ship of state" throughout a lifelong illness of the father, with her son (the analysand) beside her at the wheel. His considerable career and social successes were thus forever tinged with oedipal guilt. In fact, the analysis in large part was an attempt to rescue him from the wreck of success, given his unconscious tendency to undermine himself upon reaching his goals.

Returning to the dream with these bare bones of a genetic sketch, let us attempt further deconstruction, while not losing sight of the parapraxis and its function in the dream. *Tomás Magadin* was the substitute name for Nelson Mandela in the dream. Why Tomás Magadin? The analysand's older brother, Tommy, had cardiac failure at a relatively early age. The analysand was angry and disappointed that his father and brother were not made of sturdier stuff. *Magadin* was not too dissimilar from the analyst's name, and thus, illness was being wished upon the analyst via transference. "Better you than them," he quipped. "Blood is thicker than water." *Magadin* elicited the further associations of "maggots in" (symbolic of death), and of the Magi (three wise kings bringing gifts to his royal highness, the baby)—the latter a regressive, compensatory wish in the face of so much death and castration.

Following these associative leads, the analysand had enough information to probe deeper. The eight years of prior analytic work were, of course, the most profound day's residue for this analysand, whose memory was quite remarkable: "Long day's residue into night" was an expression he often applied to the analysis, with characteristic sarcasm. The analysis of bisexual conflicts, for instance, had undergone profound revisions from the first year of the analysis to the eighth: whereas the early years of analysis had been full of heterosexual protest, bisexuality in the eighth year was a topic that aroused curiosity and interest rather than anxiety.

The concept of resolving a conflict with its negative oedipal or preoedipal solutions made the analysand marvel at the variety of his options, rather than doubt the solidity of his sexual identity. Given this newfound comfort with the multiple determinants of

heterosexual and homosexual tendencies, the play of ambiguities in the dream puzzled him. If he wanted to be castrated and heroic all at once, like the black phoenix Nelson Mandela, who had leaped from the flames of apartheid and incarceration to be born again as the leader of his people, why could the name *Nelson Mandela* not stand on its own terms in his dream—as a multiply condensed compromise between defeat and victory, between the blindness of Lord Nelson and the unrelenting vision of Mandela? Why confuse the issue with *Tomás Magadin?* Why drag in a slip of the tongue to a well-orchestrated dream landscape?

At this point, the analysand had the intriguing insight that Tomás Magadin/Nelson Mandela was *not* a slip of the tongue in the sense that parapraxes of everyday life are examples of faulty functioning (*Fehlleistung*). On the contrary, excellence of functioning was being demonstrated as the dream work pulled out all the stops in the service of disguise. The dreamer's bemusement on awakening that a slip had appeared in his dream was a measure of the success of this red herring in throwing him off the scent of the dream's latent meaning.

Tomás Magadin was not a slip, an error, but a profound association in its own right, as the dreamer's association to *Tomás* revealed: *Tomás* sounded like *no más,* the infamous words of Roberto Duran in his boxing match with Sugar Ray Leonard. Duran refused to continue the fight, throwing in the towel with the words *no más*—no more—a great humiliation for the legendary boxer. Tomás Magadin and its associative siblings, *no más* and *maggots in,* were protests against the death of the analysand's brother or the death of the analyst, but behind the protests lay a death wish against both. "I'm glad I'm alive" was the dream's major message. "I'm glad others are dying, not I—make no mistake about it." The bold starkness of the wish had to be concealed in ambiguities and compromises, as if the guilty dreamer could only be heroic in his defiance of death and his wishing it on others when he embraced death and life together in a bisexual compromise! He could not be simply Nelson Mandela in the dream; he needed to cover up

this heroic, phallic identity with a more castrated alter ego, Tomás Magadin. And he needed to pretend it had all been a mistake!

Two weeks later, the analysand had another dream with a parapraxis embedded in it.

> I am escaping in a house. There are spies running through the house. The spies seem to know the escape routes that are "safe." They seem to run endlessly up and down certain staircases that lead to safety. Through the windows of the house, one can see the enemy approaching, carrying bushes or trees to disguise themselves, like the soldiers in *Macbeth*. I run up the stairs into a bedroom. My wife approaches. I castigate her for not being there sooner, for arriving on the scene only then. She protests that she has been there with me all along. The dream ends with both of us looking at the bed and its quilts, quilts that seem to change their patterns even as we scrutinize them.

"Another parapraxis!" exclaimed the analysand, referring to the false conviction in the dream that his wife (*jamais vu*) was not with him when in fact she was. Having identified the parapraxis, he became eager to understand its function in the dream. The analysand was an avid reader of multidisciplinary literary works, Freud's *Standard Edition* prominent among them. The "*Macbeth* dream," as this would be referred to subsequently, had been triggered by our setting a termination date for the analysis. One of the meanings of *termination* was triumphant oedipal defeat of the father/analyst and heroic roaming out in the postanalytic world in search of disguised mother substitutes. If the analysand were killing the analyst as father, he wanted to blame the analyst as mother (Lady Macbeth) for putting him up to it!

This meaning of the parapraxis in the dream seemed clear: the dreamer with oedipal blood on his hands was criticizing Lady Macbeth for not sticking around to accept her share of the blame. This defense, this constant evocation of an explanatory bad mother upon whose shoulders responsibility for unacceptable wishes could always be heaped, had been worked through thoroughly

and repudiated almost totally, but its reappearance in the termi-
nal phase was not surprising, perhaps, at a time when one expects
old psychic products to make their final curtain calls.

Again, one could argue that this was not a parapraxis at all in
the accidental sense of that concept, but a well-rehearsed piece
of dream work in which the stool pigeon reappeared to take the
blame for the crimes of the dreamer. The quilt with changing pat-
terns was a reference to defenses that the analysand was changing
—discarding some, holding on to others. He would miss the de-
fensive use of the bad mother. The parapraxis brought attention
to his nostalgia for old defensive habits, while at the same time dis-
avowing it ("it's only a slip," a *jamais vu).* The parapraxis also pre-
figured the need for the analysand to get along without the analyst
once the analysis had ended. If the wife in the dream was a dis-
guise for the analyst, the analysand was invoking his analyst in the
postanalytic void and getting the analyst to assure him, "I've been
here all along. I'll always be with you."

DISCUSSION

The appearance of a parapraxis in a dream is analogous, perhaps,
to a piece of slapstick being introduced into a drama for comic re-
lief. Yazmajian (1968) cited an example of a parapraxis in a dream
in which the word *Roosevelt* was rendered as *Foosevelt*—the "tip" of
the president's name being mutilated for obvious dynamic reasons.
This seems like a caricature of the parapractical process, rather
than the real thing (a topic to which I will return later). But there
is nothing comic about Tomás Magadin/Nelson Mandela, or the
disappearance of a Lady Macbeth-like wife, in the dreams under
discussion.

A parapraxis in a dream might be compared to a wrong word
intentionally used by a poet, or the deliberate introduction of a
misspelled word into a text for aesthetic reasons. The obvious ques-
tion posed by a literary interpreter would be: what aesthetic pur-
pose is being served by this willful linguistic mistake? An analo-
gous example is found in the Jewish Museum in Berlin, where the

architectural apertures that might be windows are presented instead as wounds or gashes in concrete, in order to represent the horror of all the apertures in flesh the Holocaust gouged into the Jewish race. These architectural slashes are obviously not "mistakes" at all, but tragic representations of the torment of gouged, slashed human flesh and man's inhumanity to man: *Homo homini lupus.*

A parapraxis in a dream raises similar critical eyebrows—perhaps even suspicious ones. What is the dream work up to? The dream work, that paragon of aesthetic disguise, is obviously up to any mischief, any sleight of hand, any slapstick whatsoever that gets the job done—the job being to disguise raw infantile wishes, to hoodwink the censor, and to secure a good night's sleep for the dreamer. When the dream work uses a dream within a dream or a joke in a dream, one could argue that all the stops are being pulled out by a master artificer to keep all oneiric balls in the air at once, thereby fooling even the most vigilant of censors! When this occurs, very elaborate manifest content is being employed to deflect the dreamer away from his or her latent dream thoughts and infantile wishes. In fact, the use of an actual secondary dream or elaborate joke as manifest content is analogous to an artist's choice to paint over one masterpiece in order to create another, leaving posterity forever puzzled about the aesthetic gain versus the aesthetic loss. A parapraxis in a dream may be less elaborate than a dream within a dream, but it is nevertheless a psychological device—one that is usually reserved for waking life, but is being pressed into service by resourceful dream work. We might think of an artist at work in the studio who is short of pigment, and therefore uses any ingredient at his or her disposal to collage together the chosen aesthetic effect. Can we assume at such moments that the dream work—a little desperate, the disguise faltering, perhaps, and the censor breathing down its neck—calls up the reserves in the service of disguise?

The image of the dream work in some plight of creative desperation is worth pursuing further. In its atelier, one can picture the dream work making its aesthetic decisions as to which primary

processes to deploy—which symbols, which displacements, which condensations. One can envision a great welter of unconscious energy, clamoring for expression, and an equally great countervailing force of censorship. "Make no mistake about it, I will be satisfied. I must!" says the infantile wish, totally unrealistic about the faltering disguise, the vigilance of the censor, or the immediacy of the nightmare, should dream work fail to keep all the juggled balls of disguise in the oneiric air at once. Is this the moment, perhaps, to test the ingenuity of the dream work? As the latent stage of operations reverberates with cries of "I will be satisfied! Make no mistake about it," what if a protagonist from the latent sphere were to rush on stage (the manifest stage, that is) and entertain the audience with some slapstick about a mistake, an "oops" to make the censor chuckle, thus catching the censor off guard?

Let us try to imagine such a creative moment in the Mandela/ Magadin dream. The dream work's first choice of Nelson Mandela seems splendidly adequate on the face of it. A bisexual theme (too unruly, perhaps) was represented in a complex knot of puns and condensations: *Nel(l),* a woman's name, plus *son,* the male offspring of woman and man, plus *Man*, the son claiming his full generic stature, perhaps, and *Man Del(l)a*, the name of a woman attached to a man! These components, full of their own ambivalent energies, resonate with similar, larger themes of the one-eyed Lord Nelson—and, of course, of the actual Nelson Mandela himself, a historic hero who represents the ego's attempt to free itself, as Mandela did after years of incarceration. But it would seem that Nelson Mandela, for all his oneiric elegance and allusive sophistication, was not enough to hoodwink the censor, and the dream work did a double take, so to speak, coming up with the idea of a "mistake" in manifest content as just the thing to bamboozle an all-too-clever and vigilant censorship! The dream work's strategy, as argued earlier, is to hope—or even to assume—that the censor will accept the lesser plea of the manifest mistake, without paying much attention to the much more "latent," offstage murderous offense.

The *Macbeth* dream is clearly a continuation of this analytic process—more sinister, more paranoid, perhaps, but very much the raw material of the same unique dreamer. If we try to picture the dream work in its atelier once again, we see intense affects being processed, and note that the whole structure of the dream is in danger of being scuttled—not unlike the play *Macbeth* itself and the plight of a hero who senses that fate (the three witches) has tricked him. Birnam wood can come to Dunsinane, and a man of "no woman born" can materialize out of thin air and kill him. What seemed like an airtight promise can nevertheless be broken!

Similarly, the dream is threatened by seismic energies. The analysand knows that he owes much of his character and success to his identification with a mother who "seduced" him, making him a substitute for a husband who had betrayed her by succumbing to chronic illness and incompetence. The dreamer has analyzed this theme endlessly. The transference neurosis reverberates with it, as the analyst, in his multiple transferential roles, becomes the despised father or the idealized mother at one moment, the yearned-for father and the hated, overly seductive mother at another.

Now, as termination approaches, the analyst is invoked again and again as seducer and abandoner all at once. The image of spies in the dream, spies who know the safety routes, while the Macbeth-like dreamer watches all his certainties crumble around him, captures this mood of desire haunted by self-destruction. The name *Macbeth,* as the analysand insightfully realized (*Mac* meaning *son of* and *Beth* being a woman's name), continues the theme of Nelson Mandela: desire and castration condensed in multiple strands of ambiguity.

Furthermore, the dreamer associated to Shakespeare's play as the playwright's gift to the new monarch (he wrote the play for James of Scotland, who became king on the death of Elizabeth, the Virgin Queen). James was a great lover of witchcraft and the occult, and Shakespeare certainly played to the royal interests. But to the dreamer, there was a more ironic, more tragic resonance in this great gothic masterpiece: the English citizens, on the death of

Elizabeth (Macbeth in that sense = son of Elizabeth), had to grieve the loss of the Virgin Queen and accept the new king into their hearts. Shakespeare's play depicts a hero who kills a king, but not without extraordinary prodding from an ambitious wife. Surely, a fantasy of every Englishman, the analysand argued, was being tapped here, as Beth and the son of Beth topple the old king, and citizens who were reluctant to replace Elizabeth with James could cling at least in their dreams to the old order of matriarchal rule! Shakespeare's intention or not, this reading of his play was a highly significant association of the dreamer to his dream and to the play.

This very literate man was not unaware of how seductive his erudition and his artful display of it were to others, including the analyst. The positive transferential climate that welcomes, even promotes, this kind of literary flair, breeding associations with such facility—"trippingly on the tongue"—must itself become the object of analytic scrutiny, lest "the unobjectionable part of the transference" (Stein 1981) become a significant resistance, rather than a revealer of crucial unconscious material. Analysis that mistakes resistance for revelation is an exercise in self-deception. That the parapraxes being studied occur in a climate of termination and are steeped in multiple ambiguities of meaning cannot be lost sight of. That they illustrate the cleverness of a resistance that knows how to catch its fish on the analyst's line (Smith 2003)—with the pleasure of the catch blinding the smug fisherman, perhaps, to the mischief that seduced him—is a crucial insight not to be neglected.

A paper highlighting the revelations and resistances in the analysis I have discussed, as well as their mutual cross-fertilizations as the dynamics of termination intensified, might make for a richer clinical portrait of this complex analysand and provide a more in-depth dissection of the transference-countertransference climate. But here I want to extract the parapraxes from the welter that spawned them and focus entirely on their deployment in dreams, in the interest of exposing the dream work and what Coleridge might have called its *secret ministry*. I believe the dream work is a piece of unconscious machinery whose primary processes Freud brilliantly exposed.

To characterize the dream narrowly as the guardian of sleep, or as the disguised fulfillment of an infantile wish, tends to neglect the secret ministry, the supreme artistry of the dream work's complexity. My focus attempts to highlight this extraordinary unconscious artistry by singling out one of the balls that the juggler has thrown in the air. My aim is not to neglect the many other balls or the rhythm of the juggler's hands that magically suspends their dizzying motion, but rather to marvel at how gravity is both defied and deployed, all at once, in the service of artistic mastery. Similarly, dream work can augment its own repertoire of disguising strategies by spotlighting a parapraxis in manifest content— the better to draw attention away from ulterior motives concealed in latent content.

In the analysand's second dream, the house, spies, safety routes, and the fast-approaching danger (the dream equivalent of Birnam wood coming to Dunsinane) are the themes the dream work is exploiting as it attempts to keep the dreamer (Macbeth) asleep, even though the censor is on to him (the spies know the escape routes), and instinctual danger, projected onto Birnam Wood, is within striking distance. Nightmare would seem to be imminent unless the dream work, with some final stroke of directorial genius, can calm things down in the latent theater of dream management—that round *O* of unconscious desire where passions clash with all the intensities of the Elizabethan stage, and then some! Sleep awaits a brilliant stroke: what if the dreamer's wife, a Lady Macbeth stand-in to be sure, made an entrance on the manifest stage, and the ensuing family dispute about the time of her arrival could deflect the audience (censor) from the latent matter at hand with obsessional rumination about the meaning of a parapraxis (*jamais vu*)? To the protean quilt of defensive dream maneuvers at the dream work's disposal, the parapraxis adds an extra layer of disguised bed clothing to protect sleep from its tragic, almost irrepressible wishes.

This access to the meaning of the parapraxis allowed the dreamer to probe the depths of the latent dream content with even more assurance—not to mention the genetics of childhood that

seemed to stamp all his dreams with their indelible urgencies. Throughout his father's chronic illness and financial as well as social decline, the analysand felt like Macbeth with a phallic mother egging him on. The parapraxis was layered with multiple meanings not immediately obvious in the dismissive atmosphere of awakening and the rapid assumption of daily routine. But dogged analytic attention wrested the crucial meanings from it eventually. Throughout his childhood, the analysand had secretly hoped to rehabilitate his father and drive his mother away to a more optimal developmental distance. Ironically, he would then feel safe in being seductive with his mother and rivalrous with a sturdier father, on the analysand's own developmental terms. "Macbeth with balls enough to do his own ambitious thinking, without needing to lean on the pilfered penis of some disgruntled mother/wife" seemed to be the new analytic ideal. "You were never here," spoken in the manifest dream, was a reflection of a far deeper, genetic, more latent proposition.

If déjà vu brings attention to an uncanny sense of prior knowledge—of prior visual possession, a defensive refusal to feel upstaged in any primal scene, a sort of visual chutzpah that claims prior unsurprisable knowledge of everything—*jamais vu* would seem to have an equal intent, stated, however, through its denial. The dreamer accused the wife (a stand-in for both mother and father, as well as representing the wife herself, perhaps) of neglect, but the idea of *neglect* for this particular dreamer is loaded with ambiguity, since, in his relationship with his mother, he feels too pampered, too incestuous. Her intense presence throughout his life has left him feeling that optimal distance, optimal intimacy, can never be achieved with a woman. The father's almost total absence from his life made his sense of object relationship with men equally precarious: his ambition could topple them, his identification with their castration (all men being replicas of father's compromised stature) deeply undermining his self-esteem. The accusation in the *jamais vu* seemed to be addressed to both parents: "You (father) were never present. You (mother) were omnipresent—but that smothering presence does not make it possible for me to use

you (in the Winnicottian sense): by being always here, you were never here in the way that I needed you to be!"

Ironically, the manifest sense of parapraxis highlights the issue of neurotic presence/absence and represents a deep, latent, genetic accusation of both parents. But the manifest structure is so successful that it is disguise rather than content that gets focused on, as if "it's only a dream" might not be a sufficient awakening dismissal of the content of a dream as nightmarish and obvious as this one—necessitating the introduction of a parapraxis, so that emphasis can be shifted away from the dream and toward another kind of psychic phenomenon, leading one to ask: "I wonder what that parapraxis was doing in my dream?" If this additional increment of disguise assists the guardian of sleep in the maintenance of this oneiric illusion, then the function of parapraxis as exploited by dream work has been well served.

Yazmajian's (1965, 1968) papers on parapraxes stress an intriguing feature of certain slips of the tongue: whereas initially, slips were viewed as expressions of the unconscious that could be unriddled by following the trail of substitute words that memory offers as incorrect replacements for the irretrievable word, in some examples, the substitute words are not entirely innocent, so to speak, but operate in collusion with the original unconscious fantasy that triggered the parapraxis. Yazmajian (1965) convincingly argues that these slips represent instinctualization of the whole process, as if the mind's awareness of its previous record of slips can now make use of the groove of mistakes, so to speak, in the service of instinctual gratification.[1] Yazmajian seems to be suggesting that the mind, pretending to slip, can actually lurch outrageously—with the rationalization that "it's only a slip," a clever, defensive dismissal of responsibility.

Yazmajian's contributions are very important since they stress the protean resourcefulness of the unconscious and how it can re-

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[1] A joke about slips of the tongue that parodies the process captures this instinctual technique, as follows: A man, instead of saying, "Pass the salt, Mother," says "Pass the salt, bitch-who-ruined-my-life!"

invent itself and endlessly propagate its multiple determinants. Once the unconscious senses that it can get a free ride, so to speak, on the back of the unwitting and seemingly unwilling parapraxis, it can later parody the process or caricature it—"instinctualize" it, as Yazmajian noted—pressing it into more service than was visualized at the time of its original use. What began as a simple strategy exploits additional layers of complexity as defense expands its repertoire. The use of parapraxes by the dream work is a continuation of this artful unconscious ingenuity, and may represent the process of disguise at its most sophisticated.

Returning to the metaphor of the dream work in its atelier, trying to decide on which strategies of disguise to use at any given juncture in the dream process, let us recall that what we have been studying is the moment when deployment of a parapraxis is opted for. In Freud's dream of unconscious triumph over his rival, P., a parapraxis is used not only to launch the infantile wish ("I was here before"), but also to completely disguise it, by focusing so much emphasis on the manifest satisfaction that the dreamer will reap from interpreting the meaning of déjà vu in dreams —thereby avoiding the latent rivalrous assault on P. and its mean-spirited intent.

In my other example, that of Tomás Magadin/Nelson Mandela and the *jamais vu* in the Macbeth dream, parapraxes were used to shift the emphasis away from latent issues that were becoming too obvious, perhaps, for the manifest content to disguise adequately, thereby making it necessary to deploy an additional and unusual defense in the form of parapraxis. Parapraxes, by seeming to be mistakes or double takes, appear capable of deceiving the censor, the sleeper, and the awakener, thereby allowing the serious "make-no-mistake-about-it" intent of the infantile wish to be fulfilled through the ministry of the most artful disguises.

The study of the *function* of parapraxes in dreams raises the question of their function in waking life. We can assume that, like any other psychic product, they are creatures of compromise, born of multiple determinants. The subjective experience of a "mistake" that accompanies the parapraxis when the observing ego becomes

aware of it can alert the intuitive analysand to hidden complexities and determinants. The subjective experience is not always appreciated, however. Children sometimes seem not to be aware of their parapraxes, and some adults deny that a lapse has occurred. If the function of parapraxis is to discharge unconscious content, using consciousness momentarily as a willing or unwilling container of the formerly repressed energies, its ego-syntonicity or -dystonicity will reflect a host of dynamic or perhaps characterological factors. Puns and jokes seem to exploit similar "discharge" phenomena—but there the jokester is obviously quite conscious of his or her intent!

CONCLUSION

The function of the dream work could be compared to that of a jokester or creative artist, since parapraxes in dreams are surely contrived. They are not discharged through sudden regressive lapses in control, but rather released with great artistry to fulfill the needs of a master tactician—not unlike Shakespeare's use of parapraxes in his plays (there are at least twenty-eight of them scattered throughout his thirty-nine plays; see Mahon 2000). In Shakespearean parapraxes, what may seem like verbal mistakes are in fact artful contrivances, carefully planted to enhance and deepen dramatic content. The creative resourcefulness of the dream work and its clever deployment of parapraxes—and of any other psychological gimmick it can press into action in the service of disguise—cause one to marvel all over again at the mysterious agency of the primary processes Freud discovered over a hundred years ago.

When James Joyce (1922) said, "A man of genius makes no mistakes. His errors are volitional and are the portals of discovery" (p. 190), he was talking about Shakespeare and, none too modestly, perhaps, about himself, but he could have been referring to the mind in general: its mistakes, as I have demonstrated in regard to parapraxes in dreams, can be recycled by the dream work, their form and content pushed into defensive service, as the mind loses

no opportunity to enhance the complexity of its disguises. The dream interpreter armed with these insights has an additional strategy at hand with which to keep pace with the magical sleight of hand of dream work!

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SANDERIAN ACTIVATION WAVES: A HYPOTHESIS OF A NONSYMBOLIC INFLUENCE ON MOODS

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This paper describes a hypothesis of Tronick's (2002) that positive and negative affect activation waves with changing amplitudes based on positive and negative lived experiences are the sources of persistent or regularly recurrent moods of feeling upbeat or downbeat. The characteristics of discrete affects, moods, and affect states are discussed in the light of a previous study based on clinical observation (Lichtenberg, Lachmann, and Fosshage 1996). The clinical experience theory underpinning that study is then compared with Tronick's Sanderian activation wave theory. A case example is presented, and the overall relevance of Tronick's theory to clinical work is discussed.

INTRODUCTION

Persistent or regularly recurrent moods have long been a topic in psychoanalytic theory. In "Mourning and Melancholia" (1917), Freud distinguished between a normal depressive affect occurring as a result of a process set in motion by death, and melancholia occurring as a result of death or from:

> . . . being slighted, neglected or disappointed, which can import opposed feelings of love and hate into the relationship or reinforce an already existing ambivalence. This conflict due to ambivalence, which sometimes arises more from real experiences, sometimes more from constitu-

tional factors, must not be overlooked among the precon-
ditions of melancholia. [p. 251]

In this and subsequent writings, Freud expanded the dynamic
range of unconscious conflict that leads to depression to include
"identification of the ego with the abandoned object" (1917, p.
249), sadism (1917, p. 251), an overly severe superego (1933, pp.
60-61), and penis envy (1937, p. 252). In this way, Freud placed
psychoanalysis on a path of regarding affect disturbances as prod-
ucts of unconscious conflict. Psychoanalysts today may agree or
disagree with the specific dynamics of Freud's account of uncon-
scious conflict based on the structural hypothesis, but all would
agree that experiences leading to either sadness, mourning, de-
pressive moods, or depressive illness become encoded in a sym-
bolic realm involving representations of self and others.

The challenge I address in this paper is not about the estab-
lished significance of symbolic representation, ambivalence, or
conflict; rather, it is about other influences. I call attention espe-
cially to Freud's proposal of dual influences on conflict—those
arising from real experiences and those arising from constitution-
al factors. By far, the major thrust of psychoanalytic exploration
had been on the presymbolic and symbolic elaboration of real
and fantasized experience.

With his proposal of the dual influence of constitution and
experience, Freud exposed psychoanalysis to the problem of
dealing with factors that operate at different levels of discourse.
Constitution affects the timing of emergent properties of growth,
such as increases in physical stature and the onset of puberty.
The timing of physical growth and of the onset of puberty have
important consequences for an individual's experience. They
will influence the referential process (Bucci 2001) that leads to
ambivalence, moods, conflicts, and the representation of self and
other. However, we cannot account for the specific symbolized
form a constitutional factor will take from the constitutional ex-
pression alone. For example, a girl who is tall and has an early
menarche may fantasy herself as unambivalently beautiful, or, al-

ternatively, may form a highly conflicted fantasy of being an ugly, soiled freak.

TRONICK'S THEORY OF SANDERIAN ACTIVATION WAVES

I will now describe an interesting and promising suggestion of Tronick's (2002) about experiences of infants and mothers that are mediated by changes in waves that make depressive (downbeat) moods or happy (upbeat) moods more likely to occur and recur. This proposal does not address the perceived problem of the dual levels of discourse of constitution and the referential realm. Constitution lies outside of experience, referring to innate genetic markings; while the formal characteristics of Sanderian affective activation waves are immediately responsive to experience as sources of mood predisposition, and their manifestations can be discussed at the level of discourse that affect theory occupies in psychoanalysis.

However, the affective wave hypothesis shares the problem of permitting discussion only on a restricted level of discourse. The source of mood predisposition in the form of activation waves is hypothesized to act as a constraint that skews the experiencing of moods, their positive and negative qualities, and their persistence or mutability. The conception of waves, thresholds, and amplitude lies outside the referential process (Bucci 2001) of protosymbolic, symbolic, and imagistic representations, such as specific fantasies and conflicts that a downbeat or upbeat mood will tilt toward.

I will first describe Tronick's theory and then compare it to a depiction of affects and moods that I and my colleagues have suggested (Lichtenberg, Lachmann, and Fosshage 1996). In this section, I will speculate on whether Tronick's proposal about upbeat and downbeat moods can be applied to other affects. In the final part of the paper, I will discuss the theory's clinical relevance and its limitations.

Tronick (2002) states:

> It is my hypothesis that self-organizing CNS and bodily processes (e.g., biological clocks) generate a biorhythmic, wavelike pattern of the sensitivity of the mood to activating affective input over time. I refer to this sensitivity, or activating curve, as a Sanderian Activation Wave (SAW). [p. 82]

Tronick's proposal is plausible in that the brain does generate wavelike patterns, and a biological clock gives each period of the day and season particular organizing properties. The Sanderian reference is to Louis Sander's outstanding demonstrations of the powerful effect of subtle, recurrent caregiving events in the regulation of infantile life. Tronick draws on the properties of positive or negative affective waves that enable them to be sensitive or refractory to activation. "When the amplitude is high, the likelihood of activation is high; whereas when the amplitude is low, the sensitivity is low" (2002, p. 82).

Appreciation of Tronick's hypothesis requires that we distinguish between a mood and an affective input. *Mood* refers to emotions over time—hours, days, or longer—that influence and color perceptual receptivity. *Affective input* refers to discrete affects (or emotions), such as sadness, fear, joy, anger, and interest, that wax and wane rapidly with changes in situation and context.

For example, a young analytic patient was quite sad after the death of her father. Two months later, her husband suggested that they go to a popular movie. The film narrative was a lighthearted comedy—a love story with a few tragic moments before the happy ending. Her thoughts on leaving the movie and the content of her dreams were colored by themes of loss associated with the movie's tragic moments. An analytic understanding integrates her response to the movie with the symbolic meaning of her father's death and other experiences of loss and abandonment, including the analyst's impending vacation.

Tronick's hypothesis would add a further explanation to these familiar interpretive connections. According to the affective

wave activation hypothesis, the prevailing mood of the young woman was sad, so that the amplitude of her positive wavelike pattern was very low, and her potential to be activated by the affective input of the movie's happy ending was limited. In contrast, the amplitude of her negative wavelike pattern was high, so that her potential to be activated by the affective input of the tragic moments in the film was high. An analyst who accepts this hypothesis would not alter interpretation of the many complex meanings of the patient's loss and the ambivalence it stirred. Rather, the analyst would have an additional conceptual tool with which to understand other factors influencing the rate of recovery.

Tronick provides a compelling account of an infant's development of negative moods in the morning. Originally, the infant's day began with her being in a neutral mood, equally open to positive or negative input. Confronted with her unsmiling, critical mother, the amplitude of her negative activation wave increased above the activation threshold, and she went into a negative affective state. "She has a pouty facial expression, whimpers, turns her head into the bedding and starts to suck her thumb. Within moments, more negative affective elements are recruited to this negative affective state. She starts to wail" (2002, p. 84). The mother shifts to a comforting stance, but the infant remains in a negative mood. The mother persists and the negative mood starts to weaken. Without further activation, the amplitude of the negative wave dissipates, while the soothing causes the amplitude of the positive wave to rise above its activation threshold. "She looks at her mother with big wide eyes, smiles, reaches up to her to be picked up. But the mother gets distracted and looks away, lost in thought" (p. 84). Rebuffed, the baby returns almost immediately to her negative affect state and remains in a negative mood until her nap. "The mother says to her husband, 'Boy, was she in a mood this morning'" (p. 84).

Tronick goes on to identify the factors that lead the negative mood of this morning to become the baby's negative mood in subsequent mornings. One factor derives from the tendency of a

negative affect state to induce the amplitude of the negative wave to remain at a heightened level close to the threshold. Therefore, during the small-scale waxing and waning of moods, small negative activations will have more impact than small positive activations, since the amplitude of the positive wave is farther from a threshold trigger.

A second factor derives less from environmental effects on wave amplitude and more from the baby's internal state. Tronick states that one of the most interesting features of moods is that they self-amplify:

> They feed on themselves. Being in a state further raises its amplitude and leads to the recruitment of additional related behaviors. The recruitment is a self-organized process that does not require external input, but is in a sense (self) triggered by the infant's own negative affective behavior. [2002, p. 85]

Non-environmental recruitment can arise from the infant's pinched facial expression, clinched fist, abdominal discomfort, hunger, or memory of related experience.

A third factor cited by Tronick is:

> . . . the reciprocal effect on the mother. Her positive affective state is likely to dissipate in the face of her frustration in dealing with her baby's mood. Perhaps she thinks to herself, "I just got more and more frustrated. I couldn't figure what pleased her?" Her reactions become an external social amplification of the infant's own internal self-amplification processes. [2002, pp. 85-86]

The fourth factor is crucial in leading the mood of one day to become a mood state that lasts for weeks or longer. Tronick chose to name the activation wave *Sanderian* in order to emphasize Sander's (1980, 1983) view that "the key to understanding how psychological processes become established is the recurrence of events" (Tronick 2002, p. 86). The repetition of a pattern—say, an unresponsive face, prolonged unrelieved hunger, or the parent's repeated morning distraction by family arguments—-creates the

negative affective state over time. Once created, on each day, the triggering requires less input and the arousal of a positive state requires a more intense activation. Clinically depressed patients will say, "If it isn't one thing getting me down, it's another, but there is always something."

The fifth and last factor noted by Tronick accounts for the repetitive nature of the timing pattern of mood states. With the daily recurrence of mother--daughter negative interaction on awakening, the ultradian and diurnal organization of the negative activation wave is modified, so that the infant wakes up in the morning with the amplitude of the negative wave already approaching threshold and the positive wave requiring considerable stimulation to activate. Morning then becomes a reading in the biological clock by which the negative mood state repeats the wave processes of the day before and the day before that. "The Mood in the Morning is established" (Tronick 2002, p. 87).

To summarize, Tronick delineates five factors that lead to a given mood state: (1) the receptivity of affective waves to alter the threshold of their activation based on affective input; (2) the tendency for an affect state to result in the recruitment and augmentation of related affect triggers; (3) the tendency of one person's affect states to lead to reciprocal response in another, resulting in mutual augmentation; (4) the power of recurrence of experience to increase all other factors, thereby consolidating their impact; and (5) the regulatory effect of the biological clock in fixing a repeated affective state into a temporal pattern.

AFFECT PAIRING AND A CONTINUUM OF AFFECTIVE EXPERIENCE

In this section, I place moods into the broader dimension of emotions by comparing discrete affects, moods, and affective states. In *The Clinical Exchange* (Lichtenberg, Lachmann, and Fosshage 1996), we presented an overview of affective experience based on clinical observation. Discrete or categorical affects, such as sadness, can be distinguished from moods, such as a depressive

devitalization, and from overwhelming affect states, such as a depressive illness. Enjoyment, happiness, pleasure, interest, anger, fear, sadness, shame, humiliation, embarrassment, guilt, distress, contempt, and disdain are discrete emotional experiences that are generally triggered by relatively easily recognized sources. When the triggering source is removed, the affective response will usually abate. The categorical affects are immediately context sensitive, as illustrated by Tronick's account of the first awakening of the infant. The baby had begun her day in a neutral mood, and was then confronted by her unsmiling, critical mother. She responded with a negative affect that subsequently dissipated in response to her mother's persistent comforting.

Mood, in our usage, refers to affect experiences that last longer, are more pervasive, and are less immediately and easily affected by changes in context. We have further distinguished moods from affect states:

> By affective states, we refer to more intense, all-engrossing affective experiences, those that are so all-engrossing that cognitive capacities are constricted and compromised, like those of a child during a temper tantrum. Only the immediate sensing of the affect has cognitive significance. Affect states may be short-lived or as enduring as malignant hatred and grudge carrying after a perceived narcissistic injury. [Lichtenberg, Lachmann, and Fosshage 1996, p. 114]

To illustrate a phenomenological distinction between discrete affects, moods, and affective states, we chose three experiences in the analysis of a patient named Nancy, and we presented a detailed account of the interpretive work with symbolic meaning of present and past experiences and transference manifestations (Lichtenberg, Lachmann, and Fosshage 1996). When Nancy began working with her thesis advisor, his delays in responding to her calls triggered an anger response (discrete affect) that dissipated when he phoned back a day later. "But after repeated failures, chiding, and discouragement, her mood became one of prolonged low-keyed resentment and disillusion. Linkages to past comparable experiences and transference associations made her moods more complex and long-

er lasting" (pp. 113-114). (Here we see an adult version of Tronick's recruitment from within the self.) An example of an affect state from Nancy's analysis was what she described as a bone-crushing depression during weekends, when she felt abandoned. She would be unable to work, exercise, write letters, or talk with friends.

Our purpose in presenting this view of affects was to make a clinically useful distinction. The patient's discrete affects offer the therapist relatively easy empathic entry into the patient's state of mind and the events that trigger the response. Source, related cognition, and dissipation of the affect are easy to track, and interpretation of symbolic meaning and transference manifestations are relatively straightforward. With moods, the source and the deeper associations that sustain the mood are often more difficult to identify, but both discrete affects and moods are open to direct-inquiry understanding and interpretation. In contrast, affective states and/or their dissociation adversely affect cognition, and thus make collaborative psychoanalytic exploration difficult or impossible until the state dissipates. I restate this view in order to argue that affective experience should not be considered a unitary phenomenon; rather, the type of affective experience influences the potential for symbolic interpretation.

Categorizing, schematizing, and diagramming affects, while useful for achieving clarity and for teaching, present a static view that is at variance with the dynamic fluidity of emotional experience, and fail to "do justice either to *qualities* of affective experience or to the subtle, moment-to-moment, *dyadic* affective *communication"* between mother and child (Beebe, Jaffe, and Lachmann 1992, quoted in Lichtenberg, Lachmann, and Fosshage 1996, p. 121, italics in original), or between analyst and analysand. Each affective experience involves a feeling, a physiognomic expression, and often an autonomic nervous system reaction. Affective experiences do not simply turn on and off like a light bulb; they have qualities that Stern (1985) has described as *crescendo* and *decrescendo,* surging and fading, bursting and fleeting, explosive and drawn out. These qualities add to the vitalization of overall self-experi-

ence that is coincident with emotions; that is, the rise and fall of emotions create a sense of liveliness (when needed) or of soothing and calming (when needed). The depiction of these qualities or properties of affects is presented to indicate that some concrete aspects of experience remain inaccessible to verbal symbolization (Bucci 1997).

SANDERIAN ACTIVATION WAVES AND OUR CLINICAL EXPERIENCE THEORY: A COMPARISON

Both the theory of Sanderian activation waves and our clinical experience theory utilize a neutral affective state and positive or negative shifts. Both recognize the tendency for an affective experience, once established, to recruit both physiological and associative augmentation. Both give emphasis to dyadic intersubjective influence and augmentation. Both stress the power of recurrent experience to increase all other factors. Both recognize the regulatory effect of the biological clock.

Tronick's (2002) concept adds an important factor: the tendency of waves to alter the threshold of their activation based on affective input. This concept explains both how the surge and fade of a frequently activated, discrete affect becomes a persistent mood, and how the threshold of activation of an infrequently activated opposite affect requires a much greater intensity of alternative stimulation, whether self-arranged or provided dyadically or triadically. Sanderian activation wave theory provides a crucial intrinsic factor to explain the shift from affective fluidity to affective persistence.

Tronick's other intrinsic factor—the triggering effect of the diurnal biological clock—is but one determining context. Tronick called attention to it in order to explain the clinical puzzle he was solving: the mood in the morning. Another unconscious biological factor is apparent in seasonal depression and the role of light. But equally potent influences are nonbiological triggers, such as an individual's reminder of a prior, symbolized, aversive experience, or his or her receptivity to sensual, aesthetic, positive arousal.

Here we note the frequent comment of adult patients that, from the moment they set foot in their parents' house, before anything was said or had happened, they felt depressed and irritable. Alternatively, many people experience an emotional lift from aesthetic stimuli, such as the sight of the sea or the sound of music.

SANDERIAN WAVES, UNCONSCIOUS EXPECTATIONS, AND PROCEDURAL MEMORY

Since, for most people, life experiences are apt to amplify activation waves either above or below the neutral, greater receptivity to either positive or negative affects and moods is likely. The concept of predisposition appears in many guises in psychoanalysis. Transference refers to the predisposition to experience a current figure as similar in some important trait to a previously important figure. Transference refers equally well to a symbolic predisposition to experience a current event as a trigger to experience a similar affect or mood engendered in response to a previous event.

We (Lichtenberg, Lachmann, and Fosshage 1996) have argued that an often overlooked property of transferences is that they operate as dual unconscious expectations. Along with a clinically familiar negative expectation (transference) that an aversive experience will be repeated exists a latent hope that this time it may be different. Similarly, the expectation of the repetition of a good experience operates in tandem with the often conscious awareness of the possibility of the negative. We now believe that, for a patient with a history of frequent negative experience, the triggering of a current negative recurrence would require only a slight stimulation (a common clinical finding), because the amplitude of the activation wave would give it a threshold that is easy to activate. Alternatively, the hoped-for, opposite, positive experience would require powerful and repeated activation.

Clinical Example

Ms. B, a professional woman in her forties, had been raised in a large family by a mother whose oft-stated, explicit goal was to

foster her daughter's independence, and implicitly to limit her daughter's requests for ordinary care from her. Ms. B's attachment strategy was to become generally avoidant and as self-sufficient as possible. She lived in a state of low-keyed depression, passive resignation to disappointment, and pessimism about the future.

The emotional interplay between Ms. B and her mother was typified in a memory/fantasy from age six. She was left at a hospital by her parents. The frightened child looked at her mother's face for reassurance and comfort, but saw only her mother's usual blank lack of expression. When the parents left, the child went to the window and believed (fantasized?) that she saw her mother looking back at her with compassion. She then felt guilty that she had been a disturbance to her mother. This was congruent with her functioning as a compulsive caregiver to her mother, and later to friends and to stray animals.

The empathic environment of Ms. B's therapy helped her to feel a greater sense of safety (Sandler 1960) and to free up her resentment about deprivation. She began to test her analyst's tolerance for protest. She now reacted to any change in the analyst's office with not only depression, but also with rage. For her, change meant another baby and a further reduction in the limited responsiveness she could count on from her mother. The analyst's absences upset her to the point that she fantasized killing the analyst rather than suffering the pain of being abandoned and bereft. Memory of the analyst's positive emotional responsiveness, facial expression, and ways of being with her had little or no holding power, and she would rapidly sink back into a depressive mood. The hours became richer in emotional expression and exploration of the meanings of present and past. However, despite considerable understanding of the conscious and unconscious dynamics of her struggle with neglect and shame, progress in altering her depressive mood was easily lost.

Ms. B injured a limb, requiring immobilization and making it difficult for her to enter her analyst's building. She struggled to manage, finally entering exhausted. The analyst acknowledged Ms.

B's struggle to solve the problem herself. While interpreting the meanings of her conflict about dependence, the analyst offered to arrange a way to assist her. This practical assistance ran counter to Ms. B's expectation and was responded to with disbelief on each entry. Then one day, confusion about the time of the appointment resulted in the analyst's failing to be present to help. Ms. B appeared disheveled and was in pain from her efforts to enter despite her physical handicap. The analyst, after a shocked apology, wondered with Ms. B why she had not rung the doorbell. Ms. B answered that it had never occurred to her—and she believed it never would. She simply fantasied a barren world in which she would either wait helplessly or manage herself. She added spontaneously that now that she was in the office with her analyst, she also wondered why she had not used her cell phone to call.

For Ms. B, a rising need for help activated the expectation of disappointment and shame and led to an automatic response of accommodation. Without overt awareness of either her response to her predicament or to alternatives, in a state that seemed largely dissociative, she performed the motor actions needed to painfully manage for herself. Wave activation theory offers the speculative explanation that when Ms. B was confronted with a fresh disappointment, the analyst's prior help had not increased the level of receptivity to the positive activation needed to alter the depressive influence of her high-amplitude negative activation wave. Considering her state at the symbolic level of discourse, her fantasy of a barren world impaired her potential initiative to call for help. She was like an avoidant, dissociated infant, operating in a robotlike way. Once in the helpful analyst's presence (a nonspecific relational or secure attachment influence), she could conceptualize positive alternatives to what had been for her an automatic activation of her pattern of pathological self-reliance. She was restored to a greater sense of agency; now she could imagine calling for help on her cell phone. Wave theory would suggest that the amplitude of a positive activation wave had finally increased above the activation threshold.

DOES THE CONCEPT OF ACTIVATION WAVES EXTEND TO A VARIETY OF AFFECTS AND MOODS?

Tronick (2002) uses the nonspecific terms of *positive* and *negative* affects and moods. Descriptively, the morning affect of the baby in his example is a mix of depression and irritability, combined with physical actions of aversively turning her head into the bedding and sucking her thumb, gradually leading to wailing. The trigger for the baby's negative affect on awakening was her mother's un-smiling, critical expression, and in the second episode, the mother's distracted looking away in response to the baby's wide-eyed appeal.

A mood of depression lends itself to the concept of activation waves with changing amplitudes and thresholds. We are generally comfortable ascribing neurophysiological factors to depression, including a genetic predisposition and well-recognized chemical changes. Anger as a discrete affect and irritability as a mood involve a characteristic facial expression, physical tension, and autonomic nervous system changes. Anger and irritability (and an affect of affection and a mood of contentedness) also have the wavelike characteristic of waxing and waning. Interest triggered by novelty, and boredom triggered by too much repetition, can both be discrete affects and moods that rise and fall. Confidence and courage versus doubt and fear (in all the latter's manifestations of apprehension, anxiety, inhibition, running away) are similar in the potential for a wave-activation, threshold-altering response to life experience. And by response to life experience, I mean a triggering process that initially occurs largely by external stimuli arising in the intersubjective realm, and later by internal triggering of memory, fantasy, and anticipation.

The significance of unconscious anticipation—or, in wave terms, high amplitude and a low threshold for activation—has been highlighted by research on anger (Pollak and Kistler 2002). In one study, forty nine-year-olds, twenty-three of whom had been physically abused and seventeen of whom had not, were shown a series

of computerized images of a face. The facial expressions were gradually altered from happy to sad or from fearful to angry. Researchers were able to measure a percentage of how much of each emotion was contained in each expression.

When asked to discriminate among happy, sad, and fearful expressions, both abused and nonabused children responded in the same way. But when asked to identify whether an expression was angry, the abused children detected anger in faces in which only thirty to forty percent of this affect had been mixed in. Their recognition occurred much earlier in the transformation to anger than it did in nonabused children. The exquisite sensitivity of the abuse victims to the identification of anger suggests—in addition to conscious expectation—an altered threshold to anger as a perceptual stimulus.

The experiment did not indicate what responses the perceptual bias triggered in the children. Thus, we cannot identify whether the abused children had an activation wave to anger or fear, since each or both may have been activated, similarly to the mix of sadness and irritability seen in the infant's response in the Tronick example. Both the known sensitivity to the perception of anger in the abused children, and the unknown but likely response of anger or fear, point to altered thresholds and therefore to wave phenomena. Following Tronick, the wave would be Sanderian in that its amplitude change represents the result of repeated episodes of abuse.

AN UPBEAT OR DOWNBEAT MOOD AND OUTLOOK

I have taken up a suggestion of Tronick's (2002) that with many repetitions of experiences over the course of time, positive and negative activation waves will change in amplitude and receptivity to reactivation. As Tomkins (1962, 1964) long ago stated, affects amplify experience. They either make good things better or bad things worse. Tronick's postulate fundamentally adds to an explanation of a person's characteristic outlook because it addresses

emotion within a balanced intersubjective system: that of the self with other in which the impact of the other or others on the self (an environmentalist perspective of relational regulation) is balanced by self contributions (an intrapsychic perspective of self-regulation).

In Tronick's example, not only is the mother's approach a trigger to set the baby's mood—and the mood, once started, affected by augmenting factors and contextualized by the biological clock—but also, the baby's mood impacts the mother in a reciprocally augmenting interplay. And the mother's mood and her report to the father about the baby are apt to draw him into a role in the family triangle that can be either helpful or can add to the downward activation. The affective system self-organizes around the impact of the infant's response to the mother and self-stabilizes in response to internal recruitment and repetition. The mood, whether stabilized as positive or negative, exists in dialectic tension with the stimulation of opposite or disparate affect-triggering experiences.

This dialectical tension accounts for the instability and transformational potential of the system that is implied when we speak of a generally upbeat person. The positive affect of a generally upbeat person is more easily aroused, but when confronted by strong—and, especially, by repetitive—negative affective triggers, he or she will experience disappointment, sadness, fear, and discouragement. Similarly, the negative affect of the generally downbeat person is more easily aroused, but when confronted by strong —and, especially, by repetitive—positive affect triggers, he or she will experience comfort, enjoyment, and a more hopeful anticipation.

As in all systems, hierarchical changes occur over time. Examples like the baby's mood in the morning describe affective experience in which the cognitive elements are relatively uncomplex. Upbeat for a happy baby is the joy of interaction, a consciousness of *now* with an uncomplicated readiness (expectation) of more. Upbeat for an adult involves a rich panoply of complex, symbolical-

ly elaborated conscious and unconscious attitudes and conflicts across a spectrum of motivations and goals, each extended along a timeline of present, past, and future.

CLINICAL RELEVANCE OF TRONICK'S THEORY

For many clinicians, the concept of a biorhythmic, wavelike pattern represents an experience-distant and speculative abstraction. In contrast, affect, mood, and affect states can be immediately appreciated as central to lived experience, easily identifiable within the symbolic realm. So what clinical relevance do Tronick's hypothesis and my elaborations have? To answer this question, I point to the effort by analysts to probe the extent of explanation offered by concepts of unconscious conflict (Smith 2003) and concepts of nonconflictual or nonsymbolizable influences (Panel 2003).

In working with patients with persisting negative moods, we recognize that events in and out of the treatment occupy the immediate foreground, but that patients and their analysts are simultaneously struggling against a background pull, an undertow, of a depressive, irritable, anxious, or shame-burdened state of mind. To regard this undertow as the result of an influence on conscious and unconscious dynamic processes determined by high amplitude of a negative affective wave offers a speculative concept for postulating an unrecognized constraint on the ameliorative effect of interpretation. For example, at the moment that Ms. B discovered the closed entry at the analyst's office, she reverted to her earlier pattern of pathological self-reliance, associated with her fantasy of a barren world. The prior interpretations of this fantasy, its origins, and its transference manifestations, plus the analyst's direct efforts at provision, were, in the language of conflict theory, inadequate to overcome unconscious resistance; and in the language of wave theory, they were inadequate to lower the amplitude of negative activation waves and to raise the amplitude of positive activation waves.

However, acceptance that the evidence from Ms. B's childhood, lived experiences, and transference manifestations supported the likelihood of high receptivity to a negative activation wave does nothing to enable a working analyst to determine the nature of the referential (symbolic) form or dramatic line the negative tilt will take. Rather than viewing the world as barren of helping hands, Ms. B at the closed door may have inferred that the analyst's failure to meet her indicated the analyst's frustration and anger with her, or was a punishment she deserved, or created an opportunity for the perverse pleasure of martyrdom—or some combination of these.

Thus, the contribution wave theory may make toward understanding a nonreferential source of lag in responses to interpretations does not in any way diminish the significance of interpretation and verbal exchange. Naturally, the verbal exchanges that stem from correct interpretation of dreams, associations, ambivalences, and unconscious fantasy provide the patient with a precise, definable understanding of conflicts. They place in context problematic past and current experience. They highlight and fix in memory the impact of motivations, relationships, and events. They open opportunities for patients to consider alternatives, as Ms. B did when remembering that she could have used her cell phone. Interpretation also scaffolds increased reflectiveness in inner speech and serves as a model for subsequent self-analysis.

Concomitantly, wave activation theory may offer a further understanding of the significance of interpretation. The bringing of unconscious fantasy to awareness and all the other positive effects of interpretation may have a nonspecific impact on lowering the amplitude of negative waves and increasing the amplitude of positive waves through the affective lift that results from understanding and being understood and having an increased sense of initiative.

Wave theory may contribute to two trends in psychoanalytic theory: to identify nonspecific factors that impede progress from interpretation, and to identify nonspecific factors that contribute to analytic progress. Freud's (1937) attempt to explain therapeutic limitations in the face of interpretive success implicated negative therapeutic reactions, adhesive libido, and an unconscious need

for punishment. Fonagy (1993) refers to failures in reflective functioning and cognitive developments that contribute to that failure. Attachment theorists identify aspects of insecure attachment, and especially the impairments of disorganized, disoriented, dissociative responses to childhood trauma.

Wave activation theory leads to another speculation: if nonsymbolizable negative influences adversely affect analytic progress, do nonsymbolizable positive influences occur in the conduct of analysis that counter or repair the negative undertow? This reasoning argues for the power of implicit, positive nonverbal aspects of communication during analysis to facilitate the positive changes resulting from explicit verbal interpretive exchanges (Lichtenberg, Lachmann, and Fosshage 2002).

The conceptual dual track of real and fantasized experiences, and nonconscious influences such as affective wave activation, suggests a comparable therapeutic dual track. The therapeutic dual track would involve listening, understanding, and interpretation (Lichtenberg 1999) as one track and nonspecific, nonverbal, implicit aspects of analysis as the other track. Following this reasoning, the limiting undertow of negative wave activation would be countered by the positive force of noninterpretive processes intrinsic to well-functioning analytic experience. Many attempts have been made to account for noninterpretive processes: Stone's (1961) physicianly attitude; the Boston Change Group's moments of meeting and implicit relational knowing (Stern et al. 1998); Kohut's (1971) vitalizing of the self from empathy; relational theory's analytic third; Sandler's (1960) background of safety; and Lichtenberg, Lachmann, and Fosshage's (2002) spirit of inquiry.

The positive effects of interpretation on affective activation waves constitute an additional factor linking the specific value of insight to unconscious conflict with a variety of nonspecific elements present in every successful analysis. For depressed, angry, anxious, or shame-sensitive patients to feel that their state of mind is understandable, shareable, and safe to convey builds imperceptibly toward a heightened amplitude of positive activation waves. However, underscoring the value of positive experiences inside and

outside the treatment, in order to counter the undertow arising from negative activation waves, is collateral to and integrated with the recognition, understanding, and interpretation of a full range of motivations, especially those triggered by present and past aversiveness.

The liveliness of such recognition and interpretive exchanges in the foreground enhances the spirit of inquiry that has an implicit background effect on both negative and positive affective activation waves. Stated differently, the concept of dual therapeutic tracks offers conceptual clarity, but leaves many links unexplained. The problem of appreciating links between the dual therapeutic tracks increases the farther a clinical or nonsymbolic hypothesis is removed from experience. Since affect activation theory is experience related but also experience distant, its consideration takes place on a different level of discourse. Consequently, bridging must be imprecise at best. Nonetheless, Tronick's (2002) evocative hypothesis strikes me as worthy of careful consideration.

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ON PUTTING A CLOUD IN A BOTTLE: PSYCHOANALYTIC PERSPECTIVES ON MYSTICISM

BY W. W. MEISSNER, S.J., M.D.

This essay addresses the psychoanalytic understanding of mystical phenomena and mystical ecstatic states. The study of mystical phenomena is a core area of interest in the ongoing dialogue between psychoanalysis and religion. Mystical phenomena and states are discussed in this essay, with particular reference to descriptions found in an anonymous medieval tract, The Cloud of Unknowing. *Some common psychoanalytic views of mystical phenomena are discussed and criticized, and an effort is made to formulate an approach to the understanding of these extraordinary mental and spiritual states that is both more congruent with accounts of authentic mystics and more consistent with psychoanalytic principles.*

INTRODUCTION

The psychoanalytic understanding of mystical experience has a long history, extending from Freud's early adumbrations to contemporary reflections. The course of that reflection has largely mirrored extant theories prevailing at any given time. My purpose here has a limited scope: to examine the teaching on mystical experience presented in one of the classic treatises on the subject, and to reflect on the implications of aspects of mystical experience as described therein to further the development of a psychoanalytic approach that would seem more congruent with the character of mystical experience.

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Such an inquiry confronts us with some complex and important preliminary issues, which I wish to address before examining the contents of *The Cloud of Unknowing* (Johnston 1973, 1975). The first fundamental question concerns the way in which we conceptualize the relationship between psychoanalysis and religion. A second question has to do with how we distinguish mystical experience from pseudomystical or other paranormal or secondary phenomena. How we answer these questions can determine the direction of our efforts to scrutinize psychoanalytic efforts to understand and formulate the complexities of the mystical mind. With these considerations in mind, I will discuss certain aspects of the mystical experience, with the intention of suggesting an alternative psychoanalytic model for understanding mystical experience.

PSYCHOANALYSIS AND RELIGION

The vantage from which both psychoanalysis and the psychology of religion have approached mystical experience has generally and appropriately been from the perspective of exclusively psychological meanings and processes. This perspective was fundamental in the pioneering and seminal work of both Freud and William James. Freud's (1936) basic contribution to the study of mysticism arose in relation to his analysis of the *oceanic feeling* in his dialogue with Romaine Rolland.[1] James's (1902) interest in mystical experience likewise focused on affectivity and states of consciousness. For both thinkers, the mystical domain was translated into and reduced to terms of psychic processes that could be identified and analyzed in relation to their respective theoretical paradigms.

This tendency had limiting consequences, to my way of thinking. For the psychology of religion, it meant that the study and understanding of mystical phenomena were more or less restrictively focused on secondary phenomena associated with psychic, paranormal, and other mentalistic phenomena, both normal and path-

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[1] *Editor's Note:* For more about Rolland's role in Freud's conception of the oceanic feeling, see Manasi Kumar's book review essay in this issue of *The Psychoanalytic Quarterly,* p. 569.

ological. Within psychoanalysis, the view of mystical states as instinctually derivative, and regressively and reductively infantile in meaning and connotation, became the prevailing conceptualization.

The first point I would like to make is that the study of mystical phenomena[2] must in its amplified connotation be interdisciplinary, calling on the resources of, at a minimum, the psychology of religion, psychoanalysis, and sociocultural and anthropological approaches, within the realm of the social sciences, and on the contributions of scriptural studies, theological reflection on spiritual and theological principles, and the methods and analyses of mystical theology (from multiple cultural and religious traditions), within the realm of spiritual and theological disciplines. The integration of these multiple disciplinary resources is called for in order to even begin to encompass the complexity and profundity of the subject.

Each of these disciplines has its proper area of study or aspect of the subject matter under study. In this mix of viewpoints and methodological diversity, the psychoanalytic inquiry focuses on motivational states and conditions; libidinal desires; aggressive strivings; narcissistic fixations and investments; the nature and quality of loving attachments and dependencies between the subjective lover and the mystical love object; connotations and implications of ecstatic experience for conflict-related, defensive, and adaptive functioning more generally; the role of symptomatic reverberations as correlative, in conflict with, or facilitative of mystical experiences; and more. This list is not exhaustive, but suggests that the scope of analytic inquiry, when focused on mystical experience and states, is not negligible. Analytic interest centers on the hu-

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[2] I am indebted to an anonymous reviewer for pointing out that the term *mystical phenomena* has an objective connotation, as opposed to *mystical experience*, which has a more subjective resonance. It may help in clarifying the dialogue between mystical theology and psychoanalysis to note that mystical theologians tend to use the language of mystical phenomena, while analysts prefer a focus on mystical experience. Difficulties may be encountered in integrating the language of mystical phenomena with the language of mystical experience.

man and subjective side of the experience, on the psychic reality of the mystic, to the extent that the relatively ineffable aspects of the mystical ascent can be conveyed in intelligible terms.

While the array of social sciences, among which psychoanalysis holds a special place, explores the human dimension of the mystical experience, the theological sciences—if I may call them that —come to the inquiry from a very different direction and with a very different set of questions. If the analytic reflection is concerned with the basic human needs and motives that draw the mystic into the mystical journey, theological reflection is more attuned to trying to understand how the human soul can be open to and receptive of divine love and influence, and what it means for divine action to draw the soul of the mystic into ever closer and more profound loving attachment, to the point of mystical union and absorption. These are not questions about psychodynamics or psychic processes as such, but rather relate to the nature of man's creaturehood, and are ultimately about what can be said and thought about the nature of God and the ways in which he interacts with his human creatures. One could hardly imagine more disparate or divergent agenda; but they intersect uniquely in the inquiry into mystical life.

The theological reflection, however, is in itself limited and incomplete, and its perspective is quite divergent from the psychoanalytic one. In terms of his[3] methods and sources of data, the mystical theologian is not only little concerned with unconscious determinants and sources of motivation, but in fact has little or no access to them. Mystical theologians work for the most part with philosophically derived concepts of the functioning of the human mind and heart that have little understanding of the unconscious mind, concerning themselves with such questions in limited terms that are sufficient to allow them grounds for furthering theological reflection on the divine–human interaction.

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[3] For purposes of brevity and clarity, I will use the generic pronoun (e.g., *he, him*) to refer to both genders in this paper. Generic versus masculine connotation can be judged from context.

This divergence in methods and questions leaves us with two options: that of settling for divergent, independent, and fragmentary accounts, on one hand—accounts that inexorably come to be regarded as reductionistic and exclusive; or, on the other hand, that of finding a way in which these separate methodologies can enter into meaningful dialogue, hopefully entertaining the possibility of a mutually enriching and complementary understanding.[4] Any hope for gaining a more comprehensive and meaningful understanding of mystical phenomena rests on the extent to which interdisciplinary dialogue and communication can be effectively achieved. I contend that the theories and reflections of the mystical theologian remain partial and incomplete without integration with psychoanalytic or other psychological perspectives; conversely, the psychoanalytic grasp of the subjectivity and psychology of mystical experience calls for further integration with theological insights.

The fundamental issue confronting us is whether mystical experience can be adequately understood in merely or exclusively psychic terms, at least in regard to the accounts of mystical states provided by mystics in the Western Christian tradition.[5] I hesitate to address the experience of Eastern mystical traditions, since my familiarity with them is more limited. But certainly, the accounts of Western mystics make it abundantly clear that, in terms of self-conscious experience and understanding, at some point in the progression to mystical union, the issue becomes significantly less the mystic's own psychic effort or analysis in terms of psychic mechanisms and processes, cast in terms of his own conscious experience, and increasingly the influence of divine action. This should not surprise us since the same issue, in lesser degrees and more

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[4] I have further discussed some of the relevant methodological issues elsewhere (Meissner 2003).

[5] My inquiry is itself quite limited in scope, since I am confining myself to opinions of mystical theologians of only one tradition, and am limiting my interest to the descriptions and characterization of mystical experience found in the pages of *The Cloud of Unknowing* (Johnston 1973, 1975). These constraints impose rather strict limits on the connotations and generalizability of any tentative formulations, and I would hope that my discourse would not be misconstrued as encompassing the entire field of mystical phenomena.

muted registers, is embedded in the full range of questions involved in the dialogue of psychoanalysis and religion.

Almost without exception, whatever the phenomenon in question, what is psychically meaningful and interpretable in psychological terms as an aspect of the believer's subjective psychic reality is regarded disparately in terms of the belief system of the believer as real and existing, calling for the meaningful intervention of divine action through grace. I can and have tried to analyze the psychological aspects and dimensions of religious faith (Meissner 1987, 2001a)—for example, in terms of its genetic, dynamic, and structural perspectives—but there remains an added dimension postulated in the belief system of mainly Western religious traditions that faith is also the result of real divine action through grace.

The options to adopt, it seems to me, are clear: either a psychology or psychoanalysis of religion in exclusively psychic terms that reductively ignores or sets aside the essentials of the belief system—as has been characteristic of the classic Freudian tradition —-or a psychology or psychoanalysis of religion that, while exercising its own resources in the pursuit of its own understanding, remains open to meaningful dialogue with religious and theological perspectives that are in turn likewise cognizant and respectful of their own limited capacities and methods. In my view, there is nothing inherent in the psychoanalytic exploration of motives and meanings, of the psychic reality of the mystical mind, that need repudiate or reject the claims of the religious belief system or the theological reflection on it. In the former instance, we can speak of a psychoanalysis of religion, meaning an analytic understanding of religious phenomena on strictly and restrictively analytic terms, while in the latter, we would better speak of the dialogue of psychoanalysis and religion. Without discounting or devaluing the former, I am obviously advocating the latter.

MYSTICAL VERSUS PSEUDOMYSTICAL EXPERIENCE

The second preliminary question I will address concerns the nature of authentic mystical experience and what we are talking about

when we use this language.[6] The term *mystical* can and has been applied to a wide range of other-than-normal experiences. This has given rise to a broad definition of so-called mystical experiences, but I am focusing my discussion on what mystical theologians call *authentic mysticism,* as opposed to other phenomena that pass for mysticism in some secondary sense. As Egan (1987), a representative mystical theologian, put it: "The word 'mysticism' is commonly associated with the unreal, the otherworldly, the vague, the parapsychological, the occult, the 'spooky,' the poetic, or with altered states of consciousness brought about by meditation techniques or psychedelic means" (p. 21). These phenomena are thus distinguished from the characteristics of primary and authentic mysticism.

As good a place as any to start is with Underhill's (1961) classic distinctions,[7] beginning with the distinction between *apophatic* and *kataphatic* forms of mystical expression and between primary and secondary mystical phenomena. These distinctions reflect long-standing views of mystical life. Both forms of mystical experience are well represented in Christian traditions, the apophatic focusing more on the radical distinction and distance between the divine and human, an unbridgeable gulf that cannot be crossed by any human means. The only possible approach to God in this tradition, then, is by way of negation, by emptying the mind of all thought and entering into a *cloud of unknowing,* a darkening of the mind devoid of concepts, images, or symbols. The purpose of this state of darkness and unknowing or *via negativa* is to better prepare the soul for reception of the divine initiative.

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[6] Wittgenstein (1974) would undoubtedly regard this as part of the "language game" proper to mystical theology.

[7] I do not mean to convey or endorse the full scope of Underhill's views on mysticism, which are quite diverse, to my reading, extending from a more limited focus on authentic mystical experience centered on the intensity and intimacy of loving union with God in ecstatic mystical union, to more general and broader appreciations for a wider diversity of so-called mystical experiences, as developed in *Practical Mysticism* (Underhill 1915). I am focusing on the characteristics of authentic Christian mysticism. Underhill's distinctions employed here are well made and well known, and convey the common view of primary mysticism among Christian mystical theologians.

In contrast, the kataphatic approach, or the *via affirmativa,* focuses on the analogous similarities connecting God and creatures. Insofar as God is present and active in all creation, the kataphatic mystic makes use of concepts, images, and symbols as a means to gain greater knowledge and communion with God. The methods of prayer and contemplation found in the *Spiritual Exercises* of Ignatius of Loyola are characteristic of the kataphatic approach (Meissner 1999a), and *The Cloud of Unknowing* (Johnston 1973, 1975) is similarly representative of the apophatic tradition. Both these approaches describe a type of mystical life—that is, a long-term career of seeking and striving to attain higher levels of contemplative life and mystical experience. The emphasis falls on the long-term patterns of contemplative progression, rather than on short-term effects or single ecstatic experiences.[8]

Underhill also described five primary characteristics of authentic mysticism that are generally descriptive of Western mystical teaching:

(1) The active and practical features of mystical life are seen as challenging and involving the total person, not merely the emotions or understanding.

(2) Mysticism is a totally spiritual and transcendental activity without any concern for magical or occult reverberations. Motives having to do with occult knowledge, world improvement, happiness, virtue, or aesthetic vision play no role in the mystical ascent. The experience of God is primary and all-encompassing.

(3) Mysticism is founded on and finds its deepest dynamic in love. The mystical experience centers on God as the object of love, that is, the living, personal reality of divine love itself.

(4) Genuine mysticism leads to vital union with the God of Love, which transforms the self and elevates it to a

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[8] See the further discussion of these traditions in Egan (1984).

transcendent level of existence. The soul is thus trans-
formed to become a worthy recipient or receptacle for
divine love.

(5) Authentic mysticism is unselfish and devoid of self-in-
terest or desires for happiness. The mystic is totally
absorbed in the desire and fulfillment of divine love,
whatever its consequences in terms of pain, self-sacri-
fice, and loss of all creaturely attachments.

Among secondary phenomena, Underhill included visions,
locutions, ecstasies, raptures—all psychosomatic reverberations
correlated with a deeper and more essential mystical dynamic. To
this extent, she challenged any view of authentic mystical experi-
ence as a form of self-hypnosis, mind control, brainwashing, or as
induced by external manipulation via drugs, sleep deprivation,
sensory isolation, and so on. Rather, mysticism was seen as a natu-
ral unfolding of an inherently human capacity to respond more
totally and affectively to divine initiatives of loving union. She paid
special attention to the object of mystical union, often overlooked
in psychological accounts of mystical union. More broadly and
analogously conceived, mystical endeavor may seek union not
only with God, but also with nature, with the self, with "spirits," or
even with Jungian archetypes.[9] These would represent forms of
secondary mysticism, but for the authentic Christian mystic, there
is only one object: God.

Also illuminating is the analysis of Poulain (1978), another
mystical theologian, who described two primary and ten second-
ary characteristics. His formulations are representative of mystical
theological teaching generally. In this perspective, the experience
of the felt presence of God is primary, and is so overwhelming that
it leaves the mystic absolutely convinced that he has actually ex-
perienced the presence of God. This experience is so powerful

[9] For further discussion of the place and validity of other forms of mystical
expression, especially with regard to nature mysticism, see my treatment of the reli-
gious aspect of Van Gogh's life and art (Meissner 1997b).

that many mystics claim a qualitative difference in their prayer experience once it occurs. Mystical theologians consequently distinguish between an infused or mystical form of prayer that they regard as reaching beyond merely natural capacities of the human mind and requiring special elevating grace, and acquired contemplation, the highest level of prayer experience of which the mind is capable on its own or with the help of only ordinary grace. The second primary characteristic has to do with the manner in which the mystic experiences God's presence. The mystics refer to a special level of experience involving spiritual senses, analogous to but not the same as bodily senses—even a sense of spiritual touching related to the immersion in and saturation with the presence of God.

Poulain's secondary characteristics emphasize that mystical graces come from God, so that, however much or well the mystic can dispose himself to receive this gift of grace, to produce or will such effects remains beyond his capacity. The knowledge the mystic has of God is absorbed into loving immersion in a way that makes it relatively vague, obscure, and even confused, as contrasted with the conceptual clarity of ordinary knowledge. How God communicates himself remains incomprehensible, operating at a level beyond the reach of self-awareness in the deepest levels of subjectivity, or even beyond subjectivity in the unconscious. This felt divine presence, it is maintained in this teaching, cannot be attained by any natural form of knowledge, sensory or intellective. These faculties can be utilized in forms of acquired contemplation, but mystical infusion takes place immediately and intuitively at the deepest level of self-organization—bypassing, as proponents see it, all cognitive mediation.

The experience of this internal presence undergoes degrees of fluctuation in intensity and rarely remains constant over extended time periods, except at the very highest levels of mystical immersion and union. Infused contemplation requires little effort on the part of the subject, as contrasted with the effort and struggle found in acquired contemplation and lower levels of mystical prayer. An important distinction maintained in this teaching is

that God in himself cannot be an object of human knowing, but he can be the object of human loving. We may wonder what this distinction between knowing and loving means when viewed in psychoanalytic terms.

Mystical experiences are accompanied by a wide range of affective reactions, from joy, happiness, peace, and quiet, to pain, severe anxiety, agony, and suffering. Fluctuation between the extremes of consolation and desolation are part of the mystical experience, even at times reaching the depths of purgation and suffering of the dark night of both the senses and the spirit, described by John of the Cross. Another consequence of the divine presence described in these accounts is the emergence of intense desires to achieve holiness and to acquire the fullness of a life of virtue. In addition to psychic effects, infused presence also has reverberations in the physical body as well, involving partial or total ecstasy and a variety of other psychosomatic phenomena. Finally, the overall effect of divine presence is absorption into and loving immersion with the divine presence that, to one or another degree, makes it difficult for the person to return to ordinary levels of action or experience, including the use of ordinary cognitive functions. By implication, the self-system is so completely transformed and focused around loving absorption into and with the divine presence that differentiating or distracting functions become muted, and in a sense relatively disabled from ordinary functional capacity.

These descriptive qualities serve to delineate authentic mystical experience from other exceptional forms of experience that are often associated with or confused with mystical experience. Popular opinion frequently regards as mystical various forms of irrational thinking, otherworldliness, impracticality, and a wide range of parapsychological phenomena. Some individuals take "peak experiences"—forms of affective elevation related to music, poetry, erotic expression, love of nature, or even induced by drugs, psychedelic or otherwise—or states of manic elation, or other states of altered consciousness associated with hypnotism, sensory deprivation, and so on, as forms of mystical experience.

From another perspective, theories that describe the mystical union in terms that do away with individuality and differentiation between the mystic and the divine love object would seem to do violence to the above understanding. Stace (1960), for example, in discussing mystical union, wrote: "The core of the experience is thus an undifferentiated unity—a oneness or unity in which there is no internal division, no multiplicity" (p. 20). I do not find anything, however, in the writings of authentic mystics to suggest loss of identity or confusion between the transcendent reality of God and the creaturely existence of the mystic.[10] The immersion in loving union with the divine presence, in this sense, is not synonymous with obliteration of personal identity, even when the sense of subjective separation or existential differentiation is overridden by affective absorption.

Mysticism is not, as the mystical theologians protest, a form of miraculous divine intervention or suspension of the laws of nature. Mystical elevation remains within the scope of innate human potentialities, reflecting the inherent capacity of man as created in the image of God (the *imago Dei*) to be open to receiving God's grace, and to be responsive to divine initiatives toward greater closeness and loving communion—but this potentiality (they insist, speaking from a theological perspective) can be realized or brought to fruition only through divine action.[11]

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[10] I am taking *undifferentiated unity* to connote a kind of symbiotic dissolution of boundaries of the self, implying a corresponding diffusion of identity and a loss of the sense of self-differentiation and confusion of self and other. If such were characteristic of mystical union, it would argue in favor of a regressive pathogenic model of mystical experience that I am seeking to reject. If my interpretation is unfair to Stace, it should be remembered that I am taking his statement at face value only.

[11] This assertion, that the higher reaches of purgation and union are possible only through divine action, and that the mystic is but a passive recipient of this divine action, is common among the great mystics, and, as we shall see, is central to the teaching of the *Cloud*. While such statements may seem dogmatic, they reflect the conviction derived from personal experience and from the stipulations of a theological belief system that would envision such actions, and especially divine union, as beyond unaided human capacity. My use of this language is meant to convey the mystic's own sentiment, and does not derive from my own authority or experience.

Shifting the focus away from the core dimensions of the mystical state to peripheral and secondary manifestations—ecstasies, raptures, visions, even stigmata or levitation—misidentifies mysticism as synonymous with these secondary phenomena and bypasses the central and essential dimensions. As I will discuss further on, this conception of mystical experience poses a complicating factor in our attempts to facilitate dialogue between psychoanalytic and mystical perspectives; for how can we conceive of an independent influx of divine influence and presence extending beyond mere human causal capacity when any receptivity on the part of the human subject is a function of his nature as human and of human capacities of loving immersion? The enigma is comprised of what is knowable of such human capacities (in the light of psychoanalytic understanding, perhaps) and the extent to which these capacities can be integrated with the theological dimension that speaks to divine action and its possible effects.

THE CLOUD OF UNKNOWING

As a way of bringing these characteristics into clearer focus, I will sketch some impressions from the great fourteenth-century classic of Christian mysticism, *The Cloud of Unknowing* (Johnston 1973).[12] Although the authorship remains anonymous,[13] the *Cloud* stands out as almost a prototype of apophatic mysticism. For the author of the *Cloud,* God is beyond knowing and can be reached only through love. The author prefers, then, to speak of what God is not, and to emphasize that only by way of negative knowledge born

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[12] We should remember that this is a work of mystical theology, so that, while it may speak of experiential and psychologically relevant aspects of mystical experience, it addresses them in theological rather than psychological terms. I would caution that the opinions expressed in this section are derived from the *Cloud* in an effort to convey the essence of its teaching.

[13] The author wrote in the monastic and apophatic tradition, related to the Rheinland mystics—more orthodox than Meister Eckhart and more commonsensical than Tauber or Suso.

of love can the mind reach the divine; through mystical love, "there is a negative knowledge which understands God" *(Cloud,* p. 139).[14]

Unlike Ignatius, who stressed detachment and the seeking of God's will (Meissner 1999a), the *Cloud* proposes that "man's highest perfection is union with God in consummate love" (*Counseling*, p. 169; see footnote 14). While the work is directed specifically to those who find themselves attracted to mystical contemplation, to those "who feel the mysterious action of the Spirit in their inmost being stirring them to love" (*Cloud,* p. 44), it says little about premystical stages of prayer and asceticism that lead to mystical contemplation. The author does not disparage such preparatory efforts, but leaves their discussion to others. His focus is on achieving the darkness and quiet of the apophatic mystical state.

Whatever admonitions he has regarding the abandoning of reason, thinking, and even discursive prayer are directed to beginners in the contemplative life, who can easily substitute their own fervor and devotion for the subtlety, simplicity, and gentle influence of the divine initiative leading to genuine contemplation. Once the flame of love has been established, the contemplative gains a more balanced perspective on the places of prayer, learning, thoughtful research, and scholarship in the search for deeper understanding. The transforming power of love may even inspire and animate such activities. The *Cloud*, therefore, stands squarely in the traditional view that even the highest levels of mystical contemplation do not prevent positive and charitable activity in the service of God's kingdom and for the benefit of souls. Thus, in keeping with traditional views, mystical wisdom can transcend the power of reason, but it does not contradict it. The transcendental knowledge gained through mystical enlightenment is not irration-

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[14] Citations in this paper from *The Cloud of Unknowing* are mostly from Johnston (1973). In addition to the *Cloud,* the *Book of Privy Counseling,* by the same author, is more profound and difficult reading, probably a work of later maturity intended in part to comment on the earlier work. Both parts can be taken as a single work, but in the remainder of this paper, I will designate references taken from Johnston (1973) as either from the *Cloud* or the *Counseling* sections. Additional references drawn from citations in Fleming (1978) and from Johnston (1975) will be separately noted.

al, but is consistent with canons of common sense, reason, the teachings of scripture, and prudent counsel. While none of these has any place in contemplation as such, they still serve as negative norms of authenticity.

Meditation, of course, has its place. Even discursive meditation on one's sinfulness, on the events of Christ's life, or on divine attributes can help to heal the disharmony among the subject's reason, feelings, imagination, and will. Original sin, the author of the *Cloud* teaches, damaged the wholeness and integrity of the human mind, whereas meditation can begin to correct the imbalance and restore a degree of integrity. Meditation also contributes to the development of authentic religious emotions, especially sorrow for sins and love of God. It is thus a kind of door through which one must pass to gain access to mystical life. For this author, "it is the safest entry to contemplation in this life" (*Counseling*, p. 176). There are no shortcuts, and those who try to forge them will, in his view, certainly go astray.

The faithful practice of meditation can lead to a deeper form of prayer in which mental and emotional activities become progressively simplified, so that only one idea or emotion predominates. The author advises:

> This is what you are to do: lift your heart up to the Lord, with a gentle stirring of love desiring him for his own sake and not for his gifts. Center all your attention and desire on him and let this be the sole concern of your mind and heart. Do all in your power to forget everything else, keeping your thoughts and desires free from involvement with any of God's creatures or their affairs whether in general or in particular. Perhaps this will seem like an irresponsible attitude, but I tell you, let them all be; pay no attention to them. [Fleming 1978, pp. 133-134]

If an individual can remain quiet in this global state, more of his subjectivity seems to become involved in prayer, and to do so at a much deeper level. There develops a sense of presence, communion, and eloquent silence. This level of acquired contemplation is the highest stage of prayer attainable without a special in-

tervention of divine grace beyond the more ordinary graces involved in meditative or discursive prayer:

> Your own spirit is purified and strengthened by this contemplative work more than by all others put together. Yet for all this, when God's grace arouses you to enthusiasm, it becomes the lightest sort of work there is and one most willingly done. Without his grace, however, it is very difficult and almost, I should say, quite beyond you. [Fleming 1978, p. 134]

The *Cloud* refers to this highest stage of premystical prayer:

> If [prayers] are filled with the memory of your own sinfulness, considerations of Christ's Passion, or anything else pertaining to the ordinary Christian way of prayer . . . know that the spiritual insight accompanying and following upon this blind desire originates in your ordinary grace. And this is a sure sign that God is not stirring you . . . to a more intense life of grace as yet. [*Counseling*, p. 181]

The *Cloud* describes a shift to awareness of a more simplified form of love, but since spiritual insight and desire are still tied to meditative prayer, they do not reflect a divine call to strictly mystical prayer. The move from ordinary meditation to contemplative prayer is accompanied by special signs. In negative terms, the individual must have broken all ties to the world and put aside the cares and concerns of life. Also, with the help of a spiritual director, he must purge his conscience of all deliberate sin. But above all, the individual must experience a habitual attraction to or desire for contemplation, a desire so strong that he can find neither peace nor joy in continued meditation or in actively performing good works.

Under the weight of intense love, meditation or other devotions become almost impossible. Like an extreme love obsession, the pull toward contemplation is intense and persistent, dominating consciousness day and night. In moving from discursive meditation to contemplative prayer, one encounters the darkness and obscurity of mystical knowledge—one is drawn in loving desire to

a divine object of which he can know only that the divine object *is,* but can know nothing of *what* the divine object is. In the words of the *Cloud:*

> For in the beginning it is usual to feel nothing but a kind of darkness about your mind, as it were, a *cloud of unknowing.* You will seem to know nothing and to feel nothing except a naked intent toward God in the depths of your being. Try as you might, this darkness and cloud will remain between you and your God. You will feel frustrated, for your mind will be unable to grasp him, and your heart will not relish the delight of his love. But learn to be at home in this darkness. Return to it as often as you can, letting your spirit cry out to him whom you love. For if, in this life, you hope to feel and see God as he is in himself it must be within this darkness and this cloud. [*Cloud*, pp. 48-49]

Further advance and deepening of contemplative prayer requires that the contemplative create a "cloud of forgetting" interposed between himself and all created things. All thoughts, images, memories, even pious or devotional thoughts, must be rejected as if they were temptations. As the *Cloud* directs: "Firmly reject all clear ideas however pious and delightful . . . . they are more hindrance than help" (*Cloud*, pp. 60-61). The cloud of forgetting is instrumental in achieving the cloud of unknowing:

> If you wish to enter this cloud [of unknowing], to be at home in it, and to take up the contemplative work of love as I urge you to, there is something else you must do. Just as the *cloud of unknowing* lies above you, between you and your God, so you must fashion a *cloud of forgetting* beneath you, between you and every created thing. The *cloud of unknowing* will perhaps leave you with the feeling that you are far from God. But no, if it is authentic, only the absence of a *cloud of forgetting* keeps you from him now. [Fleming 1978, p. 138]

The *Cloud* maintains unequivocally that no human knowledge of itself can reach or embrace God; and only through love is this possible:

> It is God, and he alone, who can fully satisfy the hunger and longing of our spirit which transformed by his redeeming grace is enabled to embrace him by love. He whom neither men nor angels can grasp by knowledge can be embraced by love. For the intellect of both men and angels is too small to comprehend God as he is himself. [Fleming 1978, p. 135]

The contemplative's mind is thus wrapped in a cloud of unknowing, and he must learn to be comfortably at peace in the absence of all thought or knowledge. Yet even while wrapped in this cloud, the individual must direct his love and desire to God; the *Cloud* speaks of this desire as the "dart of desire" or "blind desire." Only love and desire stripped of all knowledge (thus, "naked intent") can penetrate the cloud that separates God from the contemplative.

The *Cloud* thus taught that no method or technique can give rise to the contemplative love of God. God alone, the author of the *Cloud* insists, through the gift of his grace, can bring this about. Along with the Christian tradition more generally, the *Cloud* teaches that attaining higher forms of mystical prayer require that one begin with lower forms of prayer and move on only when certain signs are present. The *Cloud's* admonitions regarding exotic forms of meditation raise questions about forms of meditation in our own day that seem to emphasize the *via negativa*—certain forms of yoga and even transcendental meditation seem to echo the approach of the *Cloud.* The *Cloud's* emphasis on deep silence and love concentrating the entire person on God strikes a somewhat different note. Forms of prayer emphasizing a negative approach have value only when they allow the flame of love to encompass more deeply and completely the person's subjectivity.

The emphasis on negativity and passivity in relation to attaining the love of God does not supercede or do away with the need for ascetic discipline. Independently, the meditator can achieve the *active dark night*—*active* because it is achieved by human effort, and *dark night* because of the pain and hardship it involves. The *Cloud* assumes that one seeking mystical prayer is living a full and

virtuous Christian life. The dark night is marked by periods of often severe desolation.[15] Unlike Ignatius, who recommends techniques for dealing with desolation, the *Cloud* insists on the distance between God and man. Since there is nothing man can do to bridge this chasm and the pain associated with it, the best one can achieve is to endure the agony and the loss of spiritual consolation with patience and quiet acceptance.

The *Cloud* also states unequivocally that active attempts to purify oneself, that is, to rid oneself of vices, selfishness, and sinful desires and behaviors by dint of one's own efforts, are totally inadequate to achieve mystical heights. Only God, and he alone, it asserts, can effect the radical purgation and purification required for the soul to draw nearer to the divine. The *Cloud* described this process in terms of transformation of the flame of love into a purgative flame. The metaphor seeks to express the purgation or burning away of all imperfections and sinfulness in the soul before it is made a suitable receptacle for the divine communion. In this process, past sins and failures come to mind and give rise to the tormenting pains of remorse and the realization of how imperfect and inadequate one is for the longed-for, loving communion with God. As the *Cloud* proclaims, "This foul, wretched lump called sin is none other than yourself" (*Cloud,* p. 102). This deep and penetrating insight into one's own sinfulness is itself a gift of grace and an essential component of the passive dark night.

It is not only sinfulness that separates the soul from God. The inability to forget oneself completely in prayer brings even deeper need for purgation. The author of the *Cloud* comments: "That elemental sense of your own blind being will remain between you and your God" (*Counseling*, p. 173). The realization of the deep chasm separating God and man—and that man has no resources

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[15] While consolation and desolation seem to involve affective states that reflect elements of pleasure in consolation and lack of pleasure and depression in desolation, there are qualitative differences. I would prefer not to view desolation and depression as synonymous. Desolation undoubtedly involves elements of depressive affect, but the emphasis in desolation falls more on the pain of losing or not gaining loving communion with God. See the extended discussion of these issues in Meissner (1999a).

or means to overcome it, that only God's grace and man's complete and perfect cooperation with it will succeed in bridging the separation—leaves the soul immersed in sorrow and a sense of inadequacy. The *Cloud* offers only one way out of this dilemma: the patience and endurance to pray for that special grace to be able to put even this painful knowledge and experience of oneself into the cloud of forgetting, in order to draw closer to God.

This mode of profound purgation is often accompanied by varying degrees of psychosomatic reaction that may reflect the agonizing quality of the struggle to free oneself from physical attachments and/or sinful dispositions, or may serve more positively as indications of healing and transformation under the transformative influence of grace. These reactions can be found in the histories of the majority of Christian mystics and find expressions in various forms of mental aberration, neurotic reactions, even seemingly psychotic states. Many of the secondary mystical phenomena, insofar as they can resemble forms of psychopathological disturbance, may deserve psychiatric evaluation and treatment. But from the viewpoint of the *Cloud*, these psychic disturbances are less the manifestations of psychopathology and more the inevitable reverberations of the purgative process leading to mystical elevation. From this perspective, secondary phenomena can be seen as further gifts of grace, confirming and strengthening the contemplative in the course of his struggles.

I have previously traced the psychic struggles and depressive and obsessional torments endured by Ignatius in his purgative crisis, as experienced, for example, in the cave at Manresa (Meissner 1992a). His vision of the snakelike figure with many eyes brought into focus the issue of what kinds of visionary experience came from God through grace and what came from his own psychic struggles. He finally decided that his experience was not from God and was therefore to be rejected, but the vision continued to haunt him for some time. Such experiences have prompted many psychiatric critics to interpret them as forms of psychotic reaction. Ignatius's struggles with desolation and his suicidal impulses would certainly look pathological if taken in isolation, but from

the perspective offered by the *Cloud,* they would not be simply that, since an entirely separate agenda would be in play that would articulate the meaning of these experiences in a completely different context.

The *Cloud* states unequivocally that only the transformative power of divine purgative love can free the soul of its imperfections, cleansing it to remove the obstacles to loving union with God. That cleansing, however, can never be complete, in that human nature is essentially imperfect and stained by the effects of original sin. But at some point in this process, the soul is sufficiently purged and cleansed to allow closer union with God in what the *Cloud* describes as a mystical betrothal. The mystic now begins to experience the effects of this quasi-permanent union in the form of ravishing ecstasies and raptures, which serve to obliterate the sense of self and replace it with an overwhelming sense of divine presence, goodness, and love. The sense of self is in some sense lost and absorbed into the loving union with God. However, the *Cloud* is careful not to identify such ecstatic experiences with mystical contemplation. They remain secondary to the core of mystical experience, namely, the simple, quiet, and total opening of oneself to God from the depths of a pure and loving spirit, there resting silently and quietly in relation with God.

For the *Cloud*, the goal of contemplative life is to become spiritually one with God through love. In this transformative union or "mystical marriage," as traditionally expressed, God unites himself to the mystic in love. More generally, God is united to all creatures, good and bad, by reason of his concurrent action keeping them in existence—"He exists in all things, as their cause and as their being" (*Counseling*, p. 150). Through God's free initiative and gift, this natural order of existence is raised to a new and more meaningful level of union in love. Through grace, the mystic becomes one with God, but without losing his individuality and identity in the process. The *Cloud* emphasizes a differentiated union with God: "Though you are truly one with him through grace, you remain less than him by nature" (*Cloud*, p. 135). In the intensity of the love relation, the two become one but remain

two. This separateness and individuality within a union of love sets the mysticism of the *Cloud* apart from some Eastern mystical traditions in which mystical union is cast in terms of fusion with the Absolute, such that all distinction is lost and the soul is completely absorbed within the Absolute.

The *Cloud* takes up forms of apparent contemplation that are not authentic. Pseudocontemplatives may wander from the path in several ways. First, they may prefer their own counsel to that of an experienced director, often assuming that they can begin contemplation without having endured the purgation and instructive experiences of meditation. They are intrigued for narcissistic reasons rather than by the wish to respond to the invitation of grace. In their eagerness to reach the contemplative level, they too often fail to heed the *Cloud's* advice regarding the necessary signs of an authentic contemplative calling. Second, they may substitute their own forceful effort for the gentle stirring of love. The *Cloud* speaks repeatedly of the lightness, gentleness, peace, and joy associated with true contemplation. Any other course can lead to fantasies, exotic pseudoexperiences, morbid self-introspection, even mental aberrations. Without adequate preparation and the gentle attraction of grace, the subject is thrown back on his own resources, attempting to create a simulacrum of the cloud of forgetting that can only lead the subject astray. Obviously, discernment between the effects of pseudocontemplation and the experiences of the dark night of the senses and spirit is difficult and calls for spiritual direction and guidance.[16]

The course of mystical development is always highly individualized and subject to the dynamic and structural vicissitudes of personal intrapsychic life. For some, the process of gradual purgation can encounter deep-seated disturbances and defects that in varying degrees can resist the purgative action of grace. In them, the turmoil and disruption of ordinary psychic functioning

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[16] Johnston (1975) commented on the parallels between aspects of the dark night as described and discussed by the anonymous English author of the fourteenth century and the luminous Spanish contemplative of the sixteenth century, St. John of the Cross.

can be severe. But the course can be much easier for those who lend themselves with greater comfort and receptivity to transformation. For all contemplatives, the deepening of the living flame of love affects the contemplative's psychic life in profound ways intended to heal and transform. The purgative dimension of such intense love helps us understand why experiences of intense psychic disturbance are so frequently encountered in the lives of mystics. Such psychic disturbances are often found side by side with extraordinary capacities for heroic virtue, prudent and effective dealings with others, and a profound sense of loving engagement with others in managing the difficulties, disappointments, and losses of ordinary life.

This outpouring of effective charitable activity is a common theme in the lives of mystics, motivated by an overflow of love directed to others in need of help and support, spiritual or otherwise. Again, Ignatius provides us with a striking example of profound mystical contemplation in conjunction with deeply charitable self-giving, as well as of the executive and organizational abilities of the founder and guiding spirit of a great religious institution, the Society of Jesus (Meissner 1992a). Both the *Cloud* and Ignatius agree on the importance and difficulty of discernment between authentic and positive movements due to effects of grace, and those that are resistive and/or disruptive.

Both the apophatic and kataphatic approaches to mystical life are accepted as authentic modes of mystical experience in the Christian tradition—the former exemplified by the *Cloud* and also by John of the Cross, the latter by Ignatius and Teresa of Avila. In the triad of ways of knowing God, both traditions are attuned to the overriding transcendence of God, but while the kataphatic orientation emphasizes the analogicity of human thinking about God, the apophatic tradition is more directly centered on the negative knowledge. The reasons why a given contemplative is drawn to one or the other remain obscure, but may have to do with personal psychological dispositions in conjunction with the effects of grace. But the distinction should not be radicalized or overworked. In many—if not most—mystics, we encounter aspects of both approaches worked into a meaningful integration.

Even the meditative exercises described by Ignatius (in the *Spiritual Exercises*), who stands out as the prototype of kataphatic prayer, seem to fall away and yield in his mystical transports to a more passive receptivity and openness to the divine that would correspond more closely to the apophatic terms of the *Cloud.* The dominant theme of the *Cloud*, however, is that purifying, illuminating, and transforming love is the essential goal and substance of mystical experience, drawing the mystic closer to God, even to the point of participation in Divine Love itself. In exploring the apophatic mysticism of the *Cloud*, Johnston (1975) emphasized this aspect of the mystical dynamic:

> It will be clear from what has been said that the main element in the negative approach to God in the mystical life is love: discursive meditation is abandoned that love may develop. Yet this love is not something any man can stir up in his heart at will; it is a gift of God; it is the work of grace. This is made clear by such words as the following: "And therefore lift up thy love to the cloud. Or rather (if I shall say thee sooth) let God draw thy love up to that cloud; and strive thou through the help of his grace to forget all other things." [Johnston 1975, p. 40]

PSYCHOANALYTIC VIEWS OF MYSTICAL EXPERIENCE

Confronted with the richness and variety of the mystical and ecstatic experiences described in the *Cloud*, what interpretive perspective can psychoanalysis utilize to understand this exceptional range of human experience? The material of the *Cloud* lends itself to analytic exploration on many levels, perhaps the most central being that of the dynamics of loving attachment and union. Psychoanalysis approaches mystical experiences as phenomena related somehow to the natural capacities of the human organism, in relation to capacities of the self as reflected in the dynamic motivational themes and functioning of ego, superego, and id and their integrations. Questions of divine causality and the action of

grace lie beyond the reach not only of psychoanalytic understanding, but of theological as well. Theologians can only assert the reality of grace on scriptural and theological grounds, but how the transformation of the human soul takes place through grace remains mysterious. The question of whether and how divine action exercises such extraordinary effects on the soul does not fall within the psychoanalytic purview, but remains a matter for theological reflection.

However, given these understandings, to the extent that common theological reflection holds that grace can and does have psychic effects, psychoanalysis gains a conceptual foothold. As I have argued elsewhere (Meissner 1987), if grace has any psychic effects, they must be implemented in and through the natural psychic capacities of the recipient. The question, then, is: To what extent can psychoanalysis bring its resources to bear in conceptualizing and understanding these effects and their psychic reverberations while remaining respectful of their theological claims?[17]

Primary versus Secondary Phenomena

From a psychoanalytic perspective, psychic processes and psychodynamic influences are active in both primary and secondary mystical states. It is somewhat easier to grasp the significance of dynamic processes in relation to secondary phenomena. Secondary manifestations are, in fact, frequently associated with states of mystical experience, and, if they are not essential to the mystical experience itself, they can be identified in all great mystics. Such secondary phenomena may either help or hinder the mystic's spiritual progress. As Egan (1984) noted:

> Ecstasies, raptures, visions, locutions, revelations, the stigmata, levitations, and other phenomena frequently occur with the primary phenomenon of *infused contemplation*, or God's experienced loving self-communication. If past stud-

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[17] An option for addressing this issue is one I previously proposed in terms of a model of transitional conceptualization. See my discussion of this approach to psychoanalytic thinking about religious subjects in Meissner (1990, 1992b).

ies tended to overemphasize these unusual phenomena at the expense of the essential mystical phenomenon, that is, infused contemplation, contemporary studies seem to dissociate them too sharply. [p. 305]

The general view in theological terms is that secondary phenomena are suspect, since they may reflect psychic or even somatic reverberations of the mystical dynamic, rather than originating from divine influence. When (or to the extent that) they originate from psychic causes or motives, they are legitimate targets for analytic exploration.

Secondary phenomena can manifest a degree of potential overlap with psychotic forms of experience. To varying degrees, the mystic detaches himself from the real world through his loving absorption, as in the cloud of forgetting, either by attributing greater reality to the inner world and experience, or by attraction to a transcendent or supernatural world, specifically in relation to the divine object. Although this may at times seem to resemble a state of schizophrenic detachment, it differs in that detachment for the mystic is deliberate and to some degree under subjective control. Although the mystic devalues certain aspects of the real world, he may also attribute greater significance or value to other aspects, insofar as they reflect or contribute to the love of God. Moreover, the goal of mystical union makes all events of daily life pale in comparison.[18] The mystic is driven by a supernatural love transcending all human love. The metaphors of mystical language are often sexual, but the relation between this consuming divine love and the more familiar object love and/or narcissistic love remains in question.

Transcendental versus Pathological Experiences

The descriptions of mystical and spiritual life in the *Cloud* defy simple explanation or reductive conceptualization. There is no question that many of the secondary phenomena border on the

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[18] Merkur (1998) provided a catalogue of modalities of unitive experience based on the study of psychedelic effects.

pathological, but they cannot be reduced simply to the pathological. The ultimate question confronting the psychoanalyst is whether or not these experiences provide a template for mystical phenomena, more generally, that can be framed intelligibly to allow us to find psychological meaning and purpose in them. Or are we otherwise faced with an unbridgeable chasm between the supernatural and the natural, between the spiritual and the psychological, between the mystical and the psychic?

The origin and evolution of visions, with their often vivid symbolic imagery, might represent the resurgence of unconscious contents, on one hand, often having a dreamlike quality, and a form of "regression in the service of the ego" (Kris 1952), on the other. The self requires the capacity to tolerate a certain amount of regression in order to adapt adequately, and, specifically, to achieve productivity and creativity in any form of human endeavor. The artist requires an ability to assimilate unconscious contents in such a way that these elements come into conscious expression in symbolic form. The symbol, therefore, functions as a mechanism for translation of unconscious elements, experienced more or less consciously in dreams, fantasies, thoughts, hunches, or even visions.

Whatever else can be said of mystical experiences, they occur within a human psyche, and thus are subject to psychological influences reflecting the basic elements of human motivation. This fundamental fact gives the analyst license to examine the data and apply the resources of the scientific view of psychoanalysis to these otherwise transcendental experiences. The analyst's orientation is toward the latent as opposed to the manifest content of these experiences, toward unconscious rather than conscious dimensions. With this caution in mind, we can begin by accepting the idea that mysticism is a universal phenomenon, occurring in all religious systems, in all cultures. We can, therefore, take it to reflect a basic, innate capacity in the human psyche for ecstatic experience and altered states of consciousness.

When we turn to an examination of primary aspects of mystical experience, we encounter more problematic and complex is-

sues. I will argue that there is room for revision of traditional psychoanalytic approaches. We can first take note of the intense affective quality of the descriptions in the *Cloud* and the often diffuse, undifferentiated, obscure, and vague nature of the experiences. Analysts are readily attuned to the quality of any psychic experience resonating with infantile experience, in which sensory experience is relatively diffuse and disorganized and the distinction between affect and cognition is blurred, if not absent. The infant's experience is, to a much greater degree than the adult's, coenesthetic —reflecting a relatively unorganized mixture of stimuli, including proprioceptive, thermal, equilibrial, tactile, vibratory, rhythmic, and auditory, among others. As Ross (1975) put it, "The feeling *is* the thought, and the thought *the* feeling" (p. 86, italics in original). Developmentally, this state probably extends to the point where self-awareness starts to emerge and enter into tension with the sense of fusion with the external world—that is, with the mother.

This state of affective-cognitive diffusion is analogous to the oceanic feeling that Freud (1936) described as the basic religious emotion. Romain Rolland, the French writer and mystic, proposed the oceanic feeling as a counterpoise to Freud's (1927) critique of religion, basing his claims on the occurrence of such a state in Oriental mystics, especially the Hindu prophets. For Rolland, the oceanic feeling was a sensation of the infinite, unbounded, the limitless—a subjective experience that he believed to be the basis for religious belief and conviction.[19] This affective state seems to have some analogous resonances with the diffuse and global sense of cognition described in the *Cloud*, related to the cloud of forgetting.

Freud (1930) did not challenge the occurrence of this feeling state, but associated it with his own experience of awe and dissociation on the Acropolis; he attributed it reductively to an unresolved piece of oedipal conflict (Freud 1936; Meissner 1984).

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[19] See the further discussion of the Rolland–Freud connection in Fisher (1991) and Parsons (1999). (*Editor's Note:* See also Manasi Kumar's book review essay in this issue of *The Psychoanalytic Quarterly,* p. 569.)

Freud doubted, probably correctly, whether this feeling state could serve as the foundation of the whole religious impulse, and ascribed it to a primary feeling reflecting earlier infantile bonds between the ego and the surrounding world—a sense of "something limitless, unbounded—as it were 'oceanic'. . . an indissoluble bond, of being one with the external world as a whole" (Freud 1930, pp. 64-65). He believed the source of religious needs was the child's sense of helplessness and dependence on adult caregivers. For Freud, then, the oceanic feeling, as well as all religious sentiment and faith, were regressive recourses to states of infantile dependence (Werman 1977). Thus, Freud put his definitive stamp on the psychoanalytic view of mystical phenomena as regressive and infantile.

Ross (1975) further argued that the mystical state represents a condition of intense affective arousal and heightened cognitive conviction, together with feelings of passivity, loss of discursive reasoning, and a sense of merging with a pervasive object. He also interpreted such states as regressions to a stage of symbiotic union with the mother, functioning in the service of the ego and retaining a sense of identity. In this sense, the mystical state was not a true symbiosis. The transient nature of the experience reflected defensive processes preventing further regression into a state of total psychotic disorganization.

In ecstatic experience, the mystic enters an altered state of consciousness similar to infantile states of symbiotic dependence. Ross was impressed by the similarity to Mahler's (Mahler, Pine, and Bergman 1975) concept of the symbiotic phase, with its intensification of narcissistic features. The ineffability of the mystical experience may also reflect the regression to preverbal levels of infantile experience. The depth of regression carries its own perils—specifically, the threat of uncontrolled regression into schizophrenic disorganization. Ross (1975) pointed to the frequent occurrence of mystical ecstasies as prologues to schizophrenic deterioration—possibly "a last desperate attempt to cling to the object world by restoring the ancient symbiotic union with the mother" (p. 91). The strength and intactness of the mystic's ego, however, could preserve him from such a fate.

The Maternal Theme

Whatever interpretive perspective we might use to gain a more satisfactory understanding of mystical phenomena, the regressive aspects on which analytic reflection has concentrated cannot be ignored. We might suspect that these dimensions of the motivational system that enter into mystical experience are not entirely devoid of tension and conflict. From the perspective of the *Cloud*, a considerable degree of inner conflict is involved in disconnecting from worldly attachments and narcissistic clinging to self-concepts. Moloney (1954) postulated a basic conflict with the internalized image of the mother as a contributory component of mystical phenomena. Infantile trauma and disturbances of the early mother--child relationship can result in the formation of introjects that have the effect of internalizing the frustrating or denying image of the mother, thus creating an internal, maternal demand system that the individual must constantly rebel against and struggle to escape. In this model, strivings for self-expression are in constant conflict with the maternal demands embedded in the superego. If this inner struggle is relaxed, if the armed neutrality between the self-system and the internalized mother diminishes, the result may be a theophany, a flash of inspiration that seems to resolve the internal conflicts. Self-strivings are surrendered, and the subject submits to the maternal authority he had previously struggled to defeat and destroy. The corrective forces within seek regression back to the developmental point when the disturbance between the self-system and the mother began, opening a potential path toward greater maturity and self-determination.

In the effort to gain domination of the self-system over the mother-system, there may be an appearance of pseudomaturity, masking an ongoing rebellion against authoritarian domination. As Greenacre (1947) noted, "Mastery is attempted by . . . development of severely binding super-ego reaction-formations of goodness which are supplemented by or converted into lofty ideals" (p. 177). When the point of exhaustion is reached, a startling realignment of the tension between the self- and mother-systems may

occur, bringing about a sudden theophany or inspiration. The pseudomature elements of the self-system are drawn back regressively to the period of infantile dependence on the mother. There may be flashes of light, bright aureoles, and more elaborate visual hallucinations.

Regression

These considerations raise the difficult question of whether mystical states of consciousness are adequately interpreted as states of psychic regression or not. Following Freud's lead, analysts have tended to persist in the view that mystical immersion reflects a symbiotic retreat to infantile states of self-absorption and regressive merger phenomena. Yet, half a century ago, Brierley (1951), appealing to the enhanced integration in higher levels of human experience found in Christian monastic mysticism, commented that "the spiritual life, sincerely followed, is a way of sublimation and sanctity, a rare but genuine type of integration rather than a disease" (p. 226). More recently, an added dimension to the regressive model has been suggested by Fauteux (1994, 1997), who argued that the regression to primitive psychic levels in mystical states carries with it an inherent potential for adaptive and redemptive resolution. Although in his view, mystical and related experiences (such as the oceanic feeling) are regressive, they still offer a promise of reparative gain. This line of thinking has its merits, but does not question or challenge the underlying supposition that such experiences are in fact regressive.

Arguing along similar lines, Kakar (1991), in his probing analysis of the mystical experience of Ramakrishna,[20] commented:

> The earlier equation of the mystical state with a devalued, if not pathological, regression comparable to a psychotic episode is ripe for radical revision. Many analysts interested in the phenomenon would now agree that in spite of

[20] Kakar's choice of Ramakrishna is especially apt since it was Rolland's biography of this great Indian mystic that occasioned his discussion of the oceanic feeling with Freud.

superficial resemblances, the mystical retreat is neither as complete nor as compelling and obligatory as psychotic regression. Moreover, in contrast to the psychotic, the mystic's ability to maintain affectionate ties remains unimpaired when it does not actually get enhanced. [p. 3] [21]

Analysis of advanced states of spiritual experience, such as those described in the *Cloud*, is problematic precisely insofar as it raises issues of expanding the range of our understanding and capacity to explain such higher and spiritually meaningful experiences. These experiences put the Freudian model of regression and primary process mentation to the test; the challenge lies not in succumbing to the reductionistic appeal of emphasizing similarities between mystical states and regressive psychotic states, but in accounting for the differences that loom large in the religious frame of reference. The repeated emphasis in the *Cloud* on the deepening of affective experience, and, ultimately, on union through love (rather than knowledge), strikes a very different note.

The regressive model may be one possible way to formulate mystical experience, but, if so, we may have to deal with the question of whether such regression has anything to do with *regression* as we know it in clinical or psychiatric terms. It may be that the traditional regressive model falls short of serving as an adequate base for understanding mystical phenomena. Adaptive reactivation of more basic, even infantile, psychic resources for mobilization to serve creative, adaptive, and transcendent psychic purposes may involve a very different process than is encompassed by the usual understanding of regression—even regression in the service of the ego. If the alternative model is ego (or self-) expansion or enhancement, what processes and mechanisms might be involved? Is a psychological account of such spiritual enhancement possible, or are we left with little more than metaphors drawn from the spiritual realm?

Thinking along these lines, Merkur (1999) proposed that a model of unitive thinking understood in relation to processes of

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[21] *Editor's Note:* For more about Kakar's discussion of Ramakrishna, see Manasi Kumar's book review essay in this issue of *The Psychoanalytic Quarterly,* pp. 568-570.

sublimation is preferable to the usual regressive model. While an understanding of mystical union in sublimatory terms advances the argument in a positive direction, I would like to depart from an emphasis on the possible regressive and/or sublimatory dimensions of mystical experience to suggest that ecstatic states of mind challenge our conventional categories and force us to entertain possibilities other than those that can be encompassed by either model. Both regression and sublimation may have a role to play at certain stages or in certain aspects of the mystical progression, but I contend that they fall short of encompassing the full complexity of mystical experiences, and in no case do they serve as defining mechanisms of such experience.

Additional perspectives on these considerations come from the introduction of postmodern variants of self psychology and relational perspectives (Spezzano and Gargiulo 2003). From the religious side, theologians could not fail to be troubled by the translation of religious concepts into subjective or relational terms. The Judeo-Christian *tetragrammaton* will not yield to such a subjectivist modification. God is not a function of selfobject needs, nor can he be defined as a relational construct. These approaches show little recognition or regard for the distance and disparity of context separating religious and theological terms from the psychoanalytic. Analytic conceptualizations of the deity in subjective or relational terms do not meet the exigency of God as transcendent and beyond the reach of human cognitive capacity, as the *Cloud* argues consistently and repeatedly. When we address the concept of God as a transcendent transference object, or cast his imagery in representational terms, or conceive of him as a supreme selfobject, we are defining him in human terms. These formulations are relevant only to our experience of God, our God-representation, and have nothing to say about God himself in his transcendent existence.

The mystical propensity may reflect a basic unfulfilled yearning of the self for union with and immersion in something outside itself. Diminishing self-consciousness while retaining a sense of identity is not altogether uncommon in states of trancelike absorption

or intense concentration—for example, absorption in reading a book, or in listening to a piece of music, to an idea being expressed, a poem, or a scientific problem. During such concentration of attention, individuals sometimes lose all awareness of the passage of time and become relatively oblivious to their environment. There is often a subtle alteration of consciousness in such immersions, without a disturbance in the sense of self or identity; on the contrary, there is often a sense of enrichment or self-enhancement.

Following Freud's view of mystical states as regressive, analysts have often emphasized the infantile and oral dimensions of the mystical experience. The model for narcissistic union is the mother--child symbiosis (Bach 1977). Oral imagery often pervades accounts of mystical ecstasy, even appealing to images of maternal closeness and nursing at the breast—quite consistent with psychoanalytic interpretations, in terms of symbiotic, oral-incorporative, narcissistic fusion. The analytic investigator is not interested simply in the manifest phenomenology of such experiences, but seeks to discern hidden elements that might reflect more basic infantile motivations.

The important emphasis, it seems to me, is that, if such regressive connotations can be attached to mystical states of consciousness, they need not be reduced to that level of psychic implication —the relevance of such an account may be reductionistic rather than reductive. It is noteworthy that the *Cloud* does not dwell on infantile imagery, but rather emphasizes the emptying and purifying of the self as leading to absorption into divine love. It seems odd to portray the overwhelming and supremely intense, loving yearning for God merely in oral terms. If we could argue that somewhere in the motivational mix, there are elements of orality, that would not account for the sublimity and all-encompassing desire described in the *Cloud*. The argument from the *Cloud*, as far as I can see, would not exclude such infantile motives, but would insist that they must be overcome and effectively resolved in the process of self-purgation and forgetting.

Narcissism

Some analysts regard mystical immersion as resonating with a grandiose fantasy of union with an omnipotent and infinite love object that serves the function of fulfilling basic narcissistic needs. In this sense, the striving for a sense of wholeness, for transcendence of the ordinary human condition and its limits, for union with an omnipotent deity, may reflect forms of grandiose fantasy. As Bach (1977) remarked:

> Whether such fantasies are viewed as defensive regressions or as creative expressions depends not only on whether one consults a psychiatrist or a guru, but also on the meaning of this experience in the context of the person's life, a complicated issue which forms part of an as yet scarcely begun psychology of creative and mystical states. But perhaps we may assume that every narcissistic fantasy, omnipotent and transcendent as it may be, expresses in some distorted form an attainable human possibility as well as an unattainable divine one. [p. 287]

However, I would take the directions in the *Cloud* to imply that all such narcissistic yearnings, and even related unconscious fantasies, are among the motivational propensities that must be purged in order to attain true mystical contemplation.

Previously, I proposed a reconstruction of the narcissistic substructure of Ignatius's personality (Meissner 1992a), displayed so dramatically before his conversion on the heroic stage of his courtly and military career. I argued that those narcissistic dynamics did not disappear, but were transformed into Ignatius's determination to become a hero in the spiritual realm, like the saints—paragons of self-sacrifice and self-denial—in order to seek glory in the service of another and greater king. In this vein, mystical experiences universally have the quality of wish-fulfillments—like dream experiences reflecting unconscious desires. Visions particularly often seem to gratify narcissistically determined wishes. As Chasseguet-Smirgel (1976) observed:

> Mysticism follows the pattern of the fusion of the ego and
> its ideal . . . . It promises fusion with the primary object—
> even when on the conscious level it is identified with a
> God-Father, who in the end is equivalent to the mother be-
> fore defusion. [p. 367]

Along similar lines, Kohut (1978) advanced the notion of cos-
mic narcissism, transcending the boundaries of the individual and
distinct from the oceanic feeling, to account for states of mystical
absorption:

> I believe that this rare feat rests, not simply on a victory
> of autonomous reason and supreme objectivity over the
> claims of narcissism, but on the creation of a higher form
> of narcissism . . . a cosmic narcissism which has transcend-
> ed the bounds of the individual. [pp. 454-455]

In terms of its narcissistic dynamics, mystical elevation is self-
enhancing and contributes significantly to the mystic's self-esteem
and self-integration. It serves to sustain not only a more integra-
ted sense of self and identity in merely natural terms, but also, in
spiritual perspective, mystical elevation results in consolidation
and development of the mystic's spiritual identity and his capaci-
ty, correspondingly, to enter into loving fusion with the self-com-
munication coming from the divine. The mystical paradox reaches
its apogee in this process: the more completely the mystic empties
himself of all attachments to this world and to the self—often re-
ferred to as "dying to self"—the more fully is that self restored to
the mystic, enriched with profound spiritual consolations.

We can also note that, in terms of the prescriptions of the *Cloud*,
forms of narcissistic self-involvement that hinder the complete
openness and surrender of self called for in achieving mystical
union are to be expunged. It might reasonably be argued that the
cautions of the *Cloud* can be accepted as referring to the con-
scious level of experience, but that narcissistic dynamics can still
hold sway in unconscious terms. In the light of the teaching of the
Cloud, the analytic formulae—fusion of ego and ego-ideal and
union with a maternal imago—would then call for qualification in

relation to mystical absorption. On these terms, satisfaction of narcissistic needs would undergo further purification in order to participate in loving union with the divine love object. The joy, the sense of ecstatic enhancement, and the sense of elevation of mystical experience are God-given and imply a level of self-immolation beyond the scope of narcissistic gratification.

I would argue that narcissistic dynamics have a significant role to play on the level of premystical contemplation, but at some point, if we can trust the interpretations of the *Cloud,* they must give way to an emptying of the self in and through the cloud of forgetting, which extends beyond narcissistic dynamics. If we can interpret Kohut's cosmic narcissism to refer to a form of narcissism beyond narcissism, connoting the complete emptying of self and absorption into unitive participation in the divine, connotations of narcissism as conceived on this level would outstrip and transcend the meaning of narcissism as we know it. Then again, it seems to me that cosmic narcissism is more relevant to the oceanic feeling, while the unitive level of mystical experience, at least for Christian mysticism as exemplified in the *Cloud,* involves a loving union with God, not the cosmos.

In my discussion of Ignatius, I pointed out the shifts in his core identifications and the role they played in his mystical experience. To a large extent, the feminine aspects of his character were dominant in his mysticism, reflected in his yearning for love, his intense affectivity, his passivity and submissive yielding to the divine embrace, and the overwhelming experience of copious tears to the point of physical disability. I concluded that at some level, his mystical absorption may have had its psychic roots in the yearning of the abandoned child for its lost mother—the repeated floods of tears would then reflect joy in reunion with the lost mother. While this configuration seems to provide a plausible substratum for Ignatius's mystical consciousness, I would want to qualify it in the light of the understanding of mystical experience in the *Cloud.* The more apophatic emphasis of the *Cloud* might suggest that these psychoanalytic interpretations may play a decisive role in meditative and even early contemplative stages, but

at some point, the relevance of psychic mechanisms must be left behind in favor of the divine action and influence that becomes the dominant determining force in the highest mystical states.

Aggression

In addition to libidinal and narcissistic motives, we might wonder what role aggression plays in the mystical resolution. Hartocollis (1976) argued that:

> Those attracted to mystical movements are likely to be individuals who, sensitized by the violence around them, become preoccupied with their own potential for violence, which they find too threatening to express and are unable to neutralize within the available family and social context. Followers of mystical movements wish to cancel the aggression of the world in order to do away with their own. [p. 214]

The peacefulness and sense of blissful union of the mystical state, whether induced by prayer and ascetic exercises, by psychedelic drugs, or by spontaneous conversion experiences, are identified as inspirational or transcendental and carry with them a sense of conviction analogous to delusional states, being in love, and vivid dreams. As Bertrand Russell (1929) observed, "The mystic insight begins with the sense of a mystery unveiled, of a hidden wisdom now suddenly become certain beyond the possibility of a doubt. The sense of certainty and revelation comes earlier than any definite belief" (p. 9). The yearning for such enlightenment, along with the sense of undifferentiated unity, as we have seen, is usually regarded psychoanalytically as regression to preverbal levels that may be either objectless—a form of limitless narcissism connected with the oceanic feeling (Freud 1930)—or representative of a fusion between the self and the maternal object, and, specifically, of the maternal breast (Lewin 1950).

The fantasy of such blissful and seamless fusion can correspond to the fantasy of escape from inner destructive motives and their consequences in the form of anger, fear, anxiety, worry, and

despair. The escape may be a reaction to the sense of one's own violent potential, either generally or, more specifically, to the sense of inner evil and destructiveness embedded in introjective configurations stemming from the aggressive and feared father on the oedipal level, and, at a deeper level, from the frustrating or overexciting mother of infancy (Hartocollis 1976; Meissner 1978). The success or failure of the attempt at union is a function of the degree of aggressive contamination. Jacobson (1964) observed:

> Since normal experiences of ecstasy do not aim at destruction but are founded on a fantasy of libidinal union between self and object world, they result in a transitory sense of self-expression and the feeling that the self and the world are rich. Such experiences of merging, which may briefly retransform the images of the self and the object world into a fantasy unit vested with libidinal forces, permit an immediate reestablishment of the boundaries between them. By contrast, pathological regressive fusions caused by severe aggression may result in an irreparable breakdown of these boundaries and hence of the self and object representations. [p. 69]

In this formulation, when the libidinal charge is freed from all aggressive contamination, union can take the blissful and satisfying form that is the common experience of mystics.

Hartocollis (1976) added:

> What, in turn, motivates the search for a mystical experience is the emergence into consciousness of one's own potential for violence and the fear that his hidden aggression may destroy the internalized "good" objects . . . . This emergent awareness of potential inner violence is the result of exposure to an environment where violence is prevalent but random, avoidable but non-negotiable; seen as a product of a "sinful," materialistic and exploitative civilization rather than as a means to an end, a necessary evil in the service of some personal or group ideology. [p. 224]

This formulation captures in part the destructive, hostile, and hateful propensities that can be found not only in the unconscious of potential mystics, but in everyone's unconscious. As such, however, this formulation poses as a primary source of the impediments separating the soul from deeper and more meaningful loving communion with God. From the perspective of the *Cloud*, it would count as one of the central impediments that must be purged in order to make progress in mystical life. However, seen from a somewhat different view—that of aggression as motivational, rather than as a hostile and destructive drive (Rizzuto et al. 1993; Rizzuto, Meissner, and Buie 2003)—aggression would necessarily be brought into action by reason of the demand put on the potential mystic to overcome the obstacles, whether internal or external, that stand in the way of his progressive purgation and advancement in spiritual life. That enterprise, as the *Cloud* makes clear, can be a demanding, painful, wrenching, and exhausting struggle to overcome encumbering attachments and to free oneself from entanglements not only in external relationships, but also in internal conflicts and competing motivations.

In the final analysis, all personal and psychic resources, even or perhaps especially aggression, are inadequate to complete the work of purgation and purification that leads to mystical union. Only in conjunction with and reinforcement by the sustaining and healing power of grace, as the *Cloud* teaches, can this process achieve its purpose.

The God-Representation

The fact that contemplative experiences take place in states of altered consciousness and in a realm removed from everyday human psychic experience brings into consideration the nature of the God-representation in these contexts and how we are to understand the peculiar nature of the mystical episode itself. The experience of God as an object in the psychic representational world is a product of a host of developmental factors that contribute to the distillation and integration of those experiences in the form

of a special and unique mental representation (Rizzuto 1979). In my study of Ignatius (Meissner 1992a, 1999a), I traced the putative origin of his God-representation to internalized representations of his father and mother. Ignatius's God-representation served as a restitutive substitute for the lost mother and fulfilled part of the deep unconscious longing left by her loss, reflecting the nurturant and maternal qualities derived from his identification with the lost mother. The imagery was also cast in terms of majesty, infinite power, wisdom, and strength. The Divine Majesty of whom Ignatius spoke so constantly was a representation of the earthly majesties of Ignatius's childhood experience, exemplified in the person of his father, magnified to the immensity and transcendent glory of the divine.

But the God-representation is not an object-representation like any other.[22] The most useful formulation I have found for thinking about transcendent experiences of this kind is the notion of transitional experience (Meissner 1978, 1984, 1990).[23] The essential aspect of transitional experience is that it straddles subjective and objective realms of experience and thus partakes simultaneously of both. This model derives from Winnicott's (1953) notion of the transitional object: the doll or blanket or whatever other object that the child adopts as a substitute for the mother is a sort of bridge between the infant's symbiotic attachment to the mother and the beginnings of investment in reality. In this view, the infant creates the mother whom he requires in order to satisfy

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[22] An object-representation is a mental representation of an external object —usually referring to persons as objects. God is not directly available to human cognition as an object. The God-representation, therefore, must be constructed out of indirectly related, symbolic, or metaphoric materials.

[23] The interpretation of mystical states in terms of transitional experience, as conceptualized by Winnicott (1953), was suggested by Horton (1974) and elaborated further by Rizzuto (1979) and others. Kakar (1991, 1992) is a more recent contributor to the psychoanalytic approach to mystical phenomena, one who regards mystical states as more mature and adaptive than pathological. He advances the hypothesis that mystical experiences themselves lead to more rather than less integration of the mystic's personality, a perspective close to the view expressed in the *Cloud*. His perspective is also based on a Winnicottian framework, casting religious experience in a transitional mode—an analytic approach to religious phenomena that emphasizes the adaptive and creative dimensions of religious illusion.

basic needs, in the same context in which the real mother responds optimally to the child's expressed needs. The mother/object is thus created even as it is experienced. The experience itself is at one and the same time subjective and objective.

Winnicott extends this analysis to the transitional phenomena that constitute the realm of illusion. It is the basic human capacity for this kind of experience that lies at the root of all cultural experience, including religion. Reading a poem, or immersing oneself in music or painting, for example, takes place in the intermediate realm of illusion, in which the aesthetic experience is neither subjective nor objective, but something of both. I would add to this the hypothesis that contemplative prayer, at least in its preliminary stages, is essentially transitional and takes place in a realm of transitional experience, as marked by an altered state of consciousness. The God-representation in this sense is a form of transitional conceptualization, that is, a form of subjective cognition that remains open to objective reference (Meissner 1990).

Envisioning mystical experience in transitional terms raises the issue of creativity in religious and especially mystical experience, namely, the sense in which the mystical object is psychically created even as it independently exists. Oremland (1989) pointed to the parallels in creativity between religious and artistic experience.[24] For the artist as for the mystic, Oremland argues, the creative urge is driven by an unconscious search for the primal object. He continues:

> Creating is a reestablishing of primal union at a variety of levels with the primal object . . . . Like object relatedness, creativity seeks a version of the primal object out of which evolves the creation of a new object that is a version of the primal object. Creative individuals repeatedly "find" their mothers, themselves, and the world anew. [p. 29]

This formulation addresses the level of unconscious dynamics that may accompany more conscious motives of artistic creativity in the artist and loving desire in the mystic. The creative image in

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[24] See also my previous discussion of related issues (Meissner 1997a).

the mind of the artist is analogous to the God-representation in the mind of the meditator. The God-representation carries the weight of developmental influences and is derivative from core identifications acquired in the course of psychic development. The God-representation serves as a kind of transference object, but remains at a quasi-infinite remove from knowledge of the divine object itself. In terms of the analysis of the *Cloud,* the God-representation is inherently bound to its psychic derivatives; it must be purged in the living flame of love and/or immersed in the cloud of forgetting.

I submit that, in periods of meditation, contemplation, and mystical ecstasy, the mystic enters a realm of transitional experience—manifested by total prayerful absorption and intensity of emotional experience and altered consciousness. We can think of mystical experiences, then, as forms of illusion, in Winnicott's sense,[25] that express aspects of the mystic's inner, subjective psychic life, with its complex needs and determinants—infantile, narcissistic, libidinal, and otherwise—as they intersect with an external reality that can be described in theological terms as divine presence, grace, infused contemplation, and other transcendental manifestations.[26]

[25] *Illusion* in this context has a specific meaning that requires careful exposition; see Meissner (1984). Briefly, Winnicott's notion of illusion stands in opposition to Freud's. For Freud, illusions were defined by their role as wish-fulfillments. If the illusion contradicted reality, it was for him a delusion. For Winnicott, the illusion is an intermediate form of experience in which wishes and fantasies can touch reality, in which the subjective and the objective can find common ground, and in which neither is the reality of the objects of desire denied, nor is the experience of wishes and fantasies ignored. A painting, for example, is an objective reality, but the experience of the painting involves not just the reality, but also the subjective complex of feelings and meanings brought to it by the viewer. In mystical raptures, there is an objective reality, the presence of God, but the experience of that presence is conditioned by a rich complex of subjective personality factors, some of which I have tried to illuminate.

[26] The ecstatic experience in all religious systems seems to include similar characteristics that mark it off as a special and distinctive form of prayer experience. The descriptive characteristics of the mystic's mental state during immersion in the ecstatic state resonate with features of the state of transitional relatedness and illusory experience. See the extended discussion of mystical consciousness in Sufi mysticism in Corbin (1969) and the discussion of Jewish mysticism in Ostow (1995).

If one accepts the validity of such a conceptual device, it becomes possible to speak of the influence of motives, needs, psychic representations (including the God-representation), and the whole range of dynamic and adaptational considerations impinging on the mystical experience, without passing judgment on the objective reality or unreality of the experience itself. That issue is not for psychoanalysis to decide. The mystical experience can do no more than reach its own understanding, in terms that do no violence to the objective dimensions of our human efforts to fathom such transcendental experiences taking place at the limits, or the horizons, of human capacity.

SOME SUGGESTIONS FOR A REVISED PERSPECTIVE

In envisioning the possibility of a revised psychoanalytic perspective regarding mystical phenomena, my first consideration is that mystical experience can be cast in terms of modes of religious experience that reflect various developmental perspectives and attainments (Meissner 1984). The first and most primitive such mode reflects a variety of regressive features suggestive of integration at the level of primary narcissism. In developmental terms, this form of symbiosis precedes establishment of self- and object differentiation. As I have written previously:

> The narcissistic experience is one of unconditioned omnipotence and absolute dependence. Faith cognition at this level is entirely undifferentiated, functioning in terms of a preconceptual and prelinguistic disposition to accept the conditions of life. This relates to the conditions of basic trust that characterize the symbiotic union of mother and child. The religious experience at this level would presumably involve merging the boundaries between self-representation and God-representation. The sense of self is without cohesion, in a state of undifferentiated diffusion or severe fragmentation. This represents a state of extreme regression, which may take a psychotic form, issuing in delusions of total omnipotence and God-

like grandiosity. It may also express itself as profound and ecstatic mystical experiences involving loss of boundaries, diffusion of the sense of self, and absorption into the divine. While the mechanism and the level of organization may be similar, it seems reasonable to maintain a distinction between such mystical experiences and regressive psychosis. The vicissitudes of mystical absorption and its dynamics of self-cohesion remain to be clarified, but we cannot assume that they are equivalent to regressive psychotic states . . . . The problem can be stated in simplified form as follows: in terms of a developmental schema, are we to envision mystical states as embodiments of the highest, most differentiated, articulated, structuralized, and integrated attainments of an evolved religious capacity, or do they, on the contrary, represent regressive phenomena that reflect the most infantile levels of developmental fixation, if not aberration? [Meissner 1984, pp. 150-151]

In the Judeo-Christian tradition, mystical states partake of passivity, ineffability, submissive submersion in the experience of divine love, and a sense of formless fusion with the divine object. Cast in regressive perspective, these phenomena would represent reactivation of primitive states of oral symbiotic maternal fusion. But clearly, the sense of mystical fusion differs considerably from states of regressive fusion to primary narcissistic union found in psychotic regressive states. Psychoanalytic interpretation runs into the difficulty of envisioning sustained self-cohesiveness and a mature sense of identity in a context of mystical fusion. But, in contrast to regressive psychotic states, mystical experience has the capacity not only to not undermine or dissolve identity, but in fact to stabilize, enrich, and elevate the sense of identity to new and spiritually more enhanced levels. I have previously referred to this dimension of spiritual development as *spiritual identity* (Meissner 1987).

This set of considerations suggests that we require a new set of categories to describe such atypical forms of transcendental experience without being caught in the travails of the regressive

model. There are suggestive examples, as in Kernberg's (1977) description of loving union with an other in terms of "crossing of boundaries." He wrote:

> In contrast to regressive merger phenomena, which blur self/nonself differentiation, concurrent with crossing the boundaries of the self is the persistent experience of a discrete self and, as well, a step in the direction of identification with structures beyond the self . . . . Crossing the boundaries of self, thus defined, is the basis for the subjective experience of transcendence. Psychotic identifications, with their dissolution of self-object boundaries, interfere with the capacity for passion thus defined; in simple terms, madness is not in continuity with passion. [p. 95]

Kernberg obviously did not have mystical union in mind, but the capacity for crossing boundaries points to an analogous application to this distinction of sexual passion from mystical states. Expansion of the capacity for object-relatedness opens the way to transcendence of self-boundaries, a crossing over in a context of loving submission, resulting in submersion of the self in the object, or, conversely, immersion in the loving presence of the object.

As I have noted in this respect:

> Consequently, the capacity to reach beyond the boundaries of self, to empty out the self, as it were in the loving embrace of the object, is a transcendent capacity of the psyche to immerse itself in a loving object relationship. This need not in itself be regarded as regressive. [Meissner 1984, p. 152]

But we might add to this that the capacity to reach beyond the scope of object relations—to attain an object relationship beyond object relations, similar to Kohut's narcissism beyond narcissism —may come closer to the nature of the transcendent relation to God in mystical union. This loving attachment reaches beyond the knowing of God in any God-representation, and results in a relative dissolution of the self-representation as an aspect of the self-

as-object (Meissner 1996) and its complete absorption into the divine.

The question then arises as to how to conceptualize this self-emptying and absorption without detriment to the integrity of the self. In this absorption, all characteristics of the self that are encompassed by the self-as-object (constituting the content and object of self-representations[27]) are diluted, diffused, and absorbed, such that all discrimination between self and object (here the divine object) are dissolved. What is left to the mystic is the core self and the volitional core of his subjectivity, by which the mystic is able to love.

Can we distinguish, then, between the regressive selfobject dedifferentiation leading to states of psychotic regression, and the dedifferentiation of absorption into the object of mystical love? At first glance, understood in these terms, the integrity of the self is not undermined but elevated, enabling the capacity for volitional love to find communion with divine love, even as the capacity to know the self-as-self and the object-as-object, i.e., as separate and differentiated, is submerged and diffused, like a drop of water in an ocean of love. I would conjecture that this dissolution and diffusion submerges the self-as-object in the immensity of divine love, and in this sense there is an emptying of the self or a loss of identity, insofar as self-identifying characteristics are dependent on the self-as-object (Meissner 2001b). The continuity of self and identity, however, as independent agent and subjective agent of acts of love, would remain intact.

Returning to the stipulations of the *Cloud*, the process of mystical contemplation is guided from the very first steps along the path of mystical ascent to its final achievement of loving union with God by the attraction and motivational power of grace. Faith

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[27] I would note, for the sake of clarity, that these designations of aspects of self structure do not describe different selves, but one self, synonymous with the person, functioning as the source of all actions of the self (person) and as conscious of some actions of the self. Other actions of the self-as-agent are not consciously known by the self-as-subject, i.e., they are unconscious. See my previous exploration of the relation between self-representations and the self-as-object (Meissner 1996).

itself, the belief in the existence and loving nature of God, is a gift of grace (Meissner 2001a). No one can make himself believe, nor can one make oneself love. The emptying of self and the submersion of self in the cloud of forgetting takes place under the guiding inspiration and motivation of grace. I take the descriptions in the *Cloud* to mean that this crucial juncture in the mystical progression is not altogether willed by the subject, but takes place to some degree through the effects of grace acting in concert with the subject's free consent.

The cloud of forgetting is meant to absorb in the first instance all forms of knowledge, awareness, memory, and attachment to things and persons outside the self. It also includes all forms of self-knowledge. I take this to include any and all awareness of the self as an object of introspection, i.e., that aspect of self-organization I have designated as the self-as-object (Meissner 1996). This state of emptying of the self leaves the psychic state in a pure condition of relative abstraction centered fundamentally on the self-as-agent (Meissner 1993)—that is, the self as autonomous author of its own actions, and secondarily as subject (Meissner 1999b, 1999c), as the self-conscious source of cognitive and volitional actions, including loving self-submission.

But the absorption and purification called for extends even further, to include in some sense the self-as-subject in its knowing capacity. The *Cloud* encompasses the emptying of self not merely in terms of its knowledge of the world and introspective knowledge of the self, but also includes an emptying of the subjective self as knowing subject. What is left when the high point of mystical union is achieved is only the capacity for love inherent in the self-as-agent and as subject. Even in the highest state of mystical union, God remains hidden and beyond the reach of human finite capacity to know God as he is. But even so, the capacity for love as an aspect of the functioning of human will can reach beyond the limits of knowledge to be united with God in loving desire and union. In these terms, we might conjecture that the psychic locus for the action of grace and for the divine indwelling can be found in the depths of the core constituents of the self, that is, in the

deepest core of the self specifically as agent. The capacity of the subjective self to respond to love with love is, in the last analysis, taken up and consumed in the flame of divine love.

The paradox and mystery are that grace has its effects within the human soul, operating in and through the natural psychic powers of the self—*gratia perficit naturam.*[28] Thus, if my analysis makes any sense, grace can be thought of as operating in some degree and in some sense in and through the unconscious. As such, it cannot be known or experienced directly, but can be known through its effects. In my reconstruction of the self-system, unconscious dynamics that we generally associate with libidinal and aggressive forms of motivation are operative within the self-as-agent, but do not come into play on the level of conscious subjectivity except derivatively. We might conjecture that the mystical graces drawing the believer to a fuller experience and expression of the love of God, and to a desire for contemplative prayer and mystical union, come into play within and through psychic systems that are unconsciously activated and remain sequestered within the self-as-agent until the subject responds with a free and loving acceptance of this God-initiated invitation to loving communion, and ultimately to union. If there is paradox and mystery here, the stipulation that grace operates in some sense and to some degree in and through the unconscious dimensions of the human psyche may allow us to use our psychoanalytic tools to better estimate and conceptualize these effects.[29] We may thus come to better understand the how and why of the mystic's affective and loving absorption into the divine, even if the how and why of divine initiatives and actions elude our inquiry.

In the model of the self that I am proposing, a high degree of integration is achieved among the ego, superego, and id functions of the self in the consummate act of loving acceptance. In this self-

[28] See my discussion of the interaction of grace and nature (Meissner 1987), for further development of this principle.

[29] Johnston (1975), somewhat begrudgingly, acknowledges that some of the sanative aspects of contemplative graces may find their way through the unconscious aspects of psychic functioning, even exercising in this way a kind of therapeutic function.

purgation, residues of conflict and attachment that may persist in the form of creaturely desires and motives, conflicting and/or impeding values, prejudices, and so on, are purged and purified in the flame of divine love. I am uncertain as to what psychic mechanisms, if any, might be involved in this process. Sublimation may have its place, especially in the transformation of instinctual desires and motives. But sublimation remains a defense, implying that whatever is defended against is still in some sense an active force in the psychic economy. In this sense, I would hesitate to say that dissolving such elements in the cloud of forgetting can be adequately explained in terms of repression and sublimation. These mechanisms may have a role to play in lower levels of acquired contemplation, but something more seems to be required at the threshold of infused mystical states.

It may also be that, at this level, we have extended the psychoanalytic perspective to its limits in our efforts to capture the mystical cloud in a psychoanalytic bottle. If we have achieved a hypothesis that brings us closer to this limit and leaves open the possibility of divine intervention and action, we may be able to go no further. But for those analysts who seek to facilitate the dialogue between psychoanalysis and religious understanding, we can hope for a theology of grace and mystical prayer that is more open to the perspective of psychic variables and psychoanalytic understanding.

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IN A BID TO RESTATE THE CULTURE-PSYCHE PROBLEMATIC: REVISITING *THE ESSENTIAL WRITINGS OF SUDHIR KAKAR* [1]

BY MANASI KUMAR, M.SC.

This book assembles a broad sweep of its author's writings in one volume. Sudhir Kakar is an erudite psychoanalyst who has written nearly fifteen previous books on various aspects of Indian psyche and culture. Most are concerned with alternative healing practices and traditions, aspects of Indian childhood, and the place of sexuality in Indian culture. Informed by psychohistory and influenced by Erikson's theory of identity and its psychosocial development within the life cycle of an individual in a given society, Kakar accurately articulates issues of identity and separation-individuation dynamics that operate within Indian psyche and culture.

In discussing the subject book, the author of this essay applies a psychoanalytically focused approach, emphasizing the teachings of French psychoanalysis and the British object relations school in particular.

The Essential Writings of Sudhir Kakar begins with a comprehensive introduction and foreword by T. G. Vaidyanathan—who raises pertinent themes developed by Kakar—that adds to the pleasure gained by reading the essays to follow. Vaidyanathan helps the

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[1] Kakar, S. (2001). *The Essential Writings of Sudhir Kakar*. New Delhi, India: Oxford Univ. Press.

reader grapple with this vivacious author's intensity by elucidating the course of Kakar's journey into Indian childhood and identity development, as explicated in such chapters as "The Inner World" and "Culture and Psyche." Vaidyanathan notes that in "The Colours of Violence," Kakar develops a clinical methodology and analysis of political action, actors, and group dynamics in the volatile city of Hyderabad. In "Intimate Relations," the author describes the luscious details of intimacy, sexual entanglements, power dynamics, and the exhilarating, diabolical, and numbing moments of desire's seething currents.

A REVISITATION: EXPLORING THE CONTEXT IN THE TEXT

This book is divided into four sections: "Childhood and Identity," "Culture and Healing," "Erotic Love," and "Religion and Psyche." In all four sections, Kakar engages the subtle and often grave problems of psyche-culture at various levels.

Instead of discussing the chapters in the order in which they appear in the book, I will start by articulating two questions that have recently interested me. The first question concerns the place of *culture in psychoanalysis* (especially a non-Western culture), and the second question centers around the place of *psychoanalysis in culture* (Indian psychoanalysis, in this case). While I expound on this position later in this paper, I would like to state here that the issues of the place of *culture in psychoanalysis* and of *psychoanalysis in culture* are important concerns for critical engagement and interrogation. In addition to the issue of how the theme of culture can be appropriately addressed in psychoanalysis, there is also a growing need to address cultural and social idioms by developing psychoanalytic models that encourage social and cultural expressions to be voiced, represented, and worked on within clinical and research-oriented psychoanalysis.

Kakar adds to this awareness of the need for Indian culture to acknowledge and embrace the psychoanalytic model as one that promises rich insights and opens new terrains of human inquiry,

of social and individual activism, and one that offers a unique paradigm of research as well as cure. Amongst many other threats to its existence, psychoanalysis in India is likely to encounter a neocolonial backlash from both cultural and social science theorists, as part of a rejection of the tendency to be scientistic and deterministic (perhaps too hedonistic!). Psychoanalysis in India is also threatened by mainstream psychoanalysis's choice to keep its engine going aculturally.

DESIRE OR ASCETICISM: GANDHI AND OTHERS

The second section of *The Essential Writings of Sudhir Kakar* addresses issues that are difficult to reconcile, but are also inspirational and thought provoking. I find the most striking chapter in this section to be "Gandhi and Women," which seeks to prepare a ground for the introduction of Gandhi's ideas about the Indian male psyche, as well as about the maternal and feminine viewpoints and how these may have influenced Gandhi's view of his own parental figures. Here Kakar psychoanalytically deconstructs Gandhi's life story as he himself told it in *An Autobiography: The Story of My Experiments with Truth* (1959).

While reading this chapter, I could not help drawing parallels between Gandhi and Freud. I am aware of the hazards of oversimplification, however, so I shall try to tread cautiously. It appears to me that in several aspects of their lives, particularly in the arena of their childhoods—in a sustained search for the "truth," and in their ambitions to achieve something great—they are strikingly similar. Gandhi's near obsession with food, expressed in his elaborate detailing of what he ate, what should be eaten, what should be prohibited, and practicing vegetarianism, gave rise to a popular dictum, "simple living, high thinking," which remains a favorite saying among Gandhians even today. His preoccupation with religious and spiritual matters appears to be symptomatic of the internal turmoil experienced by the man in the mahatma. Kakar establishes connections among Gandhi's preoccupations, as well as with his

recurrent struggle with sexuality (as much symptomatically conscious as it appeared to be unconsciously driven), providing interesting insight into the fault line running between symptom and its subverted, sublimated formation.

In highlighting aspects of Gandhi's childhood, such as his struggle with the pervasive Brahmanical morality and his newly acquired Western ideals, Kakar adds an interesting angle to Gandhi's so-called beginnings of Mahatma. Gandhi alone electrified Indians with amazing success in his famous "Quit India" movement in the early 1940s—while simultaneously remaining soft and sympathetic with British rulers, bargaining and negotiating for freedom from them in a manner that appeased British pride.[2]

Gandhi's practice of sexual abstinence (after five children!—yet another parallel with Freud) called for "a thoroughgoing desexualization of the male–female relationship," in which, he professed, "women should lead" (p. 258).[3] For Gandhi, women were a symbol of *Ahimsa* (nonviolence), and Kakar analyzes Gandhi's struggle to come to terms with preoedipal mother–infant merging and a concomitant tendency to locate the mother in every woman whom he encountered. (Kakar points out that this could simply have been a way of denying overwhelming and puzzling feminine eroticism.) Kakar reiterates that Gandhi's relationships with women were "dominated by the unconscious fantasy of maintaining an idealized relationship with the maternal body" (p. 258). Even while working rigorously on his doctrine of *satyagraha* (insistence on truth), in the thick of the freedom movement, what Gandhi wrote about and appeared to be constantly preoccupied with were: his dietary regimen, testing whether he was a pure celibate, checking if thoughts of sexual pollution had entered into his mind during waking hours or sleep, and how these hindered his spiritual being and his work in the community. In this sense, he fought a constant battle not so much with British rulers as with the "dark god of desire" (p. 234).

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[2] In some ways, Gandhi deemed it necessary to protect British pride.

[3] Unless otherwise noted, page numbers provided in this essay refer to the subject book.

By choosing Gandhi as an exemplary figure, Kakar tries to bring to the fore the place Hindu cultural tradition accords to sexuality and *spirituality within sexuality* (see below). These are two themes Gandhi's autobiography opens up for the reader who is both critical and sympathetic. The dimension most emphasized by the Hindu tradition in relation to sexuality is genital sexuality, with its transmutation into a spiritual and sacred order; according to this doctrine, in the ultimate analysis, all desire and pleasure must be channeled toward self-realization in achieving unity with the universe.

Kakar elaborates further on the Hindu conception of spirituality within sexuality:

> The sexual urges amount to a creative fire—not only for procreation but, equally, in self-creation . . . . Further, it is a tradition which does not reduce sexual love to copulation but seeks to elevate it into a celebration, even a ritual that touches the partners with a sense of the sacred, and where orgasm is experienced as a symbolic blessing of man by his ancestors and by the nature of things. [p. 256]

Providing illustrations from the legendary book of Kamasutra, Kakar explicates the problematic aspects of the Hindu view of sexuality, as it seeks to tap the sacred and to tame the diabolical by engaging with the most poignant elements of human sexuality.[4] Kamasutra opens many vistas to an understanding of Hindu versions of sexuality. Some of these versions appear to be representative of phallocentric and misogynist views, while at the same time they conduct an exploration into the female body and the control over it, examining both desire and the psyche. In other instances, the text illustrates another strand of Hindu theoriza-

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[4] Similar ideas have been developed by Green (2002) and by Ruth Stein (1998a, 1998b), who has illustrated the poignant and excessive aspects of sexuality through the development of links with Laplanche's (1999) enigmatic signifiers, his concept of otherness, Green's disobjectal function as seen in negative narcissism, and Bataille's anthropological research on enigmatic and sacred strands of human sexuality. I have further discussed these concepts elsewhere (Kumar, unpublished).

tion on sexuality: that is, the sacred and transcendental, poignant, excessive, and overwhelming aspects of sexuality are shown to be characteristic of a basic need and primal struggle for love and unity in human life. Developing this thematic from Kamasutra, Kakar effectively points out the vicissitudes of this struggle in the following quotation:

> The concept is even present in the *Kamasutra,* the text book of eroticism and presumably a subvertor of ascetic ideals, where the successful lover is not someone who is overly passionate, but one who has controlled and stilled his senses through *brahmacharya* and meditation. [p. 254]

Through transforming sexual desires into spiritual power (or some power of higher order above bodily preoccupations), "Indian 'mysticism' is typically intended to be an intensely practical affair, concerned with an alchemy of the libido that would convert it from a giver of death (by wasting the sexual energy through copulation) to a bestower of immortality" (p. 252). (It might be noted here that the cultural anxiety around "squandering sperm" and "biological self-sacrifice" reveals an ambivalence toward women that verges on misogyny and phobic avoidance.)

While much of this philosophy can be treated with reserve by the West and by the liberally Westernized Indian upper class, Indian spirituality, in the way Kakar sees it, is preeminently a theory of "sublimation guided by the tight throes of the cultural superego" (p. 25). In the case of Gandhi, two parallels are continually at play with each other: (1) In a general sense, it is the fixation on the mother imago that keeps genital desire psychically forever unconsummated, in order to ward off the threat of complete disintegration of a coherent experience of self. (2) On the other hand, Kakar brings out a subtle dimension of Indian cultural tradition and philosophy that Gandhi emulated and strongly identified with. For Gandhi:

> Lust was not just sinful but poisonous, contaminating the elixir of immortality, one which served to destructuralize, rather than be merely immoral. Gandhi's struggle with sex-

uality was not one with sin and morality, it was one with psychic death and immortality, on which moral quandary was superimposed. [p. 236]

One question that Kakar repeatedly poses to us in different (dis)guises is:

The psychoanalytic question of the vicissitudes of sublimation in Indian culture and, particularly, its role in Gandhi's life . . . looms also around a larger issue of why phallic desire is considered so offensive that he constantly tries to tear it out by its roots. [p. 257]

This question is addressed with the sensibility of a psychoanalytic clinician who delves into the common pool of triangular relationships, a pool populated by actors in familial space, to figure out where this phallic revulsion is created. Oedipal myths in Indian culture have always centered on the duel between father and son, where father emanates from a long hibernation and seeks to remove his archrival from the position the latter acquired in his absence. Most of the myths end with the father killing the son; infanticide emerges as the most prominent theme of the Indian grand narrative. On becoming repentant and the object of constant threats from the enraged mother, whose haven has been destroyed, the father in some mystico-magical way brings the son back to life, and the son, on being reborn through the father, vows to be loyal and subservient to him.

Thus, the father figure in Indian culture is full of murderous rage and hatred, one who comes to destroy the mother–infant union, to ask for his share of the mother and demand a lifelong submission from the infant.[5] "The phallic desire (or genital sexu-

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[5] At the same time, one can also identify the theme of homosexuality in the son's intensely volatile relationship with the father, whose absence/presence appears forever tormenting. Lacan's notion of the Law-of-the-Father is another apt metaphor for the Indian situation. See chapters 7 and 8 in the subject book, where Kakar alludes to the theme of oedipality and develops the indigenous version of the Oedipus complex, called the *Ganesha complex*. In discussing the Shiva-Parvati-Ganesha-Skanda mythic nexus, he arrives at the significance of Ganesha-Parvati. The author addresses various aspects of oedipality, highlighting parricide, maternal enthrallment, penis envy, and infanticide as motifs in the familial drama.

ality) thus is considered violent and tumultuous," is primarily the "way of the fathers"; then, "genital abstinence, its surrender, provides the tranquil, peaceful path back to the mother" (p. 257). Returning to the womb becomes a compulsive need for psychic peace. Therefore, becoming *one* and then *zero* is a yearned-for goal.

Kakar points out that Gandhi perceived sexual desire, both of the mother and of the child, as the most potent obstacle to preservation of the maternal union. Gandhi and Freud come together in their fascination for the principle of nirvana (aspiring for oneness with zero through the deadening of desires), even though they addressed this idea from opposite ends. I am alluding here to the revolutionary idea of the death drive. Perhaps it was Freud's deep dislike for mysticism (which was radically different from his fervor for scientism) that prevented him from familiarizing himself with Hindu philosophy, which to my mind works on similar ideas, though treated in mythopoeic ways.[6]

THE ASCETIC'S DESIRE: DABBLING WITH THE MYSTIC'S MANTRA

Two chapters in *The Essential Writings of Sudhir Kakar* deal with similar themes of religion, mystical experience, and erotic love in examining the lives of two saints/philosophers: Ramakrishna Paramhansa,[7] a nineteenth-century bhakti, and a revolutionary activist who was a monk-pupil of Ramakrishna, Vivekananda. Kakar weaves their childhood experiences into the fabric and texture of their later mystical experiences. In so doing, he dabbles with the idea of

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[6] An interesting definition of mysticism provided by Freud toward the end of his life helps us understand the complex relationship between id and ego. For Freud (1937), mysticism meant "the obscure self-perception of the realm outside the ego, of the id" (p. 300). Hindu spirituality, in fact, included a model of primal self-perceptions and consciousness, as well as a rather clear demarcation of the dead end of consciousness, thereby revealing its acceptance of a force of inertia akin to the Freudian death drive.

[7] *Editor's Note:* For more about Kakar's discussion of Ramakrishna, see W. W. Meissner's article in this issue of *The Psychoanalytic Quarterly,* pp. 537-538.

transitional phenomena (à la Winnicott) and the nouvelle space accorded to the cultural experience of mysticism—which is clearly different from the way some organized religions perceive it.

> Mysticism remains a mainstream idea in Hindu religiosity, and the Hindu mystics are generally without the restraints of their counterparts in the monotheistic religions such as Judaism, Islam, and to a lesser extent, Christianity, where mystical experience and insights must generally be interpreted against a given dogmatic ideology. A Hindu mystic is thus normally quite uninhibited in expressing his views and does not have to be on his guard lest his views run counter to the officially interpreted orthodoxy. [pp. 282-283]

Mystical states cannot always be understood by placing them in rigid, stereotypical diagnostic categories, such as psychotic regression, depersonalization, or severe withdrawal from the world, and yet there is an enigma surrounding the mystic's being. Be that as it may, altered states of consciousness have posed a challenge to rational thought since well before the advent of psychoanalysis, requiring one to enter the debate surrounding autoerotism, objectlessness, and objectalization. It was Romain Rolland's work on Ramakrishna's mystical experiences that triggered Freud's interest in what he later termed the *oceanic feeling*.[8] Kakar quotes one of Ramakrishna's oft-repeated metaphors of the salt doll that descended to measure the depth of the ocean: "As it entered the ocean it melted, then who is there to come back and say how deep the ocean is" (p. 284). For Rolland, "these were the spontaneous religious feelings, or more exactly, religious sensations, which are entirely different from religion proper and much more enduring" (Rolland quoted in the subject book, p. 286). The question that must be raised is what enables the mystic to create "the suspension of many kinds of boundaries and distinctions in both the inner

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[8] *Editor's Note:* For more about Rolland's role in Freud's conception of the oceanic feeling, see W. W. Meissner's article in this issue of *The Psychoanalytic Quarterly,* p. 508 and p. 534.

and outer worlds" that results in the mystic's increasing "ability to make ever-finer perceptual differentiations" (p. 284). How does the mystic become master of his madness and of his reason alike, whereas the schizophrenic remains their slave?

Kakar returns to Winnicott, Bion, and Lacan as writers "who in spite of different theoretical orientations pursued a common antireductionist agenda" (p. 285). He accords to the mystical experience the status of a manifestation of *transitional phenomena,* where different orders of experience coexist and are tolerated. Bion's work on *O* and his theory of thinking and mental functioning serve as symbols of ultimate reality, and seem to be much influenced by the phenomenology of subjective experience that Indian philosophy often alludes to. The space that Winnicott's work allocates to cultural experience, where the incommunicado, true self is experienced more readily, is the space where this mystical experience can also be placed.

What Kakar narrates in the chapter on "Ramakrishna and the Mystical Experience" centers on the vicissitudes of the mystical experience and on the way Ramakrishna lived this experience from day to day. Ramakrishna often broke into song and dance in an uninhibited way. His frequent and repeated ecstasies (visions), his metaphysical discourses full of wisdom and penetrating insight, his parables, jokes, views on sexual abstinence, anxieties (he did not touch women at all), his pleasure in dressing up and behaving like a woman—all are aspects Kakar unravels through his use of the psychoanalytic tool of examining the unconscious symbolism behind them. He develops his thesis of an all-pervasive maternal-feminine influence by looking into the origins of the mystical experience. "The vicissitudes of separation . . . lie at the heart of psychoanalytic theorizing on mysticism" (p. 305), and these can be painful, representing a lifelong, mourned separation from the mother.

> The yearning to be united with a perfect, omnipotent being, the longing for the blissful soothing and nursing associated with the mother of the earliest infancy (perhaps as much as the adult myth, a co-terminus with infantile re-

ality), has been consensually deemed to be the core of mystical experience. [p. 305]

The presence of the father helps the child in a secondary weaning process from the mother. "Male sexuality and male desire may thus be viewed as obstacles in the path of fusion, the phallus as the primary symbol of boundaries the mystic seeks to transcend" (p. 309). The mystical path, therefore, functions as a way of lessening the agony of separation, mitigating the grief over loss, and reducing the sadness of bereavement. In all of this, it is the infant's experience (and possibly the mother's as well) of the basic rupture that constantly creates spaces in life where one deals, consciously or unconsciously, with the primordial state of mind. It is the separation from the mother's body that leaves an eternal feeling of psychic incompleteness. Lacan describes the fantasies of these (universal) insufficiencies as stemming from a *lack,* which is translated as desire, and exists between the becoming of the subject and the refinding of the object; it is the *play* with this desire that seeks to compensate for the eternal loss.

Kakar understands the mystic's search as:

. . . the mystical quest [that] seeks to rescue from primal repression the constantly lived contrast between an original interlocking and a radical rupture. The mystic, unlike most others, does not mistake hunger for its fulfilment. If we are all fundamentally perverse in the play of our desire, then the mystic is the only one who seeks to go beyond the illusion of The Imaginary and also the Maya of the Symbolic register. [p. 308]

In this sense, the inner world comprises not only the introjected mother and father images or functions, but also the primary object of creative experiencing, the unknowable ground of creativity as such—the *transitional phenomena,* the primary experience of symbolizing the self (and object) experience. It is the renewed emphasis that psychoanalysis has placed on identification with elements of bisexuality inherent in the self that helps us distill our experiences of primary femininity and place the separation-

merger dynamic in the mother, who triggers this aspect of an idealized experience.

MOTHER AND *JOUISSANCE:* THE OBJECT OR THE OTHER?

In further developing the theme of the maternal-feminine, Kakar, in another chapter, entitled "The Cloistered Passion of Radha and Krishna," looks into the experience of the Indian male's feminization of the inner world through the metaphor of Radha–Krishna love. "As a tale of romantic love this transformative moment from desire's sensations to love's adoration gives the story of Radha and Krishna its singular impact" (p. 201). This love is the replay of those very brief moments when the child (the boy, primarily) begins to understand and discover his and his mother's sexuality (p. 204).[9] Such a love lasts only briefly because potential rivals have not yet entered into the scene (and thus, internal inhibitions have not yet culminated in anxieties and moral qualms) to spoil the delight of the child's enjoyment of the mother's eroticism. Like a brief interlude of *jouissance*, this is a time when mother, for once, is experienced as overarchingly sexual.

Relating this to the experience of an analysand who fears sexual intercourse and orgasm, while reconstructing Gandhi's and Ramakrishna's experiences along similar lines, Kakar understands the problem as an unconscious fantasy of eternal sexual excitement (p. 209). What makes this idea interesting is the notion that hate or badness is projected onto the act of experiencing orgasm. In effect, one seeks to get back to the original erotic *play* with the mother (her physical, bodily, and mental presence), where intense sexual arousal and excitement were generated; but sexual intercourse with a woman would amount to an unconscious attempt to have intercourse with the mother—it is this that appears incestuous and that disables pleasurable unity with the mother.

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[9] This is akin to Laplanche's (1999) idea of the implanted *message of seduction,* in the process of being metabolized.

According to Indian tradition, through the way in which Krishna takes over the role of the female and Radha that of the male, "sexual excitement and its unconscious fantasy are decisively formed and coloured by the theme of a forbidden crossing of boundaries" (p. 211), forming a violation of primal sexual demarcation.[10] Both Krishna and Radha are unmarried and yet are seen as devoted lovers, which contributes to the unconscious fantasy of illicit love, involving the crossing of boundaries set by social mores and norms. Also, this fantasy exploits the theme of the magical termination/removal of the father, resulting in union of mother and child, unhindered by the father or the rest of the family. In a culture in which the mother–son relationship arouses such passions, one wonders if father's entry actually prevents mother and son from "consummating" the union. In the depiction of Radha as the woman full of lust and sexual yearnings, there is a fear of the mother as the primary seductress. The lustful sexual prowess of these goddesses is alluded to in many images of female deities. While feminization of the male takes place at one level, at another level, the unconscious fantasy of seeing the woman as a powerful, demoniac other, full of breasts, penis, and bodily fluids, both ever-pregnant and perversely sexual, contributes to a near-masculine split self or to the Kleinian bad-breast mother.[11]

In this book's section on "Mothers and Infants," what is conspicuous by its absence is the experience of the female child. One way of looking at this is that Indian culture accords nearly marginal (autonomous) existence or identity to the girl child, and Kakar's theorization reflects this bias. It is as though the girl gains a social and individual identity only through becoming a mother. In this chapter, although the author brings out the dimension of sociocultural devaluation of the girl child and the all-pervasive

[10] Both Stoller (1979) and Khan (1974, 1979) have mapped the trajectory of sexual excitement, risks, thrills, and feelings of *jouissance* felt in transgressing boundaries. Both have consequently worked on the themes of ego-orgasm, ego-identity, and perversions, developing various strands of the sexual identification process.
[11] It is interesting to note here that many abuses described in Hindi folklore center on imagery of the mother's penis or of a penis inside a vagina.

gender bias in Indian culture, at another level, I feel, he plays into this "lack," since his theories reflect what must be primarily viewed as the male child's experience.[12]

Kakar looks into a wide range of feelings: from heightened female hostility and envy to strong tones of ambivalence, together with a generally prolonged antagonism between the two sexes that emanates from this gender inequity. The sociocultural taboos play on the social inferiority of women and on their dependence on men; these taboos seek to control and regulate the expression of female rage and resentment. Thus, in her relationship with children, especially with the male child, the woman as mother suppresses her unconscious destructive and aggressive impulses. Overprotection, overindulgence, and a heightened sense of caution, care, and attention toward the male child in effect indicate the unconscious hatred the mother conceals behind extreme displays of affection and oodles of care.

In constantly mourning their lost childhoods, Indian mothers often develop depressive symptoms and increasingly melancholic dispositions. The cultural devaluation of women is translated into a pervasive sense of worthlessness and self-depreciation, Kakar tells us.

> Many psychic tendencies in the young mother . . . like the repeated need to be emotionally close to the "pre-oedipal" mother and the reversal (emulation) of the wish to be loved into the wish to love, [and] hostility towards her surroundings, are directed towards the protection of the child from the environment; and the longing of her genital sensuality, which is temporarily sublimated, is given over to physical ministrations of her child. [pp. 28-29]

The description of the psychic changes and development of the Indian female narrates culturally programmed attempts at

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[12] I am tempted to add that perhaps this bias also reflects the fact that not many Indian women undergo psychoanalysis or psychotherapy to share and make sense of their social marginalization; they do not typically mentalize questions of power or raise concerns over the cultural conceptions of sexuality and femininity. There have also not been many woman psychoanalytic scholars/psychoanalysts actively working in India.

fragmenting and repressing the individuality of her being and experience into culturally suitable roles.

Kleinian nosology of splitting and the categorization of the good or bad object are of tremendous value here. Kakar alludes to how Indian culture at many levels survives as a result of splits created between the good and the bad mother. This preoccupation with splitting in the Indian cultural psyche reinforces the recurrent, pronounced vacillation between paranoid-schizoid and depressive modes of thinking. A good mother, then, is one who remains most nurturant, deeply attached, and available for her child. In this mold, she tries to gratify her basic emotional needs by looking after the child. This experience of the child's protracted contact with the mother lasts from three to five years, and it is only after this period that the child gradually moves away from the first all-important other. Therefore, the development of the Indian child might lag behind significantly, in relation to the timetable of psychosexual development charted as normative in Western cultures. "The quality of deference and indulgence in Indian motherhood thus has psychological origins in identity development of the Indian woman" (p. 32). "The 'good mother,'" according to Kakar, "is largely a male construction" (p. 33). Women do not sentimentalize their mothers; for them, mother is more of an earthy presence, not always benign but always present. "The preoccupation with themes of loneliness and separation, together with the confirming presence of the 'M(O)ther,' stays with the individual throughout life" (p. 35).

Yet another dimension of the mother is her bad self, often manifested in the male child's fear of inversion of emotional (sexual) roles—of what can be called the *fear of feminization of the male psyche*. Given the way that Indian culture deprives and subjugates the woman's identity, a bad mother can be one who induces forced compliance, for she takes her child to be the (unconscious) object of her own unfulfilled desires and wishes. In many ways, the child feels the need to act as her savior, and feels torn between moving away from her and remaining rooted within her desires and her unconscious motive to repudiate his maleness. In many myths and

cultural representations of the vagina, we find imagery of an entrance into the depths of a dead womb—a dark, poisonous hole that takes away life, or at least leaves one with a wound (the fear of castration by the mother or through union with her).

The repetitive "implantation" of mixed, enigmatic messages, due to the daily intimacy of contact of the child with the mother, signifies the child's experience of accumulating the mother's inner discontentment and mixed feeling states. How these introjected messages are translated and metabolized by the body-ego varies according to the strength and quality of the particular mother–infant relationship.[13] It is the predominance of this protracted relationship in the mind of the Indian male that results in the retention of two split images of the mother, simultaneously: "one as the nurturing, fulfilling benefactress and the other as a threatening seductress" (p. 42). The quick reconciliation between parents and children over issues of power, sexual mores, and hierarchy, represented in ancient myths, parables, folk tales, and these days in films, portrays the contract the child abides by in his/her relationship to the parents. The child must remain forever subservient to the parents' needs and renounce his/her own desires in order to fulfill his/her duty to the parents. Kakar explains that, in the early years of Indian childhood, the emphasis is on the avoidance of frustration and the enhancement of the pleasurable mutuality of mother and infant—not on encouragement of the child's individuation and autonomy (p. 52).

In a striking cross-cultural analysis of childhood, Kakar indicates that the process of ego development in Indian children differs sharply from that of their Western counterparts:

> The detachment of the mother by degrees that is considered essential to the development of a strong, independent ego, since it allows a child almost imperceptibly to take over his mother's functions in relation to himself, is

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[13] One can posit the idea of an intergenerational transfer of trauma(tic) symbolism here. The Indian mother's physical presence is such that the child anxiously struggles to balance introjected messages, adding a long-lasting potential for excitation to the relationship.

simply not a feature of early childhood in India. The child's differentiation of himself from his mother (and consequently of the ego from the id) is structurally weaker and comes chronologically later than in the West, with the outcome [that] the mental processes characteristic of the symbiosis of infancy play a relatively greater role in the personality of the adult Indian. [p. 53]

Kakar points out that primary-process organization and thinking predominate in the Indian psyche. This is represented in the way the Indian child is encouraged to continue to live in a mythical, magical world for a long time, without much pressure to develop logical modes of thinking and communication (p. 54). This lack of the development of secondary-process thinking and organization is mediated through the sociofamilial organization around the child. It is thus a communal responsibility to look after the ego development of the child and to enable the child to adapt to both outer and inner experiences. In this way, "the ego's responsibility for monitoring and integrating the reality is then transferred onto the mother, [and] from her to family-at-large and other institutions" (p. 56). The individual identity struggle then becomes an attempt to recapitulate and master the psychic unity and the merger-fusion dynamics that reverberate throughout the Indian child's life (and the Indian adult's, as well).

The role of culture in psychic healing is another issue of interest, and one that can provide necessary rejoinders to the primacy given to alternative healing traditions by traditional societies—primacy, that is, over modern psychotherapeutic interventions. Hysteria is one example of an illness that has been in part generated and in part sustained by the traditional culture itself. The suppression and marginalization of women give rise to dislocation and somatic displacement of the *personal idiom* (Bollas 1989)—into conditions and symptoms like spirit possession and depersonalization, which, when examined, can open up the possibility of relocating suffering and pain. The individual's life history may simply lack articulation, and so it seeks discharge in more primal and convoluted ways. Kakar points out that many cases of male

hysteria share an interesting commonality with respect to the ori-
gin of psychological difficulty: the first attack began a few days af-
ter marriage.[14]

Most healing traditions highlight illness as an expression of
alienation from the bodily order: an alienation from the self and
an alienation from the social (and cosmic) order, in much the same
way that modern psychotherapy seeks to work on the alienating
aspect inherent in psychic distress. Of paramount importance in
Indian traditional practices are two things: (1) "the public sharing
of illness" (p. 138), akin to a kind of intersubjective group/family
therapy, and (2) the search for a guru. In some aspects, the guru
symbolizes a superhuman figure who embodies the cultural super-
ego, and in other ways, the guru may come closer to embodying
a childlike naiveté and spirit—as in the case of Ramakrishna.

In the chapter on "The Guru as Healer," Kakar describes a gu-
ru as "the venerable guardian of ancient, esoteric traditions, be-
nevolently watchful over the disciple's experiences in faith, gent-
ly facilitating his sense of identity and self" (p. 141). A guru–disci-
ple relationship is thus seen as "one of intimacy but not merger"
(p. 142): guru and disciple are separate beings, potential equals,
though striving for ever-greater psychic closeness (quite like the
continual re-searching of transference and countertransference
dynamics in psychoanalysis). Kakar develops several metaphors
here of what one seeks from the guru in the Indian set-up: hold-
ing; the confirming presence of a benevolent, nonthreatening
Other; an ambience of affective acceptance, without necessarily
much interpretation of distress—all are akin to the kind of close-
ness to the good mother that the Indian child most yearns for.

[14] See chapter 4 of the subject book, "Lord of the Spirit World," in which the
case of Sushil becomes an interesting point of reference for the (Indian) male's
fear and repudiation of the maternal-feminine—namely, an *intercourse,* with genital
sexuality, an encounter with a familiar uncanniness in a woman other than one's
mother. I am reminded of Young's (1998) observation that "all knowledge is a
knowledge of mother's body"; consequently, the human struggle to come to grips
with the maternal-feminine becomes strangely (or perhaps not so strangely) extra-
ordinary.

Surrender to the guru enables what can be thought of as an idealizing transference; it is this that gives an experience of merger into a good, powerful, wise and perfect self-object. This surrender is the secret of the guru–disciple relationship. *The guru is the disciple, but perfected, hence complete. When he forms a relationship with the guru he effectively forms a relationship with his own best self.* [p. 152, italics added]

Psychoanalysis distinguishes itself here by moving farther into the realms of emotional and psychic experience, away from the mythology of the merger experience and into a much more vocal discourse of the self experience and of object relationships. From this standpoint, the guru–disciple relationship is yet another culturally appropriate way of returning to the primordial merger experience with the mother.[15]

While one aspect of such a culture advocates the receding of boundaries and of the body image, the other holds onto bodily narcissism in a rather unusual way. In the chapter on "The Body Image," Kakar explicates the Indian image of the body as one that essentially emphasizes an intimate connection with the cosmos (p. 163). In this sense, a whole group of cultural diseases serve the function of systematically eroding the personal body image. Furthermore, "the presence of this cultural body image, though increasing the tolerance of the anxiety associated with the danger of identity dissolution, also keeps this anxiety closer to the surface of consciousness" (p. 164).

[15] See Nagpal (2000), who, in what is almost a rejoinder to Kakar, summarizes the need of relocating the merits of the so-called inner world. In his paper, he provides pertinent reactions to the thematic of cultural continuity and change by looking into mysticism, communal violence, and varied cultural images of Indian men and women as depicted in Kakar's writings. He provides an enigmatic definition of Kakar's concept of maternal enthrallment, thereby adding to the interpretation of Kakar's cultural thesis. Nagpal refers to "defenses that men erect against the threat posed by women's sexuality to their sense of identity" (p. 303). He develops this thesis further by discussing perpetual dependence on figures like the guru and on a (patronizing) patriarchal dominance found in the form of a household head who emanates from a similar dynamic. This dynamic is akin to the one seen in the process of maternal enthrallment. Repudiation of the maternal-feminine is thus another vagary of Hindu mysticism.

Sharp contrast exists between the Western body image and the Indian body image in the sense that the Indian person maintains a "very high amount of emotional investment" (p. 164) in his or her body. This emotional investment approximates a distinct bodily narcissism, different from the "legacy of rejection of the body in the West that persists in the unconscious fantasy of the body as a dirt-polluting factory where every aperture exudes filth" (p. 166). Kakar rightly points out that, although the "dirt" fantasy is not absent in the Indian context, there is much more horror of the dirt of others and a greater tolerance of one's own dirt, expressed in a preoccupation with purity and pollution (p. 166). "What makes the dirt fantasy in India different is its relatively greater access to consciousness; the fascination and revulsion with dirt are neither disguised nor displaced to the extent they are in the West" (p. 166).

In the fascination with mysticism, with local healing traditions, culture, and religion (even though these might be thought of as relics of the past), and in the loud engagement with the family and the family-at-large, we see the pursuit of the Other in a bid to fuse and merge. This theme continues to captivate the Indian mind.

OF DEPTH, DEBATE, AND A POTENTIAL DIALOGUE IN TEXT

Pre-eminently operating from within the heart of the Western myth, enclosed in the "mahamaya" (the Great Illusion) of Europe—from myths of ancient Greece to the "illusions" of the enlightenment—psychoanalysis has had little opportunity to observe from within and with empathy, the deeper import of the myths of other cultures in the workings of the self. [p. 192]

Kakar comes across as a clinician with a fine sensibility. Through mapping subtle nuances in people and in a culture that is perceived as rustic (from a Western standpoint), he renders both depth and meaning to these nuances in their psychohistorical context. This is indeed the finesse of a culturally sensitive psychoanalyst. He emphasizes what he calls *psychological modernity* (pp.

171-172), asking the analyst to take the patient toward the evolution of a certain psychological mindedness (Kakar 1989, p. 431) or *cultural imagination,* in order that the patient may, as a *subject,* delve into his or her biography from the inside out, rather than the other way round. In this, Kakar alludes to an "absence in the Hindu philosophical and literary tradition of a life historical introspection" (1989, p. 431). So profoundly true is this observation that it might be the single reason most responsible for the relative unpopularity of psychological (and psychoanalytic) discourse in India. The Lacanian notion of becoming a subject or of becoming the author of one's own life is not easily accepted by the traditional Indian mind-set. If the psychological mindedness to which Kakar refers is created, what are the indigenous (idiosyncratic) ways in which different people across different cultures share and articulate their life concerns and the modes in which they narrate their self-experiences?

Kakar also engages with the mode in which the therapeutic alliance must be created. "A culture that often fuses boundaries and considers subordination of an individual to the superordinate family interests and relationships of pre-eminent value cannot begin with a neutral and distant analyst in psychotherapy/ psychoanalysis" (Kakar 1989, p. 427). Along with fostering psychological mindedness, an analyst must also strive to ensure the "progressive depopulation of the room" (Cooper 1971, p. 7); this "room" is full of sociofamilial relations and all sorts of interrelationships. Enabling the subject to generate and *mentalize* (Fonagy 1991) his or her *personal idiom* (Bollas 1989) requires the analyst to use a more relational and empathic approach than may often be employed.

TO HAVE OR *TO BE* . . . AND COMBATING NEOCOLONIALISM

Given that child-rearing practices, social rituals, and cultural institutions vary so much in Western and non-Western cultures,

Kakar aptly poses the question: How is it that "the middle class man of north European and North American societies [has] become the yardstick for measuring the neurotic deviations of people growing up in the non-Western world?" (1985, p. 442). He is critical of the ways in which Eastern ("other") cultures are researched and presented in psychoanalytic work. "The ways in which psychoanalysis has been studying non-Western cultures indicate a . . . tendency of the neocolonial mindset where theories and complexes are sought to be superficially confirmed" (1985, p. 441), where the Western world often becomes the standard, the ideal, and the purveyor of universal truth. Sadly, the hegemonistic shadow lingers on!

As a result of this schism between what native cultures aspire to and the pressure to adopt contrasting goals, psychoanalysis in India over the last two decades has remained moribund. The absence of the *cultural idiom* in case histories presented today—as exemplified by the paucity of patients' utilization of Indian mythology—is "not only due to a presumed increase in mythological illiteracy as a consequence of the modernizing process. It may well also be due to the patient's sensing the analyst's disinterest in such material because of his commitment to 'deeper' universalistic models" (Kakar 1989, p. 433; see also Kakar 1995).

With recent changes in the global economy and the rapidity of modernization and technological advancement, the West has become the only suitable model for traditional societies, which struggle to survive in the face of this fast pace of change. Offering a psychoanalytic analogy based on the Freudian model of the mind, Kakar describes Indian social structure as one in which the "complementary fit between the ego and social organization and mediation remains functional so long as the pace of environmental change is slow" (p. 57). When changes occur at jet speed, the group mind tends to become autistic, and "the traditional arrangement of social institutions creating consensual modes of decision-making" (pp. 56-57) is no longer workable. The already weak and de-

pendent ego that must cope with these conditions is susceptible to various forms of maladaptation, such as schizoid breakdown.

What needs to evolve in today's global environment is an analysis of psychological changes in cultures that are still in the process of *transformation*—a sort of third-world psychoanalysis. Though interesting, this idea is also a challenging one, for it demands the creation of an identity, a body of thought and knowledge, a system, and an approach—all to be added to what is already there in the psychoanalytic field. The notion might even appear dangerous to those who support the political stance underlying Rudyard Kipling's famous description of "the white man's burden." Whether civilizing the uncivilized will always remain the white man's prerogative is something to be monitored. Psychoanalysis need not repeat past experiences of the East's encounters with the West, i.e., by playing the role of foot soldier of the hegemonistic master!

CONCLUSION

Kakar's work articulates and depicts much of the sociocultural and political reality (an admixture of paradoxes and dialectical tensions—some visible and some not so apparent) of today's India. His familiarity with Indian political history and his engagement with local and traditional healing practices, as well as his keen observations about the noisy exchanges that go on within an average, crowded Indian household, are indeed illuminating.

There is one disappointing aspect of his work, which is the prolonged emphasis on the Vedantic practices and rituals prescribed for various stages of Hindu life, along with corresponding psychoanalytic interpretations. (These reminded me of the long and sometimes arduous accounts of research done by Geza Roheim on the ubiquity of the Oedipus complex in various tribal cultures.) The familiar ground that Kakar goes over in his chapters on "Mothers and Infants" and "The Child in the Indian Tradition" may no longer be typical, and in fact some of the points dis-

cussed could be considered controversial.[16] The case histories that Kakar describes are of entirely different individuals who are city bred and do not share the same strict orthodox Hindu value systems. This in effect creates a gap in the observations based on his psychoanalytic clinical work and the research he conducted in the interior-most villages of India. The author gives an ingenious depiction (albeit at some points a vague one) of the Indian "couch" and its sociocultural position.[17] What is it that constitutes a reasonably satisfactory "Indian identity"? To understand how Indians think and feel indeed brings up vexing issues, which I believe must be probed in all their dimensions.

Most of Kakar's discourse is about the male child's experience of sexuality through maternal enthrallment; the girl's experience comes only in parentheses or in the description of what mothers are like. Although he delves into female identity, gender bias, and

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[16] With due respect to Kakar, I am attempting to discuss aspects of his theory that need to be reconsidered, to be further developed both by him and by students and researchers who have been influenced by his evocative writings. I would like to draw attention to Kakar (2000), the article in which he carefully presented his reasons and arguments against critiques of his earlier book, *The Inner World: A Psycho-Analytic Study of Childhood and Society in India* (1978). The author here admits to an attempt at generalization, symptomatic of a grand-narrative style of writing, indicating that he himself feels that some of his work remains in pieces that need to be reformulated. One must also remember that his writings mostly elaborate on the Hindu cultural identity (perhaps somewhat valorizing Hindu cultural identity), at the cost of leaving aside theorization on the significant, albeit minority, experience of other religious groups, leading thereby to a circumscription of cultural voices and identities. To Kakar's credit, however, I wish to add that, while there are several problematic issues in *The Inner World*, his accomplishment of such a work was certainly no easy task. The dialectic of fantasy and reality is a tension that Kakar keeps alive in his writings. In reading *The Inner World*, one is struck by the presence of this dialectic and how well it represents India's social struggles with its past and its traditions, in both real and fantasy-based senses. However, a kind of narrative certainty in this work gives rise to a bothersome sense of mild oppression in a reader such as myself, who finds that there is insufficient discourse created between *experience* and *knowledge* in the way that Kakar works out ideas of femininity, socialization of the Indian child, differential sexual experiences of Indian male and female children, and the psychological vicissitudes of motherhood.

[17] Perhaps the reader is being asked to vicariously experience the chaos and fusion-defusion dynamic that a psychoanalytic clinician must live out in clinical practice in a cultural field such as India's.

the cultural devaluation of women, he does not attempt to explore the vicissitudes of what marginalization does to a girl's inner experience. While including discussions of the feminization of the male psychic experience, his works primarily elucidate the Indian male's experiences, marginalizing an active discourse of what constitutes femininity and female sexual identity (not only, and not necessarily, the maternal identity).

Nevertheless, Kakar's work is full of authentic observations and a real appreciation of the indigenous ways in which a culture evolves both collective and individual meanings of personhood and self, how it looks at patienthood and psychological health or well-being, and ways in which psychotherapy can be conceptualized as occurring through the mediation of cultural and social practices. After reading only one or two of his chapters, one may already have gained as much appreciation for the local exorcist or shaman as one has for the psychoanalyst or other clinician trained in a Western health discipline. Kakar is not wrong about his facts—either psychological or sociological ones. In the future, I hope to see Kakar further refine the ideas about Indian childhood that he presented in *The Inner World: A Psycho-Analytic Study of Childhood and Society in India* (1978).

I am very drawn to something Green (2000) talks of: the choice between "the dream" and "the infantile" (pp. 70-72) that must be made in each psychoanalysis. I think Indian culture has much to say regarding both of these. Kakar has been able to hold on to the infantile while at the same time exploring the dream. I feel that, as described in Kakar's writings, the mystic's search for the sublime and the resulting elucidation of sacred and diabolical strands of sexuality provide inroads to understanding the Indian dream by highlighting cultural-sexual and social identifications within Indian society.[18]

[18] I prefer to use the term *identifications* rather than *identities* here because the former opens the possibility of multiple vistas of, and departures from, the apparent structure of Indian society. Also, given the polycentric vision of Indianness, *identification* becomes a more apt term, since it is less reified in its fixity and rigidness, is descriptive of a more unconscious process, and is more indicative of the shifts in visions and perspectives that Indian society is likely to encounter in the future.

I find great potential in deepening the discourse that Kakar has so deftly carved out around the thematic of mystical experience. In my view, through enlarging the scope of cultural psychoanalysis in the way Kakar has done, we gain the opportunity of working through those areas that have remained untouched, and those that might have been—strikingly—forgotten. The metaphor of the *dream* is one such thematic that takes shape in Kakar's works, and one for which Indian psychoanalysis must create indigenous and original theorization in the future. The channels that Indian psychoanalysis has the potential to open through creative understanding of unconscious symbolism and representations such as the dream, and through tapping the voice of the child who is ever present in all of us, may lead us to the true moorings of the Indian unconscious, where myth, shaman, mother, English ideals, Hindu rituals, Muslim otherness, and perhaps even eternal infantilism may all find a place.

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BOOK REVIEWS

WHY PSYCHOANALYSIS? By Elisabeth Roudinesco. Translated by Rachel Bowlby. New York: Columbia University Press, 2001. 184 pp.

In his posthumously published paper, "Splitting of the Ego in the Process of Defense" (1938), Freud referred to the "person whom we know as a patient in analysis" (p. 275). Quietly stated, obliquely referred to—since the direct referent in fact is to the ego—the designation of this "person whom we know as a patient in analysis" nevertheless strikes us as something new, the conceptual realization over a lengthy theoretical process of a new status of being. Joined with other philosophical traditions that developed a theory of the process of subjectivization, this "person" was later to be called the analytic subject, or, by Lacan, the subject of the unconscious emerging as the "I" of full speech. And this person, now granted the status of subject, over time was to acquire characteristics and dimensions marked out by psychoanalytic theory that both absorbed revolutionary trends in history, and, in turn, revolutionized our relationship to knowledge in the culture of modern society.

The subject demarcated by psychoanalysis, and in particular Freudian psychoanalysis, has to make its way through an embattled terrain marked by inner and outer threats, losses, and traumas that arise not only from external sources, but are also inherent in the structure of its own existence; and it must navigate the specter of the uncanny (for Freud, the chimera discerned in a gap between the familiar and unfamiliar in the encounter with the reality of castration) before it can find itself. A subject of discord, inhabiting a scene of otherness, erupting through the gaps of accepted knowledge, this subject conceived of by Freud is in continual struggle with its drives and desires, its insatiable longings and its sexuality, its anxiety and guilt—in short, its tragedy in a struggle to achieve a life within the constraints of the social order.

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This subject, its theoretical and historical development, and the place it occupies in our intellectual and social life, where it has continually come under attack, is the central theme of Elisabeth Roudinesco's book, *Why Psychoanalysis?* Linked to prior themes of the epic quest and romanticism, the tradition of Descartes' *cogito* and eighteenth-century Enlightenment philosophy, the Freudian subject, as Roudinesco points out, incorporates these themes and goes beyond them. For Roudinesco, what psychoanalysis ultimately offers is a vision of an emancipated subject who finds her freedom in a vacillation between freedom and determinism, between biology and mental experience, between the universalism of the law and particularity of a person's lived experience. This subject is then able to strike a solution, if it is not crippled by symptoms, that is ultimately creative and generative.

Roudinesco argues from the outset that, in contemporary culture, the power and vigor of the psychoanalytic subject have yielded to the listlessness of the depressed subject. The psychoanalytic subject, she says, has therefore become a subject in defeat, evacuated through the pressures of what she calls the depressive society. Roudinesco's book thus interweaves two arguments at once: first, she argues powerfully for the status of the psychoanalytic subject as a coherent and new philosophical entity, and for psychoanalysis as the underpinning of a human science that has a logic and structure necessary and adequate to explore its particular object. Second, Roudinesco assesses the historical and cultural trends that have intended to detract from, debunk, and even eradicate psychoanalysis, and have led to the vapid and limp subject of the depressive society.

The cultural trends the author examines in her study include neuroscience, psychopharmacology, the cognitive sciences, and the nosological shifts of DSM-III and -IV away from the earlier nosology of dynamic psychiatry. Speaking of the valorization that contemporary culture, especially contemporary medicine and psychiatry, places on these disciplines, Roudinesco contrasts a culture that seeks to divide aspects of personality and individual experience into discrete commodities that can be taken in for a quick

fix, to one in which people strive to understand and take responsibility for the origins of their suffering.

In Lacanian terms, the subject can only come into being as a split subject, that is, a linguistic subject where discourse establishes desire as the effect of the other scene of the unconscious. For Roudinesco, if the paradigmatic mental disorder of the late nineteenth century was hysteria, in modern culture, depression typifies the kind of suffering for which people now seek treatment. For the subject, depression is an illness accompanied by lassitude. Whereas hysteria as an ailment fit well with the concept of a problem of discourse—hysteria might be said to be the illness par excellence of voice, the voice of the unconscious, and, importantly, of women—depression as a modern syndrome is a condition that precisely lacks voice.

Thus, for Roudinesco, current social pressures have come to threaten the gains made for the subject through psychoanalytic investigation. In place of the prerogative given to the individual's voice, a prerogative that psychoanalysis has been instrumental in safeguarding, a diminished subject now attempts to fit a normative position, a universalized and externally given space that lacks particularity, and, therefore, desire. Instead, apathy, in which depression subsists, represents the achievement of a culture freed from internalized structures of universality—like the function of the father—that Freud wove into the particularity of the patient's dialogic account.

"Depressive society," writes Roudinesco, "no longer wants to hear talk of guilt, or of personal meaning, or of conscience, or of desire, or of unconscious" (p. 29). The three underpinnings of psychoanalytic exploration—the unconscious, sexuality, and transference—yield to a regressive wish for therapeutic suggestion. Here, the author introduces the notion that once the psychoanalytic subject is forced to drop out of treatment considerations and culture more generally, its specific status as constituted intrinsically by the relationship between universal structures and singular experiences breaks apart, leaving a being with no status, no desire, made to fit into universalized and extrinsic categories of nosology or genetic

predisposition on the one hand, or, on the other, rendered the victim of a particular cultural situation imposed on the subject.

The question of the relationship between psychoanalysis and science, and whether psychoanalysis should be considered a science, has a long history and has been the object of heated debate. As a cultural historian and historian of psychoanalysis, a career that includes writing a formidable tome,[1] Roudinesco is amply qualified to engage in this debate. Popper's claim that psychoanalysis cannot attain the status of a science because its hypotheses cannot be refuted is among the first of such arguments that were to become, as Roudinesco traces, increasingly hostile attacks against psychoanalysis, with the status of the unconscious becoming the particular target. Roudinesco contrasts psychoanalysis with what she calls scientism, "a lay theology . . . claiming to resolve all human problems through a belief in the absolute determination of Science's capacity to resolve them" (pp. 45-46).

In the public domain, scientism tags along in the presence of the natural sciences as a kind of religious doctrine. Roudinesco explores the different aspects of scientism that underlie various scientific and cultural arguments against psychoanalysis. She discusses the importance of Turing's model of the brain as machine, as well as the hope of understanding all thought as a function of neural and chemical activity. She takes up what she calls the nihilistic vision of cognitive science, and attempts by DSM-III and -IV to eradicate the notion of subjectivity—which had been at the heart of dynamic psychiatry and later of psychoanalysis. She discusses in detail Grunbaum's critique of Freud's move away from linking mental and physical processes after he wrote his early "Project for a Scientific Psychology" (1895), as well as Grunbaum's hostility toward the notion of propounding psychoanalysis as a hermeneutical science. Grunbaum's argument is typical of the kind of antagonism that misunderstands the type of science that psychoanalysis is part of.

Against these attacks and critiques, Roudinesco takes up the argument—and does so persuasively—for the status of psycho-

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[1] Roudinesco, E. (1990). *Jacques Lacan & Co.: A History of Psychoanalysis in France, 1925-1985,* trans. J. Mehlman. Chicago, IL: Univ. of Chicago Press.

analysis as a science, a human science of subjectivity that concerns itself with a unique object and that develops a methodology specific to its domain. When Freud writes to Fleiss in his famous Equinox Letter that he is turning away from the seduction theory to work on a theory of fantasy, he is signaling a move away not only from the primacy of trauma, but also from material reality as a basis for psychic function. A new domain of subjectivity is established in which fantasy, sexuality, and the unconscious are extricated from a purely biological determinism, and begin, as Roudinesco points out, "to enter the frame of a general theory of symbolic systems" (p. 87).

Here we see the influence of Lacan on psychoanalysis. By bringing into the field Saussurian linguistics and Levi-Strauss's work on structural anthropology, Lacan gave a name to a discovery that was nascent in Freud's work. Those human experiences that from the position of authorized knowledge always exist as insistent remainders, most formidably represented in the dream, are now given structure, and their importance is understood. Psychoanalysis frees subjectivity from the determinism of biological science, but also engages the mysterious, the occult, and the irrational through the lens of rational investigation, liberating the individual from their obfuscation.

Roudinesco is convincing in her call for the need to fully contextualize the body of work of Freud and Lacan, as well as the decisive contributions of Klein, Winnicott, and Kohut, in marking out a field of human subjectivity that is also responsive to changes in the social fabric. She wants to establish a notion of scientific discourses defined according to the different modes of knowledge production and set within the history of their own development. A plurality of scientific domains would be recognized, each typified by its particular object of knowledge and investigation, and not radically separated one from another. Of the three domains she proposes—the formal sciences, natural sciences, and human sciences (the latter would include sociology, anthropology, history, psychology, linguistics, and psychoanalysis)—the human sciences would be distinguished by "setting themselves the task of understanding individual and group behavior, starting from

three fundamental categories: subjectivity, the symbolic, meaning" (p. 101).

It would be a mistake to read Roudinesco as against the legitimate contribution of any category of scientific inquiry in its attempt to understand human distress or a therapy that brings relief of suffering. For instance, it would be wrong to see her as simplistically antipsychopharmacology, antineurochemistry, or against therapies like the cognitive behavioral therapies that might offer help. (Any clinician who prescribes medications or has referred a patient for medication has seen the dramatic and beneficial changes they can induce; at the same time, the expectation that medications can offer an understanding of an individual's mental distress may lead to a spectacular dead end.) To instantiate a radical separation of areas of investigation, and, even more, to expunge a human science that includes psychoanalysis from our developed knowledge, for Roudinesco, would result in a reversion to "the infinite platitude of a world reduced to the observable" (p. 91).

Roudinesco's work supports a far more robust vision of what psychoanalysis and the human sciences have taught us. It is a vision of the human where dreams and imaginary ambitions—including narcissistic ones—are constrained by structural prohibitions. These are the primary prohibitions that the individual, as a subject of law, must negotiate, those against incest and the murder of the father. And any uncomplicated vision of the individual's control over his or her own destiny is subverted by the notion of the death drive. Still, for Roudinesco, the very possibility of understanding these constraints offers humanity a new freedom.

Clearly, the author's vision is grounded in a Freudian-Lacanian-Kleinian view of psychoanalysis. It is the central point of her book to show how the system of knowledge they developed contributes to a science of human subjectivity in which, in discourse, the human subject is more free than she or he was before—free of a biologic determinism or of the status of victim. To follow how Roudinesco places psychoanalytic knowledge within the historical context of its development and of society's engagement with it will be a source of pleasure and inspiration to interested readers.

One very interesting argument in *Why Psychoanalysis?* occurs when the author points out how the underpinnings of social egalitarianism that resulted from the French Revolution, as well as an intellectualism that arose out of the Dreyfus affair, seem to have created a climate in France that has been both receptive to psychoanalysis, and, at the same time, perhaps more resistant to its detractors than elsewhere. Another very interesting area is her discussion of the way in which Freud could develop an understanding of the extent of the father's function only in a climate where the father's autocratic power had come to be diminished, and the mother's dominion, as developed by Klein, was becoming ascendant.

Roudinesco discusses the specific history of how psychoanalysis has fared in the different cultures it has penetrated. Yet, her more general argument of how psychoanalysis becomes an emancipatory project constitutes the larger perspective of her book. "Psychoanalysis is the only late-nineteenth-century psychological doctrine to have made a link between a philosophy of liberty and a theory of the psyche," she notes. "It is . . . an advance of civilization against barbarity" (p. 55).

Democracy and egalitarianism require the renunciation of despotism and the mediation of law. The founding act of regicide, the murder of the despotic father, leads to a freedom that can only result from the universal internalization of the father as prohibition and law. For Lacan, the family recapitulates this universalized mode of human organization in the symbolic, nominative function of the father, wherein each father represents The Name of the Father.

In important ways, Roudinesco's book has an underlying structure that recapitulates what she designates as the political themes of Freud's "Totem and Taboo" (1913). Psychoanalysis establishes a relationship between universality and difference, with the former protecting—and limiting—different and emancipated subjectivities. The humanity of psychoanalysis that Roudinesco envisions is involved with its connection to the Socratic figure of the philosopher and the politically involved thinker. A science that accounts for the biological-psychological status of the drive, its

encounter with the Symbolic of the law, causing consequent limitations in satisfaction that give birth to desire, is now able to provide an ethics of human knowledge. If psychoanalysis points the way to the liberation of richer personal meaning, this nevertheless remains an inherently fragile social project, always vulnerable to the shift back to an autocracy where subjectivity can be eviscerated.

Roudinesco foresees the establishment of a human science where the figure of the Socratic master is internalized, allowing for an ongoing and creative reworking of individual and social meaning. This vision emerges as the important and elegant outcome of *Why Psychoanalysis?*

STEPHEN E. STERNBACH (CAMBRIDGE, MA)

Editor's Note: In conjunction with the following book review, the reader may wish to refer to Antonino Ferro's article, "Which Reality in the Psychoanalytic Session?", pp. 421-442 of this issue of *The Psychoanalytic Quarterly.*

IN THE ANALYST'S CONSULTING ROOM. By Antonino Ferro, M.D. Translated by Philip Slotkin. East Sussex, England/New York: Routledge, 2002. 164 pp.

It is a rare pleasure to come across a psychoanalytic book as rich and as stimulating as this one. It is rarer still to find in it so much of clinical value when the apparent theoretical perspective of its author differs from one's own. Nevertheless, such is the clinical detail and imaginative scope of Antonino Ferro's *In the Analyst's Consulting Room* that it leaves one feeling a more potentially competent analyst for having read it.

Ferro comes out of the Kleinian tradition, but it is Bion, particularly the latter's ideas on the transformation of protoemotions into thinking, who has had the most profound influence on him. Numerous references in the text and in the bibliography make that influence clear. For Ferro, such transformation makes up the major work of analysis, and the question of how to facilitate it in the

patient constitutes the most important challenge to the analyst and his/her capacities.

Where Bion is rather abstract and difficult to grasp, however, Ferro writes in a manner both simple and direct. He makes his technical points clearly and elaborates them with varied and imaginative clinical examples. His communication through the narration of charmingly titled vignettes parallels his clinical emphasis on meeting the patient's narrative level and on staying with the characters that emerge in the patient's discourse, rather than immediately interpreting their unconscious significance. Besides the clinical practicality that his vignettes movingly and creatively demonstrate, there is an important theoretical significance in this approach, which grows out of his ideas about the stages in the transformation of protoemotion into thought.

Ferro is no mere follower. Rather, he has integrated Bion with the work of the Barangers to create an intersubjective version of the analytic situation. He sees that situation as a "field" in which the relationship between patient and analyst is created by their mutual work of transformation of primitive protoemotion into thinking. Communication in that field is always polysemic—not only in the classical sense of a manifest and a repressed content, but also in the sense of split-off, primitive aspects of self and other that tend to be variously projected and introjected by members of the couple. The analyst is here no blank slate. Ferro speaks of these multiple levels in terms of multiple vertices, or points of view, which the analyst must simultaneously hold in mind as he or she listens to the patient. Since the analyst must try to remain flexible to hearing material from several perspectives at once, taking any communication by the patient as referring only to a reality external to the field is a sign of a countertransference disturbance, and can be tantamount to the destruction of the field.

Although listening at such multiple levels may seem common psychoanalytic coin, the number of exceptions we tend to make in the name of deficits, for example, when we are actually under the influence of countertransference and/or projections, is astonishing. Moreover, the more we live in a world that rejects the possibility of unconscious psychodynamics, the harder it is for the

individual practitioner to recognize how external pressures to call a cigar a cigar ally themselves with inner conflicts and interfere with analytic work, especially that with more disturbed and concretizing patients. It is here that Ferro's work is an especially valuable tonic.

Since the patient needs ultimately to be able to transform the protoemotions generated in the field into dream thoughts and thinking, interpretations of the interactions in the field become paramount. Like Jacob Arlow, Ferro is extremely attentive to the patient's communications about the analyst's communications, but in an entirely different way. Where Arlow listened for verbal derivatives that might invalidate, elaborate on, confirm, or correct an interpretation of the patient's unconscious fantasy or defense against an unconscious wish, Ferro listens to the patient's comments about the relationship and the subjective effect his interpretations have on it. It is to these interactions that his interpretations are most often directed.

Ferro is particularly concerned with speaking with the patient at a level appropriate to the patient's psychic state at the moment of the intervention, and he listens to the patient's seemingly irrelevant remarks as comments on the accuracy and level of the communication. Consider this illustration:

> After a routine interpretation from me, 47-year-old Carlo says, as if off tune: "Yesterday I could not find all my shirt buttonholes and so I picked up the scissors and cut my shirt" . . . . I can, of course, interpret the failure to respond to his communications, but would then be forcing [him to function at a higher level]. [p. 36]

If the analyst were to force the patient to function at a higher level by the nature of his interventions, Ferro continues, the patient might make the sort of comment that seems to come out of the blue, such as the following:

> "Yesterday I took my washing along to my mother, but after she had washed it and given it back to me, it was even dirtier and full of lumps of soap; of course, I appreciate

the trouble she took, but it really wasn't much help." [p. 36]

Ferro hears this association as signaling the patient's distress and anger over being responded to at too high a level, as if the patient were saying, "It was nice of you to try, Doctor, but what you said was worse than worthless." Ferro continues:

> So I must make myself available to his narration, and, for example, pick up on his level and in his dialect: "How infuriating it sometimes is when one cannot find the but-tonholes—so much so that one rips the shirt apart . . . ." Carlo then might be able to answer, "Well, perhaps ruin-ing a shirt out of anger was over the top." [p. 36]

As this example suggests, Ferro seems frequently to work with disturbed and challenging patients. Attentive, as he always is, to theory becoming a countertransference-induced, limiting factor in the ability to help patients in their work of transformation, he prefers to invoke the criterion of the analyst's "capacity to en-dure" (p. 3) in place of criteria of analyzability. "Criteria of analy-sability," he writes in a pointed aside, "often serve to select pa-tients who confirm our theories to us" (p. 35). And his view of the setting as a mutually generated field seems particularly use-ful for these more disturbed patients. Although Ferro does not refer to it explicitly, his approach is similar to Green's elabora-tion of communication in the analytic space.[1]

Ferro apparently developed this perspective bit by bit. In an instructive chapter, he revisits clinical process from much earlier in his career and comments on what he now understands and then missed. In one example, he records himself functioning in an excess of Kleinian zeal, interpreting his patient's unconscious fantasies. The patient spoke of not having to think or decide and

[1] See the following three references: (1) Green, A. (1975). The analyst, sym-bolization and absence in the analytic setting (on changes in analytic practice and experience)––in Memory of D. W. Winnicott. *Int. J. Psychoanal.,* 56:1-22. (2) Reed, G. (2003). Spatial metaphors of the mind. *Psychoanal. Q.,* 72:97-129. (3) Reed, G. & Baudry, F. (2005). Conflict, structure, and absence: André Green on borderline and narcissistic pathology. *Psychoanal. Q.,* 74:121-155.

of liking to feel obedient. The analyst interpreted the patient's fantasy of being in the maternal womb. The patient responded by speaking about aristocratic German soldiers occupying a friend's house; sometimes brutal SS guards would also come. The analyst introduced a sometimes brutal father to life in the womb. The patient said she hated her father, who was neither aristocratic nor violent, but liked the violent SS men.

The clinical material as described in the book continues in this vein, until the patient reported that when a boy asked her for a date, she did not think he really meant her because she felt that she did not exist. Ferro comments:

> My idea was that the patient's anxiety would be mitigated if I were to pick up her unconscious fantasies, which I understood as something that "belonged" fully to her and were completely independent of the instant in the relationship . . . . It now seems . . . that I was actually creating more anxiety and incomprehension in the patient.
>   My first interpretation was already persecutory: the patient's first reply described in detail how she had experienced it as formally correct but brutal and disappointing. The second interpretation, too, generated nothing but hate and eroticized violence . . . to the point that the patient felt unrecognized and non-existent . . . because what she was saying was not being appropriately received at any point in the session. [pp. 15-16]

Of course, one's theory is inevitably a limiting factor, as Ferro himself recognizes. Ferro's interpretations, albeit sensitive to what the patient can hear and to what he is told s/he can hear, center on the subjectivity of the patient and tend to follow the manifest form of the patient's narration (though not always). I found myself wondering if there is any room in Ferro's system for interpretations based on contiguity in space and/or time, or that take into account major reworkings of the surface, as would be the case when an urge is subjected to multiple condensations and displacements. Such interpretations are usually associated with a one-person, depth psychology, in that they usually involve an analyst who places him- or herself outside the field as interpreter,

although that need not be the case. It may be that the relevant material would simply emerge differently.

What is more important is that one has the impression that Ferro would consider this question seriously. He is in principle opposed to any limitations imposed by theory, and supportive of the expansion of the analyst's capacity to listen to the patient and to find the correct level to talk with the patient. At the same time, he is more than aware of the inevitable human limitations we all face and the difficulty of the task we take on. One is, indeed, struck by his honesty.

Ferro has already published a book in which he first introduced his ideas about the field, *The Child and the Psychoanalyst*. Reviewing the French translation of that earlier book in these pages, long before the English translation was available, Marion Oliner wrote:

> What made reading this book an outstanding experience for me was its honesty . . . . Ferro makes no attempt to take himself out of the group of constantly struggling analysts who try to make sense of the process in which they are profoundly implicated. Nor does he portray patients who have a right to be understood as victims of analytic fumbling. Ferro's respect for himself as one of us and for the patients toward whom we try to be the best we can be shine through . . . .[2]

About this second book, I can only repeat Oliner's assessment. Clinicians everywhere will profit from reading it.

GAIL S. REED (NEW YORK)

FROM THE ECLIPSE OF THE BODY TO THE DAWN OF THOUGHT. By Armando B. Ferrari. London: Free Association Books, 2004. 251 pp.

This is a challenging book to read, one that gives the reader pause to reflect on his or her own theoretical orientation toward many

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[2] Oliner, M. (1999). Review of *L'Enfant et le psychanalyste. La question de la technique dans la psychanalyse des enfants. Psychoanal. Q.,* 68:139-140.

of the fundamental issues raised in the course of the author's argument. Ferrari is well known as psychoanalyst and author in Brazil and Italy. Although two chapters were written in collaboration —one with L. Carbone Tirelli on extensions of Ferrari's basic theory, and another with F. Romano on clinical applications of the theory—Ferrari is the primary author, and his ideas provide the guiding inspiration for the book. A useful glossary of theoretical terms is provided by Romano and S. Facchini. In addition, helpful and clarifying exposition is provided by R. D. Hinshelwood in the introduction, which offers the reader a more readily accessible approach to an otherwise complex and at times difficult-to-follow theory.

On first opening the book, I found myself enthused by the projected enterprise, namely, of articulating a psychoanalytic theory that specifically embraces the physicality of the body as central to analytic theory and to the basic understanding of the mind, an approach I have tried to formulate separately on my own. I enthusiastically welcome this objective, since I have argued that the neglect of the body as an integral component of the analytic subject—which seems pervasive in current analytic conceptualizing—is a serious theoretical omission that stands in the way of a more comprehensive analytic theory and of the potential integration of analytic orientations to the mind with other areas of parallel scientific interest, particularly the rapidly advancing neurosciences.

My enthusiasm was dampened somewhat, however, by what seems to me a twofold impediment to successfully accomplishing this effort in *From the Eclipse of the Body*. The first difficulty (at least for me) arises from the all-to-close adherence to a Kleinian and Bionian frame of reference, and the second is the persistence of what seems an outdated dualism of the mind–body relation that tends to undercut the more profound integration of the body as a central component of analytic thinking.

Ferrari's effort to design a theory of mind–body integration, in my estimation, fails to adequately disengage the conceptualization of the body from its Kleinian roots, so that the body comes to be formulated in terms of the Kleinian format of internal ob-

jects, which he designates as the *concrete original object* (COO).
This creates an inevitable tension in the theory: specifically, the
question remains as to whether COO is an object in the same or-
der as other Kleinian objects, or is synonymous with the body,
i.e., the extended, physical, concrete, organic body as connoted
in our usual understanding. In my understanding, it cannot be
both, since an object as object is the object of knowing process,
a mental object without any physical dimensionality in itself, al-
though it can represent a physical object. The body, on the oth-
er hand, is a concrete physical object in itself, whether or not
it is known; it is not merely an object *insofar as* it is known, but
also has an independent existence that involves materiality and
the capacity for action.

To emphasize a fine point often overlooked or ignored by
analysts, I would like to point out that objects of any knowing
process are cognitive entities without any capacity for action.
Thus, mental representations, whether of self or object, are cog-
nitive entities and do not act. They can serve as objects of certain
actions, as, for example, knowing, feeling, imagining, and so on,
but they do not of themselves act. But Ferrari seems to want to
have it both ways. He proposes the COO as a complex phenome-
non, which, according to the glossary, is:

> . . . a unity composed of: (a) a physical body (b) the sensa-
> tions originating from this body (c) a mental apparatus
> responsible for registration and notation. Concrete as its
> primary quality is physicality. Original as it relates in-
> trinsically to the original specific characteristics of each
> individual person. Object as it is just the actual body of
> the individual with no consideration of the results of any
> developmental process. [p. 242]

Hinshelwood catches the inherent tension in the concept as
he notes, "Yet, it is not clear that this something [COO] should
really be called an object since it has such a 'self-ness.' Being the
body it is something of the self" (p. 10). The definition as cited
emphasizes the identification of COO with the physical body and
the self-as-agent (including its mental capacities), but this only

makes sense if the self is synonymously a body self. Definition of
the body as an object—that is, in terms of only one aspect of its
complex reality—in fact undercuts its physicality, which cannot
then be restored by fiat.

This points us to the second set of difficulties concerning the
mind–body relation. The problem is placed in the foreground by
appeal to the concept of "eclipse of the body," in which the mind
is progressively emergent from the body and undergoes increas-
ing mentalization to achieve a level of independence from bod-
ily functions in at least its higher functions. The glossary comes
to our aid here as well, defining the eclipse of the body (or, equiv-
alently, eclipse of the COO) as:

> . . . a continuous process beginning with birth in which
> mental activity throws a shade over sensations and emo-
> tions. It has the aim of facilitating the emergence of
> thoughts and actions directed at supplying structuring
> meaningful forms, functional for the survival of the in-
> dividual. [p. 243]

In this perspective, the emerging mind separates itself from
the body and forces the body into the background of eclipse. The
result is a fundamental dualism separating mind from body, with
some vague residue of bodily connection, as is evident in emo-
tions. However, I would argue that contemporary progress in the
study of the action of the brain, utilizing advanced imaging tech-
niques and sophisticated intracellular microelectrode recording,
has moved us beyond the stage of correlating or seeking paral-
lels between mind and brain activity, to the point that we are
able, for all practical purposes, to watch the brain in action, al-
beit through technical intermediaries. We can literally see specif-
ic parts of the brain acting in the production of specific mental
activities. This is the kind of evidence that Freud did not have,
and that allows us to conclude that mental activities are synony-
mously actions of the brain. I am not alone in concluding that
dualism in this sense has outlived its usefulness—witness the posi-
tions taken by Kandel, Andreassen, Damasio, Modell, LeDoux,

and others. In the light of a more unified conception of the mind–body relation, there can be no eclipse of the body, since the body is the source of all actions of the self, including all forms of mentalization.

I have postulated that the self-as-agent is synonymous with the body self. In this sense, all actions of the self are body actions. This more unified view, however, does not exclude a phenomenological or descriptive distinction between actions that we might attribute to the body and those we attribute to the mind. Methodologically speaking, sciences of the body are devoted to the study of the functions of the brain, just as sciences of the mind are devoted to functions of the mind, and these can be kept methodologically distinct. But the methodological distinction is rooted in a real unity.

Thus, while it is a truism that, however deep and profound is the subjective study of the experience of dreaming, it will tell us nothing about the neuromechanisms and brain activity of the dreaming process. By the same token, no matter how extensive and detailed the study of neuronal mechanisms of dream activity in the brain, it will tell us nothing about the content and psychological meaning of dreams. But we now know that dreaming is something that the brain does, so that both approaches are studying the same process, each from a different perspective. If we were to take Ferrari's views of the COO and its eclipse in this methodologically restrictive sense, eclipse of the body can become another way of expressing phenomenological aspects of the development and increasing functionality of mental activity in humans.

Beyond these core elements of the theory, there are other components that add, as far as I can see, a useful dimension to Kleinian-Bionian developmental theory. Of particular interest is Ferrari's use of the concepts of horizontal and vertical dimensions, as well as of the concepts of *onefold* and *twofold* as intersecting dimensions of experience to describe and integrate intrapsychic and interpersonal perspectives. The vertical and onefold dimensions define the intrapsychic mental space and its inherent

relation to the body. The horizontal and twofold dimensions are expressive of the self-and-other interaction that is initiated in early mother–child contacts and undergoes subsequent development in the framework of object relations. These amendments to Kleinian theory seem to me to add a degree of specificity to earlier formulations, and to help, in some degree, in closing the gap between Kleinian views and later object relations approaches.

By and large, the book's discussions of other aspects of development and a diversity of clinical applications seem to cover familiar ground and do not deviate much from established paths. The discussion of oedipal development also seems to cover the usual ground, but with the recasting of some familiar motifs in terms of the author's theory. It is not clear to this reader that the additions add much to the overall picture. There is also a useful and extensive discussion of the treatment of adolescents. In regard to the latter, I would caution the reader to keep in mind that the emphasis here falls on the psychopathology of adolescence, so that many of the formulations may have only limited application to adolescents in general.

This observation is resonant with the more general impression of some that much of Kleinian theory has more effective application to more seriously disturbed patients than to the usual run of patients seen in ordinary psychoanalytic practice. It is hard to know whether this is a function of Kleinian analysts' tendency to accept more difficult patients, or whether it reflects a systematic bias of the theory. There is a generous amount of clinical material cited in the book, but I did not find the support offered for the theoretical points to be convincing. Much of the analytic technique described seemed to fall within familiar parameters. In any case, circumspection would be called for, in my view.

To sum up, *From the Eclipse of the Body to the Dawn of Thought* is an interesting and challenging book. It is worth reading for the perspective it brings to some fundamental issues and problems in psychoanalytic theory—or, perhaps more immediately and directly, in Kleinian theory—whether one ultimately agrees with the author's theory or not. More broadly conceived, the question

of the role of the body in psychoanalytic theory is fundamental, and the effort to address and theoretically resolve that question deserves salute. Whether the objective has been effectively and definitively accomplished must be left to the judgment of the individual reader.

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PSYCHOANALYTIC EMPATHY. By Stefano Bolognini, M.D. Translated by Malcolm Garfield. London: Free Association Books, 2004. 191 pp.

Having sat through a woefully unsatisfactory film documentary on "Empathy" (that was the title) and waded through a learned treatise on empathy in animals that declared that empathy was a phylogenetically continuous phenomenon[1] (whatever that may mean), I approached the book titled *Psychoanalytic Empathy* with a bit of dyspepsia. However, like the ad for Alka-Seltzer used to say, I received instant relief. This brief treatise is a delight. Bolognini manages to make it clear that empathy for psychoanalysts demands a clarity and complexity that is too easily lost by the twin sirens of popularity and biology. In doing so, he presents both a clear definition and a host of clinical examples that capture the sense of empathy, one that seems very peculiar and even restricted to psychoanalytic work.

First, the definition:

> Empathy is a condition of conscious and preconscious contact characterized by separateness, complexity, and a linked structure, a wide perceptual spectrum including every color in the emotional palette, from the lightest to the darkest; above all, it constitutes a progressive, shared, and deep contact with the complementarity of the object, with the other's defensive ego and split-off parts, no less than the other's ego-syntonic subjectivity. [p. 141]

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[1] Preston, S. D. & deWaal, F. B. M. (2002). Empathy: its ultimate and proximate bases. *Behavioral & Brain Sci.,* 25(1):1-71.

Even though that seems like a mouthful, Bolognini approaches this definition in a careful and stepwise manner. After a somewhat meticulous review of the history of the word *empathy,* along with some selective literature on the subject, he teases it apart from potential sources of confusion involving countertransference, sharing, fusion and kindheartedness. Along the way, the clinical examples are both familiar and telling, and allow for an ongoing conversation with the author.

In one of the opening chapters, "Freud and Empathy," Bolognini observes that:

> The reason why so many English-speaking analysts are unaware of the importance Freud attributed to the concept of "empathy" lies in the fact that the *Standard Edition* translates only three of the twelve mentions of *Einfuhlüng* as "empathy," and never translates the verb *einfühlen*––which appears eight times––with "empathise" . . . . Strachey must have had some fundamental reason . . . to avoid the word *empathy* ("a vile, elephantine word"). [p. 31]

In the following chapter, the author proceeds to a discussion of Ferenczi's well-known interest in empathy, mentioning Ferenczi's belief that "without a sensibility of this kind [the analyst] could not understand the patient's psychic conflicts" (p. 38). In subsequent chapters, with titles such as "The Kleinian and Post-Kleinian Conception of Empathy" and "Empathy and Countertransference: The Analyst's Affects as a Problem and a Resource," Bolognini addresses the attention devoted to empathy by such notable psychoanalytic contributors as Greenson, Kohut, Schafer, Money-Kyrle, Grotstein, Rosenfeld, and Winnicott, among others.

Inasmuch as *empathy* is a word and concept that everyone either has an opinion of or else is absolutely convinced that only he or she knows all there is to know about, there is no lack of opportunity in this book for disagreement with the author. I think that is the charm of the book, since it is very much like a conversation, and one finishes by feeling a real kinship with Bolog-

nini. There are, of course, some omissions that are probably inevitable. For instance, the author omits the work of Stolorow and Brandchaft, which corrects the erroneous impression that one cannot be empathic with borderline personality disorders. There is also no significant material included on the distinction between empathy as a "condition of contact," as noted in the definition, versus empathy as a therapeutic or manipulative maneuver, as seen in its use and abuse. The repeated distinction that Bolognini makes between the folk psychological use of empathy and that of psychoanalytic empathy is the most valuable part of the book, in my view.

All in all, *Psychoanalytic Empathy* is a welcome and important contribution and one that is extremely easy to digest. As Donald Campbell notes in his preface: "Bolognini writes with respect, and more than a hint of awe, for the psychoanalytic process, the patient and, indeed, the subject of empathy. It is Bolognini's humility and modesty toward his journey that draws the reader in" (p. 12).

ARNOLD GOLDBERG (CHICAGO, IL)

THE ANALYST'S ANALYST WITHIN. By Lora Heims Tessman, Ph.D. Hillsdale, NJ: Analytic Press, 2003. 363 pp.

This book evolves from a research project in which psychoanalysts were interviewed about their own personal analyses. Tessman is clear that in shaping the project, she limited both the group being interviewed and the areas of investigation to be considered. Her chief intent was to determine what transpires between the psychoanalytic couple and how it is influenced by various factors: the nature of the relationship, the gender match, termination and how it is handled, post-termination effects, and the impact of the culture of the training situation.

The author weaves into the discussion her understanding of what transpires therapeutically in psychoanalytic process, augmented by the responses of the participants to her specific questions. Since many of the questions are about the analysand's per-

ception of the attitudes and engagement of his or her analyst, other factors that may influence therapeutic outcome are absent from this study (e.g., the therapeutic benefit of specific transference interpretations, extratransference interpretations, and so on). In the course of her research, Tessman arrives at some interesting conclusions about evolution in theory and its impact on the degree of the analysand's satisfaction with his or her analysis, as well as on the gender configuration of the analytic couple as a determining factor in level of satisfaction.

It is not clear from reading the text whether the author's conclusions about the significance of the interpersonal relationship in the analysis and the participants' openness to the idea of mutual influence emerged from the research data, or whether they were preexisting beliefs that determined her research findings. Having mentioned that uncertainty, I will summarize some of Tessman's conclusions.

In the section titled "Reflections," in the chapter called "In the Mind's Eye," the author addresses the question of how representations of self and other are internalized and how they change. She describes models proposing that self- and object representations are organized by experiences in infancy, and that the goal of treatment is to transform maladaptive patterns. She also offers models that propose multiple dyadic templates with varying outcomes, depending on the objects to which one becomes attached. She then suggests a different model in which she allows for the possibility of the development of something new, meaning that the relationship with the analyst can have a specificity, an actuality, that may lead to unpredictable and different transformations. This constructivist view leads to an investigation of which aspects of the nature of the analyst–patient relationship facilitate such transformations.

Tessman found a striking improvement in the degree of satisfaction for analysands who had been analyzed during the past two decades, as compared to those analyzed earlier. She concludes that this change is due to a major shift, prompted by theoretical and technical advances, toward a more egalitarian ap-

proach by analysts. She found that a major component of satisfaction was an improvement in the sense of self-worth. An analysand tended to have a more positive view of the analysis if he or she felt valued by the analyst, and more negative if it was felt that the analyst held a negative view throughout the analysis. Although there was a significant difference in self-representations between these two groups, Tessman noted that some analysands who perceived a negative view in the analyst were nonetheless able to differentiate self from other and to establish more positive self-esteem.

The author clearly states her view of what is essential for change to occur in analytic work:

> Transmutative processes are fostered by oscillations in the analysand's experience of the analyst as attuned to his or her inner life and then as infusing otherness, generating one's own intrapsychic world, and the sense of being engaged in the intersubjective, dyadic creation of meanings. [p. 183]

What is essential is the comfort the analysand feels in being able to express him- or herself without feeling obliged to protect the analyst according to what the analyst would value. The analysand can then maximize his or her own potential, whether or not it is different from what the analyst might desire. The author also believes that transference is not an automatic displacement from past objects, but that its activation and quality reflect affective communication between analyst and analysand. She is far from the only one who has this impression, of course.

Regarding termination, Tessman expresses interesting ideas. It has been variously described that the goal of analysis is to effectively mourn and end the object relationship with the analyst, and that what survives is a self-analytic function. Tessman asks questions about the reliability of this self-analyzing function, as well as the ability of the analysand to call upon it in a useful way post-termination, absent connection to the analyst. Her findings suggest that there is an internalization of the relationship with

the analyst that can often be called up by the former analysand and drawn upon in a sustaining way, in order to further explore the gains accomplished by the analysis.

The study found that the highest degree of satisfaction was reported by female analysands with male analysts, followed by male analysands with female analysts. Same-gender combinations tended to show less satisfaction. The author gives a rather eloquent discussion of some of the transference issues involved, and how they are dealt with in each of the gender configurations, relating these both to how the analysts handled the issues and the dynamics of each of the configurations. There is an interesting discussion of the dynamics of institute culture and its impact on the degree of satisfaction experienced by analysands. The effects of reporting (when it occurred) are also discussed. The author discusses post-termination contact and how it was experienced, both negatively and positively, by the analysands.

On the whole, this is a rich text, with thoughtful discussions of most of the issues. Examples of the actual responses by the participants lend the vitality of clinical material, much as case reports bring to life discussions of theory. Different aspects of both technique and theory are discussed and examined in a multidimensional way, with inclusion of differing points of view and relevant research findings.

The questions I raise are: (1) Although there are advantages to drawing clinical material from only one institute, is there also a disadvantage? (2) Is the fact that only analysts in analysis were included in this study an intrinsic problem, or can the results be generalized to other analysands? (3) Does the degree of analysand satisfaction correlate with the degree of success of the analysis?

Taking up the last question first, I do not assume that the author equates analysand satisfaction with analytic success. However, she seems to imply that an inability to utilize the countertransference constructively, as well as a stance that is more authoritarian than egalitarian and a failure to value the uniqueness of the analysand, not only lead to analysand dissatisfaction, but

also to impairment in analytic progress. Tessman sees analysis as a two-person, intersubjective enterprise, where the impact of one party upon the other allows for the development of what she describes as something new. Her high regard for these "new" developments seems to embody her vision of the goal of analytic work. In a related way, Renik has argued that therapeutic success, as judged by the analysand, should be the goal of analysis, rather than our conventional views of what constitutes analytic progress.[1]

Regarding the matter of the participants' having been drawn from one institute, one might consider whether there is a particular theory that is more prevalent in a particular institute than in others, and that that theory may incline the participants to talk about their analytic experience differently than would a group of analysts from a cross-section of institutes. In my reading of the book, for example, there is an apparent preference for interpersonal theory, but is that highlighted only because the participants are all at the same institute?

Regarding the remaining question, that all participants are themselves analysts, this aspect of the study seems to have both advantages and disadvantages. Analysts can talk about their experiences in a particularly useful way (which, refreshingly, tends to lack jargon in the book's examples). In addition, it is hard to imagine how a retrospective study could be conducted with non-analyst analysands without seriously compromising confidentiality. (One knows that analysts have been analyzed, and they can therefore be included in such a study without having been identified by their analysts.) Analyst participants also contribute to the very rich discussions of institute practices and post-termination contact in this book. However, the unique relationship problems that analyst-analysands face, stemming from being analyzed by someone in whose steps one will follow, add ingredients to the encounter that do not come up with other patients. These com-

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[1] Renik, O. (2003). Standards and standardization. *J. Amer. Psychoanal. Assn.,* 51(suppl.):43-56.

plexities can highlight the significance of the personality and of the countertransference experience of the analyst in distinctive ways that may vary considerably from what other patients experience. It would indeed be an interesting follow-up study to add that dimension for comparison, were it possible, in order to see if the responses of nonanalyst analysands would be similar or different.

This book is a valuable contribution, especially because it examines in detail actual experiential impressions of analysands about the quality of their interactions with their analysts. The author's conscientious attempts to discuss theoretical issues and divergent points of view in connection with these retrospective reports are thorough and thoughtful. Tessman is unafraid to challenge accepted doctrine, and she is fortified by actual accounts from analysands. For example, she impressively documents her assertion that it may well be a misguided notion that the object of analysis is to resolve (in the sense of abolish) the transference neurosis. This book is a contribution to the examination of what is meant by a two-person process, and it is well supported by clinical material.

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ABSTRACTS

"Free Associations/Associative Links"

This issue of the Italian journal *Rivista di Psicoanalisi* is devoted to the general subject of free association. In discussing various meanings and aspects of free association, many of this issue's authors refer to the *psychoanalytic field,* a concept that has been developed and widely used by Italian psychoanalytic writers. The field concept is reminiscent of Kurt Lewin's field theory, a cornerstone of American social psychology. However, the psychoanalytic field differs from the Lewinian concept in its emphasis upon the interpersonal, the intrapsychic, and the interplay among interpersonal and intrapsychic forces. Among Italian psychoanalytic writers, the concept of the psychoanalytic field influences the view of psychoanalytic process. Thus, for them, other therapies, including group therapy and certain types of family therapy, are readily included under the psychoanalytic rubric.

Bion's theories occupy a special place in Italian psychoanalysis and easily dovetail with the concept of the psychoanalytic field. As Grotstein notes in an article written for this issue of the *Rivista* (see p. 626 of these abstracts), Bion approached the subject of free association from the standpoints of both the analyst *and* the analysand; thus, both these viewpoints are part of the psychoanalytic field.

As Editor of this issue of the *Rivista*, Claudio Neri has written an introduction defining the issue's aim of proposing a view of

free association that conserves the original qualities identified by Freud and Jung, while adding interesting new elements. He notes that the contributing authors employ notions of the alpha function and the reverie of Bion, the potential space of Winnicott, and the selfobject relations of Kohut. But they also utilize concepts developed in Italy: the idea of the psychoanalytic field and that of psychoanalytic rapport as conversation. In analytic treatments derived from the employment of new conceptual instruments, novel elements emerge, revealing that the authors, during analytic sessions, have discovered something truly different from what the first psychoanalysts encountered.

Creating a situation in which *factor F* (*faith* in the sense of *trust* and *confidence*) is sufficiently high, and of such quality as to guarantee the development of therapeutic progress, is a considerable part of the initial work in a psychoanalysis. As the patient becomes involved in the relationship, believing that perhaps he or she has found an important listening person, and begins to have some hope of positive changes in the self and in his or her life, there is often a crisis: The patient fears that the analysis may drag him or her into a new world that—while more vast and rich—is also less predictable and controllable. The patient does not know whether to trust either the analysis or the analyst.

Later in the treatment, factor F reenters in a new role, which goes beyond the rapport between patient and analyst to constructive optimism: faith in the right to, and the real possibility of, being oneself and participating in the fullness of life. In that sense, factor F will play a large part in determining whether and how the patient employs free association in psychoanalytic sessions.

In psychoanalytic work, we often observe the effects of a blocking process that operates in areas beyond sexuality upon the means of expression, rather than upon the contents. This is different from Freud's clinical approach. A second difference from Freud is that what is anticipated to be dangerous beyond the content of what one is thinking is precisely the very fact of having a personal, individual fantasy. The risk that a wish that is not organized—an idea or project that is truly personal—might peek out is

anticipated with intolerable anxiety by the patient. The wish could be opposed, or, worse yet, ignored, and therefore would not find reciprocity. The disillusionment would be terrible and the wound painful. Free association is a modality through which a wish may most readily present itself. And for this reason, free association is feared.

From a complementary sociological viewpoint, David Reisman identified the emergence of a particular type: the outer-directed person, who does not find in society a collective space in which to experience his or her desires and aspirations in a cultural/political context. This outer-directed person is not part of a group or crowd, but rather of a multitude. He or she seeks the approval of and wants to be like others; this is a person beset by a sense of loneliness and anxiety, not because of shame or guilt, but because of fear of nonacceptance based upon not being enough like others.

In his introduction, Neri provides "headlines" for the subsequent articles:

- Kaës employs the concept of *interdiscoursivity,* referring to the capacity of an image or dream to activate images and thoughts in other persons within a group. Even the analyst's interventions may be viewed from the standpoint of interdiscoursivity.

- Vallino reports a child analysis consultation in which the mother's free association to the analyst's exchange with the child revealed previously hidden elements essential to the analysis.

- Gaburri advises that the analyst must adopt an attitude that promotes the fluid and dynamic quality of the elements out of which free associations arise. He warns against premature interpretations that could have the effect of putting a cap on authentic participatory communication.

- For Grotstein, Bion's "wild thoughts" correspond to free associations. However, Grotstein maintains that free associations have an inner coherence.

- Ferro writes that associations are free when they are expressions of oneiric thought and not overly formalized.

- Pines relates free association to mirroring, bringing to light certain dynamic relationships specific to the psychoanalytic conversation and exchange.

- Correale describes the borderline patient, for whom free association is a danger because it may bring the patient into contact with uncontrolled areas of the mind and with dreaded traumatic memories.

- Vacheret, along the same lines as Kaës and Pines, maintains that an inner image uncannily passes through from one member of the dyad or group to the other(s).

- Fabozzi affirms that free association is a *goal* of analytic work, rather than a point of departure.

Polyphony and Interdiscoursivity in the Associative Process. Rene Kaës, pp. 301-323.

The author presents some theoretical and clinical approaches to demonstrate the application of the concepts of polyphony and interdiscoursivity in the analysis of associative processes.[1] He states that these categories cut across many diverse psychoanalytic situations and have ample application in the field of psychoanalysis, noting that they constitute the basis of what he calls the psychic work of intersubjectivity.

Analyzing the hypothesis that the dream and the associations aroused by it in a group are organized by the polyphony of the discourses, Kaës begins with the supposition that the dream is elaborated at the junction of many sources: emotions, thoughts, and discourses; and even the associations that are consciously disclosed are affected by interdiscoursivity. He focuses particular at-

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[1] The terms *polyphony* and *interdiscoursivity* reflect the author's interest in the intersection of various structural percepts: the author, his or her characters, sociocultural and historical contexts, and so on.

tention upon the emergence of the dreamer within the group, and upon the articulation between the dreamer's dream-space and the group's dream-space. An example follows in which the dream of a participant appears as interior to the group.

In the first sessions, several participants—one named Marc, in particular—lament that, by coming to the group, they have lost their own inner references. Marc declares he has come to the group "for my own name." In the subsequent session, he "confesses" that the event that motivated him—the shock he endured—occurred in a therapy group similar to the present one. In that group, the psychoanalyst/group leader made an interpretation fifteen minutes before the end of the last session. We do not know the content of the interpretation, but only the affect revealed in the aggression and intonation of Marc's voice. The absence of content increases the confusion and difficulty in thinking.

Fifteen minutes before the end of the next session, a patient named Solange becomes the mouthpiece for a secret confided by another patient, Anne-Marie, during a break: Anne-Marie's daughter has just been recovering from a tumor, and she (Anne-Marie) feels guilty for coming to the group. Through the words that she speaks on Anne-Marie's behalf, Solange recovers the memory of an event that occurred when she was the same age as Anne-Marie's daughter: her own mother uttered a threat during a confrontation that she, Solange herself, would experience a tumor.

A shared reference to traumatic events left unspoken becomes organized on the basis of fantasies of loss of reference, of the pain of depersonalization, and of identity confusion. Recollections of violence between child and parent, and the place of those recollections in the interplay of life and death, are captured in movements of the transference to analyst and group.

The choice of Solange as mouthpiece is seen as a model of the group's psychic apparatus. That apparatus may be condensed in the following formula: a parent threatens, and the child consequently takes shelter. This proposition has many voices and many meanings; it is reversible in terms of subject, object, and

action. The structure of the interior of the group is deconstructed, and each subject is placed in a singular position according to his or her fantasy. The author suggests that the proposed formula accounts for the dual function—intrapsychic and intrasubjective —of the group's mouthpiece.

Consultation with the Child and His Parents. Dina Vallino, pp. 325-343.

The nuclear family group constitutes the basis of every suc-ceeding group, since its internal representation is necessary in all mental life. In that group lies the source that generates healthy mental development or psychic disturbance and suffering in each of us. The author's initial extended consultation with the child, together with his parents, sought to activate in the work of that group a communication between child and parents that enabled an improved rapport among them. It was a unique opportunity for the child to speak about himself and for the parents to speak with him, facilitated by psychoanalytically informed interventions, though not serving as either a family therapy or a therapy for the parents.

The parents were requested to concentrate their attention, along with that of the therapist, upon the behavior and play of their child, so that they might discuss it with the therapist later in a manner that did not disturb the child. Convinced of the impor-tance of the adult's helping the child carry out his play, the thera-pist asked the parents to do as they normally did at home, partic-ipating in the play of the child and helping him. However, the therapist found that the parents "violated" the "pure" setting that he had attempted to establish for the observation of their child, by interrupting to add various comments—sometimes distress-ing, sometimes illuminating, but in any case inevitable. The author found himself obligated to accept the parents' "free wheeling" comments and came to consider them as *free associations* with-in the small (family) group. The associative connection in the con-sultation produced images and fantasies that were expressions of

the (unconscious) family fantasy in which child and parents were bound.

The author has developed a technique in child analysis of exploring with the child an "Imaginary Place," wherein the child's terrors "live," in order to reach another Imaginary Place of joy and tranquility. This technique was expanded to include the participation of the parents during the preliminary consultation, and was applied in the author's clinical example, following:

Five-year-old Lucina's fears have kept her from attending nursery school and from forming relationships with peers. I meet Lucina with her mother and we begin a little conversation about the reasons why Lucina was brought to me. The intertwining of the thoughts of mother and child is sustained by my questions.

Mother recounts many fears—of a neighborhood dog, of children in the nursery school. Lucina is also afraid to go into dark rooms; she must rush through or call for her mother, as she does when she goes to the bathroom at night. Let us speak of the fear of the dark, I suggest. I ask Lucina what she sees in the dark rooms. The child, who up until that moment has remained in her mother's arms, begins to take part in talking about the fears, elaborating them in great detail.

Lucina says that she sees phantoms. I ask her to draw them. A figure emerges in her drawing with certain particular qualities: only Lucina understands the danger. The mother participates with free associations to my questions. We define a new imaginary scenario, which has new characteristics in regard to the aforementioned fears.

Lucina draws a phantom with pointed ears, a green mouth, and wings. She says that she can see it well because she has magic to enable her to see phantoms. She sees them when it is dark, but she can also see them in the morning. She draws a child who is not so frightened, "because she is bigger than me." The child in the drawing meets the phantom and runs away. But the phantom runs after her . . . she goes behind a clump of bushes, and

then up a tree, and then to a nest that is her home. Mother asks what the phantom would do if he caught her; Lucina answers that the phantom wants to eat her. She adds that he is an angry phantom because no one gives him food. The mother asks, "And what if one gave him something to eat?" Lucina replies that he would remain angry because he is bad, and therefore no matter how much they give him, it's never enough. No one succeeds in placating him because he is a phantom who has poison.

The drawing and the story all take place while Lucina is in her mother's arms—in the "nest." Thus, mother and child together develop a dialogue about Lucina's various fears as a little story about the behavior of the threatening phantom. An Imaginary Place, a meadow outside the house where there are trees, bushes, and little nests, gives refuge where the child/character may hide from the threat of the phantom, and provides a context for the free associations that run through the session. The phantom throws poison on the child, who runs away to the safety of a nest in the trunk of a tree, where the parents are.

By asking the child many questions, the mother tries to understand whether the fear of the phantom may be diminished. But the child's response is that it is not possible to escape the phantom. This impediment to the resolution of her fright lets me understand that the phantom is an expression of the "fantasmic" life of the family. What finally emerges, unexpectedly, is an unconscious family communication identifying the source of Lucina's disturbance: The phantom-that-throws-poison is a reality of the family group, in which there is conflict between the parents, between the maternal extended family and the father, and between the paternal extended family and the mother. In the nests in the trees, there are numerous symbols of family figures—aunts, grandparents, and so on. The child runs, but has a foreboding (expressed in her drawings and her words) of experiences of poison and intrafamilial strife.

The problem of Lucina's separating from her mother derives from these poisonous familial sentiments. In fact,

she remains in her mother's arms even in front of me, and she cannot be soothed because there are always new images of danger that appear. It becomes clear during the session, even to her mother, that Lucina's fears are tied to the need for the parents to find a rapport with each other that would enable the child to mentally metabolize the "poison" in the family atmosphere.

The first result of this author's modality of extended consultation is that, through free association, the parents are brought to see the connections among seemingly diverse episodes in their child's life—connections that permit them to clarify problems in the present and to modify their attitudes in the service of helping the child.

Associative Thought and Mourning. Eugenio Gaburri, pp. 345-364.

Gaburri takes into account the mental structure one has to adopt if one wants to promote the free, fluid, and dynamic elements of free association. He cautions against premature interpretation, which may have the effect of blocking the development of authentic communication.

The author disagrees with the traditional assumption that free associations are born spontaneously in the mind of the patient as a result of the fundamental rule. He maintains that associative thought emerges in the formation of a common emotional field and can then be metabolized in the psychoanalytic encounter through the listening function of the analyst, as well as in the group.

Associative thought, just like waking oneiric thought, becomes blocked by (1) the pathological areas in the patient's psyche, and (2) the unconscious countertransferential repetition when the analyst offers an "oversaturated" interpretation. Associative thought opens up within a functional unity of analyst–patient, or, in the group, develops via a course of listening-association-interpretation and nonverbal communication. The way to realize

this functional unity is principally tied to the (negative) capacity of the analyst to share the mourning of the loss of omnipotent positions that complement almost all kinds of resistance to change.

This work of mourning assumes an essential function, even in reflecting on the theory of technique. In the absence of this transitional work of mourning, even the best technique risks blocking associative thought and numbing empathic resonance.

Bion and Free Associations. James S. Grotstein, pp. 365-373.

The author offers several hypotheses that differentiate his mode of considering the origin and significance of free associations from that of Bion.

It is no exaggeration to say that psychoanalysis in large measure represents a reciprocal involvement between analyst and analysand via the right hemisphere. Thus, when at the beginning of an analysis, the analyst asks the analysand to lie on the couch and associate freely—suspending judgment of what he or she is expressing—the analytic process is activated. The process attempts to access the thought of the right hemisphere, suspending the critical judgment of the left.

Differing from Bion, the author maintains that there is a coherence in the free associations of the analysand because they are organized initially by the alpha function of the analysand's self. *Free association* may be an inappropriate descriptive term, since these associations may only appear to be "free" in relation to the conscious thought of the left hemisphere, in that they lack structure, syntax, and the sequential and contextual nature of normal discourse. And, just as in the dreams of which they are a counterpart, there seems to be a hidden order, an order that Freud attributed to dream work and/or primary process, which includes displacement, condensation, symbolism, absence of the negative, and predominance of psychic reality.[2]

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[2] *Abstracter's Note:* For a fuller presentation of Grotstein's position, see Grotstein, J. (2000). *Who Is the Dreamer Who Dreams the Dream? A Study of Psychic Presence.* Hillsdale, NJ/London: Analytic Press. Also, a clinical example elaborated by the author may be found in *The Psychoanalytic Quarterly* (2004), 73:787-792.

Free Associations and Waking Oneiric Thought. Antonio Ferro, pp. 375-385.

The author, inspired by Bion's conceptualizations of mental functioning, considers *free association* as a narrative derivative of waking oneiric thought, and views *reverie* as a moment of direct access to images stemming from that oneiric thought. The author offers clinical material to show how these narrative derivatives may be used by the analyst as signals that the patient continuously emits regarding his or her mental functioning within the analytic field, signals that permit the analyst to modulate interpretive activities in such a manner that they make for transformations rather than "persecutions."

The author describes a patient named Rossella, who, at a certain point in the last session of the week, tells the analyst that she has received a strange telephone call during the night. Someone told her he was an old boyfriend, and asked her how many feet she had! Then she relates a dream: An intruder, at whom her guard dog did not bark, took apart the handle of her front door and forced his way into the house. Finding this "stranger in bed," Rossella was terrified.

The dream comes at about the time that the patient's treatment has been converted to analysis; however, she is still sitting up because she has to keep her eyes open and remain vigilant. Interpretations in regard to this resistance would be of little value; but by the end of the week, a new emotional climate emerges based on the following material: unexpected telephone calls; an interest in morbid themes (or Prince Charming); she is no longer so vigilant (the guard dog does not bark); someone dismantles her defenses and she finds herself approaching an unanticipated situation that terrifies her—the idea of lying on the (analytic) couch. Both the elaboration of these themes and the actuality of the relational climate may be observed. The dream is a narrative derivative of waking oneiric thought, and, from another viewpoint, it is also a free association to the waking oneiric thought to which it gives expression.

The following Monday, it is very difficult for Rossella to speak; there are long silences. The analyst's attempts to interpret her detachment meet with no response. In fact, she manifests an oppositional attitude. At this point, the analyst asks whether she has dreamed, as if to say, "Do you want to continue the communication with me?" Rossella answers, "Yes," and recounts her dream: she separates from her fiancé after a time spent together, and then enters her own house, where her father is watching TV. She goes out again, perhaps with the intention of harming herself. She returns home because she has forgotten something, and at that moment, her mother returns and enters the kitchen with her shopping things, and is very affectionate toward her. Rossella adds that the dream brings nothing to mind. The analyst finds that, of course, he could interpret some obviously significant elements (separation, desperation, a reencounter), but to do so seems intrusive and as though he were intellectualizing.

After looking around the room, Rossella asks, "Did you paint this room yourself? It is full of smudges, as if you did it hurriedly." Here is the "warm" association to the dream! The association is, in turn, a narrative derived from waking oneiric thought.

The analyst asks the patient if the analysis seems somewhat unprofessional—as though the analyst were meddling, and above all, were impatient, in that he asked her if she had dreamed. She answers affirmatively and adds that she now remembers another dream: she met a person who had a dog, which reminded her of her own Labrador and the difficulties she had when she decided to care for it; the puppy had been abandoned, beaten, and maltreated, and therefore trusted no one. It was impossible to even approach her. Rossella had to work very hard to bring her home and gradually make it possible for the dog to trust her.

While the first dream, which was "forced" into the analysis, referred back to the oneiric thought and opened the door to renewed communication, the second, "spontaneous" dream revealed that new alpha elements from oneiric waking thought have now formed, and their further production continues in the de-

rivatives that are the analyst's associations/interpretations and the responses of the patient.[3]

Free Associations, Associative Links. Claudio Neri, pp. 387-401.

Free associations in the group psychoanalysis setting are determined by the unconsciouses of the many individuals involved and of the group as a whole. Through nondirected discussion, associative chains are formed, which reveal—both in content and in method of structuralization—the existence of common group thought and of shared fantasies.

It is up to the analyst to collect the latent ramifications, often returning to points of division, in order to formulate a "hypothetical comprehension" about what is happening in the group. But there is also another level of listening: that which makes images with the eyes of the mind—whether these be images around a central nucleus that can be elaborated through transformation into K, or whether they represent an unknown nucleus approachable in terms of the evolution of O.

The Contribution of Mirroring and of Resonance to the Psychoanalytic Dialogue and to the Analytic Group. Malcolm Pines, pp. 403-411.

The author discusses the processes of mirroring and resonance in individual and group psychoanalytic settings. First of all, the evolutionary lines of these processes are described. Recent neurophysiological research has demonstrated the existence of multimodal cortical neurons that can be activated by diverse sensory modalities. Their function is such that the actions of one animal imitate those of another, a phenomenon preceding the de-

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[3] *Abstracter's Note:* The reader is referred to others of this author's works for more information. Particularly pertinent to the above discussion is a section on metabolizing transference in the following article: Ferro, A. & Basile, R. (2004). The psychoanalyst as individual: self-analysis and gradients of functioning. *The Psychoanalytic Quarterly,* 73:659–682 (relevant section on pp. 674-679). See also the author's article in this issue, pp. 421-442.

velopment of language. The presence or absence of resonance is examined in relation to very early experiences of attunement between mother and child.

The Associative Flux in a Small Group of Chronic Psychotics. Antonello Correale, pp. 413-423.

The author wishes to demonstrate that groups of chronic psychotics are characterized by a rigid style, concrete and crystallized, which responds to the need to dramatically avoid the traumatic area and its devastatingly depersonalizing effects. This style of the group is not considered a resistance, but rather a mode of functioning that should be oriented and channeled, not confronted. Attention must be directed to fundamental, unsaturated emotions—not to their explication, but to their presentation in the group in a viable form, so that the group may reappropriate them.

***Photolangage*—Mediating Object and Free Association.** Claudine Vacheret, pp. 425-434.

Various contexts bring the author to ask herself what factors in a psychoanalytic group setting generate the double support of the group and of the mediating object. Like the transitional object, the mediating object is endowed with a dual polarity. On the one hand, it has a materiality in that it is concrete. The mediating object is real, whether construed by one member of the group or collectively by all the members or by the facilitator, who selects the mediating object and offers it as a support to the group process.

However, the mediating object has its own symbolism—that is, the capacity to represent something other than what it is, combining both internal and external realities. The mediating object is invested with affect by all: by the one who chooses it, by the one who interprets it, and by the whole group, which collectively assigns multiple and varied representations that are capable of undergoing further evolution and transformation.

Free Associations, Potential Space and Evocative Methods. Paolo Fabozzi, pp. 437-446.

In this brief note, the author describes patients who are not readily able to free-associate and focuses attention upon the non-verbal qualities of the psychoanalytic situation. In particular, under certain conditions, freely associating within the protected environment of potential space allows the patient to experience a *con-fusion* between *me* and *not-me*. This con-fusion is not subsumed under narcissistic object relations or symbiosis; rather, it is the outcome of the overlapping of two areas of play, within which creative exchanges and transformative potentials may be generated. Out of these very moments of de-differentiation, the patient may emerge in a new state of distinction located between me and not-me, a state in which there is more not-me in the me and more me in the not-me.