

MEMORIES OF JACOB A. ARLOW

A SPECIAL TRIBUTE BY THE PSYCHOANALYTIC QUARTERLY

WITH CONTRIBUTIONS FROM DALE BOESKY; CHARLES BRENNER; SANDER M. ABEND; SHELLEY ORGEL; WARREN POLAND; AND HENRY F. SMITH

Jacob A. Arlow was for many years a devoted and much valued member of the Psychoanalytic Quarterly family. Editor of the Quarterly from 1971-1979, he remained active with the journal until his death on May 21, 2004, at the age of ninety-one. In tribute to and remembrance of him, we have assembled a series of brief reflections on his life from six of us who worked closely with him. It seems fitting to publish them in this, the first regular issue of the Quarterly's 75th continuous year of publication.

*—Henry F. Smith
Editor*

JACOB A. ARLOW (1912-2004)

By Dale Boesky

Dr. Jacob Arlow was a unique and legendary figure in the international and North American psychoanalytic communities. A small number of psychoanalysts have achieved lasting recognition for

Editor's Note: In conjunction with this article, the reader may wish to refer to Brenner 2004: an obituary to Dr. Jacob Arlow previously published in *The Psychoanalytic Quarterly*.

their outstanding work in their field, but one wonders if there are any at all who ever excelled as broadly as Jack did.

First and foremost, he was a master clinician, supervisor, and teacher. Therefore, he became a widely sought-after consultant and panelist. He was a brilliant theoretician and coauthored with Charles Brenner, his lifelong friend, the groundbreaking book, *Psychoanalytic Concepts and the Structural Theory* (1964). His clinical papers became a model for a generation of psychoanalysts because of his distinctive ability to link his theoretical views with clinical documentation. More than any other single analyst, he refined and clarified the central role of unconscious fantasy in pathogenesis. With Dr. Brenner, he pioneered in the clarification of the immensely important distinction between the prior topographic and the then-still-emerging structural model. Freud's announcement of this distinction in 1926 awaited Jack's rigorous explanations before the analytic community could more fully appreciate the difference between decoding unconscious symbols and therapeutically investigating the motives for the patient's defenses.

He made major contributions to the literature of applied psychoanalysis. His essay "Ego Psychology and the Study of Mythology" (1961a) remains a seminal contribution, and his interests in this area extended to religious topics, film, and literature. He made major contributions to the topics of psychoanalytic education and supervision. His work on empathy is read to this day, and it was Jack who said: "An analyst must have a tough mind and a soft heart" (Arlow 1986).

Ultimately, his bibliography included three books, more than one hundred forty papers, and thirty book reviews. To date, his work has been translated into six languages. His numerous unpublished papers are available at: <http://psychoanalysis.net/IPPSa/arlow/>.

Jack was a training and supervising analyst at the New York Psychoanalytic Institute, and as a young man, he was appointed Turner Professor at the Columbia University Center for Psychoanalytic Training and Research. He was also clinical professor at New York University and visiting professor at Louisiana State University. He

was at various times president of the New York Psychoanalytic Institute, president of the American Psychoanalytic Association as well as its chairman of the Board on Professional Standards, and vice-president of the International Psychoanalytical Association. He was honored by his colleagues in 1988 with a remarkable festschrift volume titled *Fantasy, Myth, and Reality: Essays in Honor of Jacob A. Arlow*, edited by Harold Blum.

Jack Arlow exerted a less visible but profoundly important scientific and educational influence on psychoanalytic education and practice in his role as Editor of *The Psychoanalytic Quarterly*. He had an uncanny ear for spotting the pretentious, the false, and the superficial, and he brought dozens of papers to publication in a far better state than the first drafts that reached his hands. Moreover, he taught a group of colleagues to carry on his editorial work for the *Quarterly* when he moved on to other endeavors.

As an author, he was gifted with an ability for saying what he meant simply, elegantly, and without wasted words. His essay "The Genesis of Interpretation" is a superb example of his concision and penetrating analysis.

Jack was publicly a formal person and privately a warm and witty friend. His secular Jewish identity was profoundly important to him. When a rabbi who had been his patient alluded to an obscure passage in the Talmud, Jack recognized it instantly and was able to place it in the context of the patient's associations. The rabbi responded: "Where else in the whole world could I find an analyst who can quote Talmud?"

Jack loved his family deeply, and traced his deep immersion in Jewish education, as well as his interest in languages, to them. He said in fact that his mother had been "illiterate" in three languages. He met his wife, Alice, at a Hebrew-speaking summer camp. The two were avid dancers and, while at an institute party as a young analyst, he and Alice were one of the few couples on the floor when the band struck up a tango. Jack said that his phone rang off the hook after that party, and he suggested tango lessons to anyone who wanted more referrals. He and Alice had four sons.

Jack literally “did it all” and did it with incredible virtuosity. His legacy has enriched us all.

Acknowledgments: With gratitude, the author acknowledges Charles Brenner's (2004) obituary of Jacob Arlow, as well as the tribute by A. Richards and S. Goodman (2004), from which the author has drawn some of the material in this contribution.

614 Watkins

Birmingham, MI 48009

e-mail: dboesky@comcast.net

ARLOW'S PUBLICATIONS

By Charles Brenner

The first of Dr. Arlow's psychoanalytic publications appeared in 1949, just three years after his graduation from the New York Psychoanalytic Institute, and he continued publishing uninterruptedly until a few years before his death in May 2004. Among his many publications were three books, the first of which was called *The Legacy of Sigmund Freud*. It appeared in 1956 and had an interesting history.

1956 marked the hundredth anniversary of Freud's birth. The event was the theme of the annual meeting of the American Psychoanalytic Association that year. Part of the celebration was an exhibition of Freud's many publications, each opened to a suitable page and displayed in a group of glass-topped tables of the kind used by many museums and libraries. It should be remembered that this was before the publication of the *Standard Edition* either in German or in English, so that it was no easy matter to collect the exhibit. It was put together by Jack Arlow and Mrs. Eva Meyer, for many years the librarian of the A. A. Brill Library of the New York Institute. Each item was accompanied by a typed text written by Jack, explaining the significance of that item in the development of Freud's thinking.

So successful was the exhibit in stirring the interest of those who viewed it that Jack was persuaded to publish what he had writ-

ten, and it appeared shortly after the meeting as a bound volume. For its many years in print, it remained what it was when it first appeared: the best synopsis ever written of the development of psychoanalysis through the period of Freud's lifetime. Though no longer available for purchase, it is in every psychoanalytic library worthy of the name and deserves to be read by everyone interested in the history of psychoanalysis.

The second of Jack's books was coauthored by me. It appeared in 1964, by which time Jack's position in the field of psychoanalysis had been long since well established. It was called *Psychoanalytic Concepts and the Structural Theory*, and it also has an interesting history. Shortly after we had all graduated from the New York Psychoanalytic Institute, Jack, Dr. David Beres, Dr. Martin Wangh, and I formed a study group that met weekly. As time went on, one of the things we frequently talked about was how little aware most colleagues were of the differences between Freud's original theories of mental development and functioning, which were then and still are commonly referred to as the topographic theory, and some of his later theories, introduced in *The Ego and the Id* (1923) and in *Inhibitions, Symptoms and Anxiety* (1926), which are referred to as the structural theory. Even Anna Freud stated as a matter of course that she thought of dream analysis, for example, in terms of the topographic theory and of other aspects of clinical work in terms of the structural theory. Nor was she alone in this respect. If our impression was correct, the majority of analysts did the same.

We came to the conclusion that some clarification of the issues involved was in order, and we decided to write jointly about them. As it ultimately turned out, only Jack and I felt able to commit to the task, which took several years to complete, and the book we wrote jointly was the result. We were at a loss for a title, however, and it was Dave Beres who furnished the one we decided to use. The book remained in print for nearly forty years and was widely accepted as the definitive statement of the nature of the structural theory and of the ways in which it built on and differed from the topographic one.

In a work of that sort, it is impossible to recall or, probably, even to say who contributed what, but I can answer for the fact that Jack's contributions were indispensable, with respect to both content and style. He was invariably clear in his thinking, elegant in his manner of expressing his ideas, and extraordinary in his ability to illustrate his theoretical conclusions with pertinent clinical material. His third book, *Psychoanalysis: Clinical Theory and Practice*, published in 1991 (see Boesky 1994), is further evidence of this. Each of Jack's books, like most of his shorter contributions, is well worth reading on more than one level.

Jack's shorter published works are so numerous that only the most important and influential can be singled out for special mention. Many are to be found in *Psychoanalysis: Clinical Theory and Practice*, which is, in fact, a collection of Jack's papers that had been previously published in various psychoanalytic journals. Two of his earliest papers address the subject of religion. Although he was not a believer as an adult, his knowledge of the history and of the religious beliefs and practices of Judaism was both detailed and extensive. In 1951, he discussed the practice of bar mitzvah, the Jewish ritual that signals the passage from boyhood to manhood. To it he applied his psychoanalytically informed understanding of the unconscious wishes and conflicts that characterize the achievement of man's estate, both for the maturing adolescent and for the community in which the youth lives. He was able to demonstrate clearly the importance of the incestuous and murderous wishes that are involved and some of the ways in which they are dealt with by practices and rituals that have become institutionalized.

In the same year, there appeared a paper on the consecration of the prophet. (The prophets Jack here referred to are those of the Old Testament, not predictors of the future in other societies.) The Old Testament prophets, Jack wrote, do not simply predict the future, though that is something they often do; what characterizes them is their relationship with God. They are God's messengers to the people, and there is ample evidence that they and the people considered them to be at one with him. What gave them

their special importance in history was their ability to discern the wishes and strivings of those to whom they preached, strivings that they presented as the will of God. Jack also demonstrated the importance of the unconscious fantasy, so often observable, of acquiring the power of the father by biting off and swallowing his penis. This, it should be remarked, is a theme to which Jack referred in many of his subsequent papers as, for example, in his 1955 paper on oral symbolism.

In the same year, 1955, a paper on smugness was awarded *The International Journal of Psychoanalysis's* annual clinical essay prize (Arlow 1957). With the help of excellent clinical vignettes, Jack supported the conclusion that what is characterized and often re-presented as smugness is the perception that smug people have had all their wishes gratified and are, in consequence, fully satisfied, the prototypes being a nursling asleep after having been fed, a sibling who has all its parents' admiration and love, or one who has acquired the penis it longed for and needed in order to be content.

In another paper published in the same year, Jack wrote about the many ways in which fire appeared in patients' dreams and fantasies as a symbol of sexual and aggressive wishes dating back to childhood. At the time, the question of what was and what was not a "true" unconscious symbol was still very much alive in the minds of many analysts. It was typical of Jack to approach the matter in both a scholarly and a clinical way. As always in what he wrote, the clinical vignettes are unsurpassed.

The paper he published on the *déjà vu* experience heralded the realization, by now generally accepted, that those and related experiences, such as depersonalization of various sorts, are not endopsychic perceptions but symptoms, and are to be understood and analyzed as any symptom may be. His vignettes called particular attention to the defensive function of the (incorrect) conviction of having lived through something before. It will be recalled that it was Freud himself who introduced the idea of endopsychic perception in his paper on Schreber's psychosis, an idea that has, unfortunately, been since then much extended by many.

Following on the heels of the paper on déjà vu, there appeared another based on the analysis of one of a pair of identical twins. Jack was able to demonstrate the importance of his patient's unconscious fantasy of what went on during the time he and his brother shared their mother's womb. Since the patient's twin had died years before the patient's analysis under circumstances that had engendered his guilt about the episode, themes of rivalry and aggression were prominent.

A dozen years later, there appeared a paper, also based on clinical experience with an analytic patient, about an only child's fantasies of intrauterine existence (Arlow 1972b). The fantasy was that the patient had killed all his potential siblings in the womb, and Jack suggested that such fantasies might be important in the minds of many only children, a suggestion that many other analysts have found to be born out by their clinical experience.

In 1960-1961, Jack was president of the American Psychoanalytic Association, and in that capacity, as was the custom for many years, he addressed the Association in plenary session at its annual meeting in 1961. The title of his address was "Ego Psychology and the Study of Mythology" (1961a). In it he showed that myths are not only expressions of childhood sexual and aggressive wishes, as those who relied on the topographic theory of mental functioning believed. Myths also serve functions of defense and of adaptation to the environment of both the myth makers and of those who believe in what the myth makers created. The structural theory, as he was to maintain at greater length in *Psychoanalytic Concepts and the Structural Theory* (Arlow and Brenner 1964), gives a much fuller and informative view of mental functioning than its predecessor.

A paper with the title "Silence and Psychoanalytic Technique" (1961b) appeared in the same year. At the time, there was considerable interest in the problems posed by the patient's falling silent during an analytic hour and, indeed, being silent for long periods of time. Jack's contribution was that silence is not a problem that has a similar dynamic in every patient, as many believed. On the contrary, when a patient is silent, the analyst's task is to de-

cide what has caused that particular patient to be silent at that particular time. The reason(s) are always specific for each patient, not the same for all.

Two other papers appeared in 1963. The first, with the title "Conflict, Regression, and Symptom Formation" (1963b), was published by the International Psychoanalytical Association in the *International Journal of Psychoanalysis* in advance of the congress of the Association, at which time it would form a basis for discussion. It is a masterly presentation of conflict and symptom formation in light of the structural hypothesis and contains, in addition, a valuable discussion of the role of preoedipal factors in pathogenic conflict. The second paper, "The Supervisory Situation" (1963a), introduced the concept of mirroring in the supervisory situation: the supervisee behaves toward the supervisor in a way that is determined by his or her unconscious perception of the patient's fantasies and behavior toward the supervisee.

Jack was deeply interested in psychoanalytic education. In addition to teaching and supervising, he was at various times president of the New York Psychoanalytic Institute, chair of the Board on Professional Standards of the American Psychoanalytic Association, and chair of its Committee on Psychoanalytic Education. Two major articles on this subject appeared in the literature, one in 1972 ("Some Dilemmas in Psychoanalytic Education") and another ten years later ("Psychoanalytic Education: A Psychoanalytic Perspective"). In both, Jack looked at the subject, as he always did, from the viewpoint of an experienced and wise psychoanalyst.

In the years from 1969 to 1995, Jack published no fewer than thirty articles, which I reread in preparation for this review. One recurrent theme is the importance of unconscious fantasy, a topic with which Jack's name is inseparably connected, but the range of topics is fascinatingly wide. There is a paper on the superego, another on aggression and adaptation, one on empathy, one on affects, one on theories of pathogenesis, one on reconstruction, one on the psychopathology of the psychoses, and one on countertransference. Among those with a more clinical slant, there is, in addition to the paper mentioned earlier on the only child, a paper

stimulated by his experience with an analytic patient whose own hearing was normal but whose parents had been deaf-mutes; a paper on pyromania; another on metaphor; one on the genesis of interpretation; a paper on object choice; a paper on revenge and the primal scene; another on the dynamics of interpretation; another on trauma, play, and perversion; a paper on the psychoanalytic process; a paper on how one's psychoanalytic understanding should guide one in listening to what patients have to say; and a paper on the unconscious determinants of the experience of timelessness. There is also a paper that touches on an earlier theme: the poet as prophet.

For more than four decades, Jack Arlow was my close personal and professional friend and colleague. I hope this brief review of his published work conveys my admiration for his breadth of vision and scholarship, for his clarity of thought, for his skill as a writer, and for his many important contributions to the field of psychoanalysis, a field to which he devoted his talents and his energy throughout his adult life. As I wrote on an earlier occasion (Brenner 2004), the world of psychoanalysis will not soon see such another.

*35 East 85th Street
New York, NY 10028-0963*

e-mail: eandcbrenner@rcn.com

ARLOW ON UNCONSCIOUS FANTASY

By Sander M. Abend

Although I have particular personal reasons for focusing on Jacob Arlow's pivotal role in developing our appreciation of the importance of unconscious fantasy in psychoanalytic theory and practice, it is hardly the case that mine is an idiosyncratic choice of emphasis. In point of fact, his obituary in the *New York Times* highlighted that aspect of his scientific endeavors; its headline referred to him as the "analyst of fantasy in the unconscious."

Jack's thinking on the subject of unconscious fantasy continued to evolve in depth, sophistication, and complexity during his long career as a contributor to psychoanalytic theory. He applied his understanding of it as an explanatory concept to examine a wide range of clinical phenomena, including déjà vu, depersonalization, and other disturbances of the sense of self and reality, to certain types of parapraxes, and to mood disturbances. He also made use of his appreciation of unconscious fantasy as a contribution to our psychoanalytic understanding of mythology, religious rituals, and metaphor, among other aspects of popular culture. A detailed recounting of the specifics of his many articles that touch on the topic of unconscious fantasy would warrant at least a full-length paper, if not a monograph in its own right, so for our present purpose I shall concentrate on just a few of his most important ideas.

The interested reader would do well to look (again) at two of Jack's seminal contributions, a pair of articles that appeared in tandem in *The Psychoanalytic Quarterly*: "Unconscious Fantasy and Disturbances of Conscious Experience" (1969a) and "Fantasy, Memory, and Reality Testing." (1969b). In the first of these groundbreaking papers, he summarized the essence of his novel insight in the following words:

Unconscious daydreaming is a constant feature of mental life. It is an ever-present accompaniment of conscious experience. What is consciously apperceived and experienced is the result of the interaction between the data of experience and unconscious fantasy as mediated by various functions of the ego. [1969a, p. 23]

Jack thought that the distinction between unconscious fantasy and conscious daydreaming was far from an absolute one, regarding them as if they exist on a continuum of sorts. Far more important, in his mind, was the realization that the fantasy component of mental activity is, for all practical purposes, continuous, omnipresent, and universal. In consequence, it exerts some degree of influence on *every* aspect of conscious mental life. The notion that

human beings could *ever* be capable of fully objective registration and interpretation of the data of perception would have to be discarded in favor of a new appreciation of the way the individual's "mental set," as determined by internal fantasy thinking, contributes to all of his or her conscious experience.

Psychoanalysts' recognition that an exploration of underlying unconscious fantasy can help to explain various clinical phenomena dates back to Freud's early clinical studies, as Jack himself pointed out. What was new and significant in Jack's contribution was the formulation that unconscious fantasy thinking, as he preferred to call it, is *always* exerting some measure of influence on every aspect of conscious mental activity. In concluding the first of the previously mentioned papers, Jack offered a striking visual model of his understanding of this interplay of internal and external forces in his recounting of an incident that had led him to conceive of a situation in which two film projectors would simultaneously display pictorial images, each one onto the opposite surface of a translucent screen. The resulting visual impression, he said, would of course be a composite mixture of the two different inputs. Jack suggested that the mind's perceptual apparatus, so to say, functions in a manner analogous to the translucent screen of his pictorial model. This passage, perhaps as much because of its vivid clarity as for its theoretical importance, probably stands as the single most frequently recalled and cited of Jack's many contributions to our science.

In the second of these papers, Jack extended the implication of his new ideas with results that eventually changed how psychoanalysts think about the functions of reality testing and memory. While it had long been recognized that reality testing, memory, and for that matter thinking and judgment as well, are frequently influenced by the individual's psychological predilections and prejudices, the idea that it is possible for a person to have a genuine capacity for objectivity in those areas of ego functioning was a difficult one to surrender. Jack's vision of the role of unconscious fantasy as an omnipresent factor that subtly affects conscious mental life in all its dimensions, not just in pathological situations, pro-

vided a psychoanalytically sound, explicit conceptualization of the way human subjectivity exerts influence on our striving for objectivity.

Not long ago, as I talked over my recognition of the radical implications of Jack's work with my colleague Arnold Rothstein, he helped me realize that the postmodern epistemological revolution in psychoanalysis, which has elevated subjectivity to its current prominence, along with the consequent devaluation of the analyst's supposed objectivity, were clearly foreshadowed by Jack's conclusions. This is all the more remarkable since Jack himself never took the logical next step of applying the cautionary acknowledgment of "irreducible subjectivity" (Renik 1993) to his own propensity for relying on his capacity to be objective in reaching clinical judgments! Perhaps he had confidence that his habitual analytic self-scrutiny was sufficiently reliable to render him capable of arriving at objective assessments in the clinical situation; we can only speculate, since to my knowledge he never addressed this conundrum. I am inclined to think instead that, confidence aside, Jack's failure to apply to himself the seemingly unavoidable consequences of his recognition of the power of unconscious fantasy to influence *everyone's* reality testing, memory, judgment, and thinking simply demonstrates his all-too-human reluctance to abandon the comfort of believing in *his* ability to know what is "real" and "true"—however illusory this conviction might prove to be. If that is so, it is a tendency that I think is shared by most of us, even today, when nominal recognition of the limiting factor of unavoidable subjectivity is widely acknowledged.

I would like now to shift from generalizations to address a particular situation, and say something about my personal interest in choosing to stress Jack's focus on pursuing the clarification of the place of unconscious fantasy in psychoanalytic theory and practice. He happens to be one of the shining stars in my own pantheon of psychoanalytic heroes, going back to my first encounter with him. It turned out that he was one of the analysts who interviewed me in connection with my application to become a candidate at the New York Psychoanalytic Institute. In retrospect, I could see that

he set aside analytic inscrutability on that long-ago occasion in what proved to be a vain attempt to assure me of his favorable opinion of me. I was much too uneasy at the time to be able to believe the evidence of my senses, and I remained in a state of doubt as to the outcome of my application in spite of his efforts, although I did later come to understand and appreciate his kindness.

My high regard for him was later enhanced by my experience of him as an outstanding teacher in one of my seminars as a candidate; he was enthusiastic, clear, and absolutely compelling in his elaboration of theory and its application to clinical material. My conviction about the value of his approach was subsequently reinforced through my important connection to Charles Brenner, Jack's good friend and frequent collaborator. The harmonic synthesis of their views about psychoanalytic theory and technique, and especially about the utility of attending to the central role of unconscious fantasy in shaping the clinical phenomena whose mysteries we were constantly striving to unravel, inevitably increased my own fascination with this aspect of psychoanalytic theory.

As it happened, the first scientific paper I presented at the New York Psychoanalytic Society was an outgrowth of this interest. Drawn from my clinical experience, it was entitled "Unconscious Fantasy and Theories of Cure" (Abend 1979), and Jack was one of the formal discussants of my presentation. Later, Jack published a paper whose genesis, as he so generously noted, lay in the interchanges that took place at that evening's meeting. He called it "Theories of Pathogenesis" (1981), and in it he extended the application of an appreciation of the part played by unconscious fantasies in patients' and analysts' ideas about how psychoanalysis works into a deep insight into psychoanalytic theories of pathogenesis.

It is safe to say that Jack continued to explore the implications of his fascination with the role of unconscious fantasy in accounting for various aspects of human mental life, normal as well as pathological, over the entire duration of his long and productive career. That he did so has had a lasting impact on our science and

on generations of his colleagues and students. Naturally, those of us at *The Psychoanalytic Quarterly* who had the opportunity to know him personally find it easy to acknowledge our admiration for and indebtedness to Jacob Arlow, but an appreciation for the originality and lasting importance of his insights extends far beyond the small circle of his personal contacts with students and colleagues. As I have tried to demonstrate, our entire professional community, including many who do not share Jack's own theoretical preferences, is enriched by his intellectual legacy.

245 East 87th Street
Apartment 17G
New York, NY 10128

e-mail: sabend@cyberpsych.org

ARLOW AS TEACHER AND SUPERVISOR

By Shelley Orgel

In October 1956, Jacob Arlow strode briskly into our makeshift classroom at Kings County Hospital to introduce us to our very first seminars in psychoanalysis: *The Interpretation of Dreams*, chapters 1 through 6, was interwoven as a companion text to the *History of Psychoanalysis*. The latter began with the major scientific and biographical influences on Freud's thinking that formed the context for the birth of a psychoanalytic theory of the mind. In this course, we worked our way through the major texts of the early years and concluded with an examination of the papers on metapsychology.

There were five of us, three from Brooklyn and two commuters from Rochester. Chalk in hand, Jack paced about, writing key words and phrases on a blackboard for emphasis—words like *psychic determinism*. And he'd jot down small samples of clinical data, indicating associated ideas by arrows. His bubbling store of energy, his contagious enthusiasm for the material, drew us in. His lucidity as he articulated a logically unfolding story of how Freud's

clinical and self-analytic observations interdigitated with a series of theoretical advances gave me, and I think all of us, a hope that it was finally within our grasp to truly understand people, our patients and ourselves. The wide range of Jack's intellect and his gift for distilling the essential elements from complex ideas seemed to cast light where previously I could make out only indistinct shapes in fog. He also had the ability of the true teacher to engage each of us personally, giving us the feeling that we and he were on a journey of discovery that we were making together, following the path Freud had marked out for us. I believe that our group shared the fantasy that, finally, we were being given keys by an all-knowing father to unlock the secrets of the most exciting realm imaginable: we would be able to make sense of the inner workings of our minds.

Our basic assumptions, he informed us in this first seminar, included: the principle of *determinism* (events in psychic life are causally related to each other); a *dynamic concept* (phenomena in the mind represent the operation of energy seeking to find expression); and *conflict* (expressions of mental functioning are the result of the interplay of opposing forces).¹ Neurotic symptoms and dreams have the same structure—both represent the result of intrapsychic conflict and are expressions of energy. Drive energy attached to repressed wishes seeks access to discharge by becoming conscious. And so, if we learned how to systematically observe patterns in our analysands' free associations, we would find our way back to these unconscious animating forces, and could understand and interpret them. So our formal analytic education began as Jack outlined for us the elements comprising Freud's topographic theory. These classes were a thrilling, indelible experience.

It was, I think, characteristic of him that even as he was brilliantly teaching a traditionally structured curriculum, he and Charles Brenner were, during these years of the 1950s and early '60s, thinking about "several areas of psychoanalytic theory and

¹ This précis comes from notes I took at the time and is probably close to his actual words.

practice,” which they characterized as “victims of what might be called a cultural lag” (Arlow and Brenner 1964, p. 1). Applying this viewpoint to psychoanalytic education, Jack wrote:

One of the most striking features of the evolution of psychoanalytic education is the phenomenon of “cultural lag.” Despite progress made in many areas of psychoanalytic knowledge and in allied fields whose findings bear directly on psychoanalysis, the curriculum in most instances has remained, and in fact still remains, essentially unchanged Students usually are more intimately conversant with the sections on Theory and Technique from *Studies on Hysteria* than with Anna Freud’s *The Ego and the Mechanisms of Defense*. [Arlow 1972a, p. 557]

As a result, “the cathartic concept of technique must gain ascendancy over the conflict-defense model” (1972a, p. 557).

What Jack proposed was a radical alteration of the traditional curriculum. Students would first study those ego psychological works of Freud and others, like Hartmann, Anna Freud, Fenichel, and Waelder, which could reflect on and inform them about their actual clinical work. The historical review would follow and would be studied from points of view they were learning and applying in the other legs of the tripartite system of psychoanalytic education: their own training analyses and the supervised analyses they were conducting.

I mean to emphasize that Jacob Arlow retained through the years an ability to examine and reexamine ideas and practices with which he was strongly identified, secure in his mastery of the essential elements of the psychoanalytic theory of the mind. He could overrule his own traditional ways—expressed in his teaching, in his participation and leadership in organizational life, in the boldness of his scientific writings. What he taught us gave us the beginnings of becoming analysts—a foundation, not an edifice. And I believe he conceived of psychoanalysis as a growing thing. To have current validity, each idea—old or new—had to have demonstrable clinical applicability. He remained aware that psychoanalysis

risked becoming a religion for nonbelievers (see Kris [2005] for a similar prospective).

Such concerns led Jack to think deeply about and articulate new ways of structuring psychoanalytic education. His ideas about the unconscious meanings of their training to candidates, and his studies of the psychodynamic, ritualized meanings of institute life as puberty-rite and family-romance fulfillments are among his most significant contributions (see, e.g., Arlow 1972a).

This penchant for restless exploration of the meanings and consequences of traditional structures sometimes made him a rebel—a voice against the majority, both in the New York Psychoanalytic Society and the American Psychoanalytic Association. While to me, especially in supervision, he embodied my transference fantasies of an oedipal father, in his own oedipal fantasy, he must also have identified himself as a son. His ongoing peer group from earlier days, including Charles Brenner, David Beres, and Martin Wangh, constituted a band of brothers joined by their scholarly passions rather than by organizational involvements and ambitions. He traveled widely to teach, especially to encourage the successful early germination and growth of new institutes. He was one of the “young Turks” who were enlisted by Sandor Lorand to come to the new Downstate Institute in Brooklyn, even though—or was it *because*?—the new institute lacked the imprimatur of traditional rigidities and did not carry the weight of money or impressive facilities.² Margaret Mahler, in a passing comment to me, scornfully dismissed this group as “traveling salesmen.” Once, when we were leaving an editorial meeting of *The Psychoanalytic Quarterly*, Jack, conscious of having just turned sixty-five, said somewhat ruefully, “And I always thought of myself as a young Turk.”

Jacob Arlow as a Supervisor

As I experienced Jack’s presentation of it nearly fifty years ago, it seemed almost axiomatic that the psychoanalytic process

² Others, who constituted our most inspiring teachers at Downstate, included Mark Kanzer, Sylvan Keiser, Abraham Fabian, Sydney Tarachow, Peter Neubauer, and William Console.

should consist of an orderly unfolding of defenses and drive derivatives, which correct technique, dominated by parsimoniously worded interpretations, would promote. As the analyst interpreted each layer of defense manifested as resistance in the analytic situation and observable in breaks in free association, the analysand's core unconscious fantasy, represented in neurotic symptoms and character, would be unearthed in its disguised reincarnation in the transference. The working through of the insights thus achieved, as the analysand acquired a deepening sense of emotional conviction about the connections between the transference and original objects of these unconscious fantasies, would restore integrity to the ego. As the distortions of transference fantasies were understood, the analyst would be perceived increasingly as a "real" person. The ego could then promote new, more realistic and economical relations with and among the id, superego, and the external world. Much as Freud (1937) wrote, termination of the analysis would be a natural outcome of this process. The analyst's inevitable emotional involvement with the patient should ideally remain within the bounds necessary to see objectively and interpret calmly.

I now think Jack wanted to convey clearly what he considered a psychoanalytic model as differentiated from a therapeutic one. There was intense focus in the 1950s on the necessity of maintaining sharp distinctions between analysis and psychotherapy (see Bibring 1954; Eissler 1953). Lapsing into therapeutic methods was a variety of sin. "That's not psychoanalytic" was an unanswerable accusation. I believed a good analyst like my supervisor could construct and follow a treatment plan meticulously, and if the patient was neurotic, the analysis would progress in an orderly sequence of steps.

Very early in our supervisory meetings, Jack warned me against giving in to my patient's attempts to lure me into responding to his often-dramatic narrative of aspects of his current life. (This patient was compulsively exhibitionistic, often exposing himself to women in public places where he risked arrest.) If the patient can get you to talk about his life outside the analytic situation, or

if you talk too much, this obsessional character will end up “kibitzing” with you indefinitely, Jack warned. Lurking in the background was the dreaded possibility of “stalemate,” a word much in use at the time. Relatively early in our supervisory sessions, Jack laid out what I thought of as a four-year plan. Most of us have learned that such schemata are not hard to assemble, but they keep analysts above the emotional fray, enabling them to remain remote from the often confusing, unsettling, hour-to-hour work that *is* analysis. But such blueprints were regularly described in authoritative clinical presentations at the New York Society’s scientific meetings in those days.

As I recall, the plan we discussed for my analysand’s psychoanalytic journey went something like this: As the patient talks, in the enforced abstinence and consequent regressive pulls of the analytic situation, he becomes angry at the frustration of his wishes to be noticed, to satisfy his intense need for the analyst’s response. His consequent anger is a way of expressing defensively, as well, the anxieties that led to his perverse symptoms originally. I should mention that my patient was 6’6,” powerfully built, loud in speech. Of his two previous analysts, one had died and the other had retired from practice, and he proclaimed, “I bring bad luck to analysts.”

Jack had concluded, to my naive surprise, that my patient was in reality terrified of *me*, and I would need to interpret his fear steadily for perhaps a year in order to help him bring out the genuine rage and anxiety lurking behind the as-if affects, his intellectualized arguing, bravado, and angry threats. Responding to what I felt was a challenge by my supervisor, I soon clumsily challenged my patient one day. I suggested to him that, while he *said* he was angry, I wasn’t convinced he was really feeling what he claimed. He rose from the couch, pulled a picture off the wall, smashed it over a chair, said, “Now do you believe me?” and walked out. The patient was later contrite, subdued for a while, and made appropriate amends for the damage. Well, we both *did* then know more about the disorganizing potential of his rage when his narcissistic vulnerability and doubts about his phallic intactness were exposed.

Like most of us, I paid insufficient attention to narcissistic concerns until a number of years later. And so I was not really able to appreciate with emotional conviction the complexity of my patient's feelings about me at the time, including his nontransference feelings or how these influenced his response to my interventions. Partly, I think this was because I had not come to believe that *I* was the analyst responsible for this analysis; I could not feel that my patient and I were alone working together. It was uncomfortable to acknowledge and be freely curious about countertransference feelings and fantasies, which I had not yet accepted as inevitable and potentially of great value. It was difficult as well to accept the ambivalent and even morally critical feelings I had about this man.

What I recall about my discussions of this shaking experience in supervision is that they preceded Jack's outlining the next stage that would ensue in the course of the following year as the patient would come to understand the origins of his fear of me. The reason for that fear, Jack told me, was that, in order to steal from me the phallic power that the patient believed he lacked, he wanted to castrate me and eat my penis, just as he had wanted to do to his father in his childhood. The father was a powerful figure in my patient's life even up to that time: a man who had made a major reputation in the same field in which my patient was struggling to maintain a foothold. He was afraid, Jack said, that I would retaliate for his wishes and want to castrate and kill *him*. Jack's interpretation seemed almost magically omniscient at the time, but in retrospect I can see that he was basing it on much more evidence than I appreciated then, including upsurges in my patient's acting out related to what was going on in analytic hours, and derivatives of unconscious fellatio fantasies in the transference.

By the following year, Jack predicted, the patient should become aware of this unconscious oedipal fantasy as the transference wishes became connected to his fearful childhood fantasies that he *was* castrated. (Such belief was related to the traumatic shock of early seductive exposure to the genitals of both of his parents.) He would then no longer need to prove his masculin-

ity by forcing women to demonstrate their shock and excitement at seeing his exposed organ, and his perverse symptoms would subside.

In effect, I understood Jack to predict that, with the working through of these insights, my patient would have received what analysis could offer, and if all went well, termination could follow. The analysis should take about four years. This was, I think, the ordinary length of “full” analyses in those years. I do not remember our discussing whether my patient would become able to love a woman, to have richer relationships in general, and to take non-instinctualized pleasure in his work. But these indications of analytic change really did not happen, at least during our analytic work.

It is probably obvious that, as hard as I tried to obey what I consciously believed were the correct instructions that Jack gave me, my patient refused to go along. One reason, I think, is that my unconscious defiance of paternal authority evoked *his*. My failure to “do it right,” the anxiety I experienced in supervisory sessions, my attempts to understand my relationship with Jack, dominated at least one personal analytic hour a week for a year. I became strongly aware of the parallel process between my patient’s transference to me and mine to Jack. I came to know more vividly the dynamic meanings of my relationships with those through whom I imagined I would emerge as this exalted being, a disciple of Freud, a genuine psychoanalyst.

I remember as I visualize Jack looking at me from behind his desk through his distinctive hooded eyes, with a bemused, friendly half-smile, that I believed he must have felt at least a slight impatience with my slowness to use what he was teaching me. I came to realize that I needed to become responsible for an awareness that I myself had fantasies not so different from those whose existence he was “interpreting” in my patient, that I was contending with a transference resistance to *him*, that his fairly cool and impersonal supervisory technique and manner evoked fantasies in me, much as they are stirred up in an analytic situation. The work with him complemented the work in my own analysis at the time,

and I came to appreciate how supervision—and, to some extent, all the relationships between candidates and those responsible for their education—are ready sources for displaced enactment of incompletely addressed analytic transference issues.

From Jack I learned, I think, more about myself than I acquired technical skills for treating my particular patient. But what I learned has informed all my subsequent work as an analyst. How aware he was of his impact I cannot be sure, but later readings of his papers on supervision and on the dynamics of psychoanalytic organizations lead me to believe he knew about a good deal of what I have conjectured here, and this knowledge informed his technique as a supervisor.

Looking back as I write this memoir, I suspect that the greatest value of what he contributed to my education—personal and psychoanalytic—probably consists in the fact that he helped me to grow not as a disciple, but as someone who could search and struggle to find my own way, to achieve and build my own identity as a psychoanalyst. Jack could let go of his mentoring role, his position as expert and authority with which so many students invested him, when he judged it was in *the student's* best interest. This quality in his character first became startlingly apparent to me in our supervision.

One day, when things had been going about as usual, he said to me, “You don’t need me as a supervisor any longer. From now on, we will be colleagues.” And implied was “and *you* will be the analyst responsible for your patient’s analysis.” That was our last hour of supervision.

As I consider what led to his decision to terminate the supervisory relationship, I believe that Jack observed my becoming less anxious with *him*. And this meant that I was less identified with my patient and more able to be a relatively neutral and empathic analyst with him. Jack has written that “the most effective influence pedagogically in the supervisory situation is the identification with the supervisor” (Arlow 1963a, p. 590). I think he perceived that my identification with him had become less conflicted, and decided that this development suggested he could best help me toward

professional maturity by allowing me—pushing me?—to function autonomously.

At the time, his declaration of my independence felt something like a sudden, unprepared-for analytic termination. I alternated between feeling that Jack had given up on me, and entertaining the giddy, dangerous idea that I must be much better than I had thought I was. Time has worn down the sharp edges of these opposing feelings, although traces of such narcissistic broodings inevitably remain. I think it likely that he felt he had done what he could as a supervisor and that the result was good enough. It was important to him to be wary of the temptation to “reestablish the apprentice–master model” (Arlow 1972a, p. 558) and to exploit psychoanalytic education as a “prolonged initiation rite” (p. 561).

Several years after a number of us had graduated, Jack offered to lead us in a study group on termination. We discussed clinical problems we were facing, now that we actually had some experience in ending treatments we conducted. But this was not the real focus and direction of our meetings. Jack asked each of us why we had enrolled in this series of seminars. It became clear that all of us wished to find in him a leader who would calm our worries that we had never learned how to “do it right,” and show us how to bring the process to an appropriate (legitimate) conclusion. What unfolded in the course of about six monthly evenings was a richer psychodynamic understanding of our *emotional* difficulties. Jack brought out that, since analyses conducted during candidacy, amidst institute settings and relationships, are inevitably incompletely terminable, we had not ourselves experienced and worked through what we were attempting with our patients. We came to realize that we wanted *him* to be the benign authority and guide whom we lacked and believed we needed—in other words, to replace our analysts to whom we could no longer turn, and for whom some of us were surely continuing to mourn. In this seminar, he offered what he did in supervision—insight into the reasons we were inhibited in consolidating our independent identities and abilities to *think* as individuals, creatively, as analysts.

Jack and I never talked about that last supervisory session, nor did we discuss this particular patient after that day. (The patient continued in analysis for three more years with only modest results. We interrupted the analysis by mutual agreement.) Jack did treat me as a colleague and we became friends, although aspects of our earlier relationship were always a presence, at least for me. He was kind and generous in his dealings with me, and entrusted me with many opportunities to function in positions of responsibility. Over the years, we worked together in seminars, discussion groups, and on the Board of Professional Standards of the American Psychoanalytic Association. He invited me to join *The Psychoanalytic Quarterly* and later appointed me Book Review Editor. We worked together at the *Quarterly* for more than three decades.

I have written here about aspects of Jacob Arlow's influence on me as an educator. My own experience informs me that his seminal impact on generations of past candidates will persist and will be passed on as a precious heritage to coming generations of psychoanalysts.

140 East 81st Street
New York, NY 10028

e-mail: shelleyorgel@aol.com

CORRESPONDING WITH ARLOW

By Warren Poland

Discussions of Jacob Arlow's broad additions to psychoanalysis, its practice and its theory, to psychoanalytic literature and education, to psychoanalytic organization and administration, all reflect the public side of his contributions. Yet Jack enriched profoundly the life of many through the warmth of his emotional immediacy and his personal generosity. It is fitting to remember him in part through some of his own words.

Throughout his being, Jack was a man of the enlightenment and carried forward the values of the enlightenment through modernity and postmodernism. His sensibility combined the serious thinking of a true intellectual with an aesthetic openness that was receptive to form in its multiple resonances. His mind was a place where passion and precision were one; its organizing principle was that of the enlightenment.

Freud, reflecting on his hero Goethe's last words, "More light," said that the model for his own work was ever "More darkness." Jack's approach to life captured both, always working to carry more light ever deeper into areas of darkness. A few personal details may show how strongly this was true.

Jack's earliest childhood memory was of his father's reaching upward to turn on the gaslight. Later, when asked to describe the models most important to him, he wrote:

I have a very clear memory going back to the age of twelve and a half. We were studying Isaiah and came to those lines that resonate so beautifully and so powerfully in the original Hebrew:

The people who walked in darkness saw a great light.

Those who dwelt in the deepest shadow, a light appeared unto them.

I felt a surge of aesthetic pleasure and awe, but I felt immediately that I could not share these sentiments with any of my friends.¹

A sculptor, Jack created a marble carving of Prometheus bound, one of his finest pieces. He anguished that he could never fully succeed in capturing in stone Prometheus's actual acquisition of light, but he had no doubt about the vital force within Prometheus that aimed toward that goal. He wrote:

I was delighted that you perceive in my sculpture of Prometheus his urge to break out and to be free. It never

¹ All quotations are from Jack's personal letters to the author.

occurred to me in response to the Prometheus legend that he would passively accept his punishment without protest. Perhaps it was he and not the gods who made his liver regenerate every night. He did not give in. The struggle with adversity was renewed every morning.

Jack went on to speak of psychoanalysis as

. . . a Promethean enterprise. That is a concept which I heartily endorse. After all, we all think of our work of interpretation and insight as casting light into the darkness of the unconscious mind. But there is hubris in that undertaking, an unconscious encroachment upon the divine prerogative. After all, when creating the universe, the first thing God said was "Let there be light."

Jack was uncommonly generous in his support of younger colleagues, fully encouraging them to dare creatively in stretching the limits of what was known, perhaps feeling free to encourage fully in a way that his dread of hubris warned against in himself. While strong in his defense of what he believed to be true, he was deeply modest regarding his own ventures.

The observation . . . concerning my fear of hubris and its relationship to creativity impressed me immediately with a sense of accuracy, effortlessly evoking definite confirmatory evidence. It was like those rare experiences in the course of an analysis when some deep and correct insight is immediately apprehended as being true, and one wonders why it never occurred spontaneously.

Certainly, throughout my adult life, counter-reaction against hubris was a conscious and important principle in my thinking and behavior. (In this, I must admit, I was aided and abetted by my wife.) Although I have held many important positions in the field of psychoanalysis, never once in my entire career did I ask anyone to nominate me for any position or to intercede on my behalf for any post of honor.

Avoidance of hubris must have been of particular importance to someone who, even as a child, had to deal with so uncommon-

ly powerful a force of creative energy. Jack himself defined the link, the might of his curiosity.

Beyond the fear of paternal retaliation is the sense of danger coming from moving into new territory, an area with few landmarks and possible catastrophe at every turn in the road What is pertinent is the fact that in my younger days, preadolescent, I was fascinated with the idea of being an explorer [In a presentation at Shepard-Pratt] I spoke of going to the library and, having gone through the requisite number of books of fairy tales, I turned to a child's history of Ancient Greece and Rome. There was another book, however, at the same time, that intrigued me. It was called *Exploring the Amazon with Gun and Camera* I was fascinated by the explorers who went through this virgin wilderness, risking their lives to challenge the unknown waiting to be uncovered. In my adult life, this has been transformed into a love of travel. Left to my own devices, I would have gone through every exotic place available Terra incognita always beckoned me.

Perhaps this is enough to give a taste of the sources of endless curiosity of a modest giant. My own face-to-face knowledge of Jack was slight, our relationship primarily epistolary. Through an exchange of letters over the last decade of his life, I came to know how fully open and giving he could be and especially how generously supportive. I came to envy those who knew him more immediately through shared daily lives, but I felt blessed by how greatly he enriched my life, by how much he made me stretch to keep up with our conversation. And, fortunately, I knew enough not to mistake his personal encouragement as entirely fitting to me, knowing that he could encourage another to reach ever farther, just as he was severely critical in judging himself.

When I write something, these various characters [the historical figures, mainly poets, whom he had mentioned as personally important models] peep over my shoulder and actually I find myself addressing another being, a

representative of my future audience, a being who seems to peer back at me with a quizzical look until I have reformulated what I have to say in terms that leave no doubt as to their meaning. It takes several efforts before the other being is satisfied. There always seems to be room for improvement and clarification. I think I am a much better editor than I am a writer, but most of all I don't hesitate to laugh at myself.

Much of what Jack wrote in his letters was of his excited joy over literary beauty, his passion for books, for theater, and especially for poetry. He could not consider the content of work without appreciating its underlying structure, the unconscious fantasies that shaped the work. But the light he carried was never merely parochial nor predictable. He explored, and his exploration was particularly enthusiastic about originality and subtlety of form. He was an aesthete without pretense. And sculptor though he may have been, language was always what spoke most deeply to him.

In response to an essay by Samuel Johnson, an allegory on Truth, Jack responded in terms of language. Characteristically, he first compared Johnson's literacy to that of an explorer, Meriwether Lewis.

[What] . . . impressed me was the deep immersion in, and the intimacy with, the literature of the classical tradition. The Greek and Latin classics formed a major portion of any gentleman's education and their social and intellectual intercourse was regularly articulated in those terms Johnson sounded as if he would be very much at home in the Stoa, expounding his thoughts with the contemporaries of Plato and Aristotle. The ideal of a classical education really persisted up until a few decades ago. After all, why did I take five years of Latin and envy my friend, Ike Schwartz, who also took Greek?

Jack was especially enthusiastic about the playfulness of language. He found Douglas Hofstadter's *Le Ton Beau De Marot: In Praise of the Music of Language*, which demonstrated the glorious perplexities of translating poetry, a source

. . . of wit and humor [stirring] delicious moments . . . something that I will treasure and enjoy for a long time.

The other thing that [it] reminded me of concerns a tale of a lost volume of poetry translations by Vladimir Jabotinski, the founder of the Revisionist Zionist party He translated Shakespeare, Rostand, Edgar Allan Poe and others. The memory of that book was suggested by Hofstadter's translations of poems that involved close sequence rhymes. Among the poems that Jabotinski translated into Hebrew was Edgar Allan Poe's "Annabel Lee." Somehow I retained in my memory the first stanza, which is uncannily faithful to the internal rhyme scheme that Poe used. When I once recited that first stanza to Martin Bergmann, he became so intrigued that, on several occasions subsequently, he insisted that I recite it again.

Whether the theater (for example, that of Stoppard) or poetry (for example, that of Houseman) or novels—whatever the area, Jack was enthusiastically open yet sensitively critical. He distinguished the pretentious from the substantial. Thus, he adored Andrei Makine's masterpiece:

I cannot tell you how delighted I was by Andrei Makine's "Dreams of My Russian Summers." I started it immediately and could not put it down. That man has the finest writing style that I have come across in decades. It is hard for me to recall any parallel experience in recent years of confrontation with a brilliant, evocative, lyrical style.

Yet, despite his wish to appreciate, Jack's sensitive discernment never left him. He was so disappointed by Makine's later *Confessions of a Fallen Standard-Bearer* that he described in detail some of the artistic and psychological failures making it seem like a forced and thus unsuccessful rather than natural creation. As evidence of the erudition that for Jack himself was natural, I might note that his exposition ranged from the work at hand to considered studies of Stoppard's *Arcadia*, Flaubert's *Sentimental Education*, Grass's *The Tin Drum*, and Pinter's *Betrayal*. Succinctly and incisively, he captured the artistic and psychological strengths and limitations of each. He lived in a universe of literacy.

Once, devilishly thinking I would trick him, I sent Jack a copy of a short, amazing volume, Sobin's *The Fly-Truffler*. Its characters seemed transparent and did not in any way change during the novel; indeed, the outcome seemed predictable, foreshadowed from the start. What was deep was clearly evident and what was complex was explicit. So I asked Jack his reaction, hoping to catch him up. Of course, I did not succeed. Jack opened his longer discussion by writing that:

I was unable to put it down and finished it in two sittings. It did not take me many pages to reach the conclusion that the author was primarily a poet and secondarily a novelist. [This is, actually, the case.] It is the richness of the metaphor and the music of the prose that captivate one.

In our correspondence, Jack was plentiful in his encouragement and praise. None of this has any significance other than that which reflects on his own character, his own vast contributions to others in our field whom he taught, encouraged, and promoted as best he could in a manner truly selfless. The emptiness of his absence feels unspeakable.

Having hoped to capture in his own words some of what he was about as a person, some of his generosity, some of his high standards and his aesthetic sensibility, it is perhaps most fitting for me to close with his own words about psychoanalysis. He spoke of analysis as a

. . . celebration of the emergence of the self, a unique, unprecedented event in the history of the universe, an awareness of the continuity of experience in a unique entity, one that never existed before and will never exist again. This miracle is confirmed by the others, the witnesses to one's uniqueness, just as the self gives meaning to the uniqueness and individuality of others This is the dramatic element in psychoanalysis, a continuous, mutual reaffirmation of two independent but related selves, something that makes the long hours and the tremendous cost of psychoanalysis a very special and worthwhile ex-

perience. Psychoanalysis defines and celebrates both the changing uniqueness and the continuity of the self over time and experience. The self thus stands as a commentary on the essential nature of time, and vice versa. We are witnesses of and witnessed by the others and by the universe. They will always be there, no matter how brief a sojourn we have in time and life. It reminded me of the final lines of Lamartine's *Le Lac*:

*L'homme n'a point de port,
Le temps n'a point de rive.
Il coule, et nous passons.*²

And then he concluded:

In my view, poets are the ultimate witnesses. In their creative works, they endeavor to challenge and defy time and death by enlisting man and nature to bear witness to their uniqueness and to their temporality, no matter how brief.

5225 Connecticut Avenue, North West
Suite 616
Washington, DC 20015

e-mail: warrenpoland@verizon.net

ARLOW AS MENTOR AND FRIEND

By Henry F. Smith

My own all too brief relationship with Jacob Arlow was marked by several personal moments that will always remain with me.

I had not yet read any of his papers in my first year of psychoanalytic training, and learned of his work on unconscious fantasy (Arlow 1969a, 1969b) from a classmate. Ten years earlier, a supervisor in my psychiatric residency at the Massachusetts Mental Health Center had taught that what we do in psychoanalytic ther-

² Man has no harbor, / Time has no shore. / It flows, and we pass on.

apy is to “analyze fantasy.” As I began now to read Jack’s work, I realized that it had been he who had created the climate to say such a thing, to understand the pervasive power of fantasy as a kind of medium in which we live, the stuff of the mind itself.

When, as a candidate, I had a paper accepted for presentation at the American Psychoanalytic Association, I naively wrote Jack to ask if he would discuss it. The then meeting manager for the American quickly but politely set me straight, explaining that it was her responsibility to select the discussant from a list she had been given. Jack turned my embarrassment into a gift, however, saying that he would try to come anyway. On the day of the presentation, I did not know he had arrived until Warren Poland, one of the chosen discussants, whispered, “You’re drawing quite a crowd; Jack Arlow is here.” A man of decisive action, Jack walked to the podium after the formal commentaries and gave his discussion.

Several years later, in the fall of 1991, the New York Psychoanalytic Society organized a symposium in Jack’s honor on “The Clinical Value of the Concept of Unconscious Fantasy” (Panel 1992), and Arnie Richards asked me to present a case. Anxious about doing so, I decided to take matters into my own hands and asked Jack if I might consult him in advance about a patient with whom I was having some difficulty, not the one I would present. He was gracious and set up a time for us to meet at his home in Great Neck, New York.

I will never forget the consultation. Skipping any pleasantries, as it seems to me now, we got right down to the patient, but no sooner had I begun my presentation than Jack interrupted me to comment—complain, really, as it felt to me—about the way I was presenting the patient without beginning in the usual medical fashion (“This is a 38-year-old, white female who presents with . . .”). I did not think my presentation had been disorganized, but it was clearly not what he preferred. Before long, in that intuitive and at times—it must be said—brutally honest way of his, he had told me not only what my patient’s difficulty was, but what mine was as well, and then speculated about what had gone on in my own analysis.

I felt frankly invaded, and as if I were not made of the right stuff. But it soon became apparent that he meant no harm. As we stood on his lawn when I was leaving, he shared some personal memories of his own, and advised me never to lose sight in my professional life of the importance of family. In the end, he said, that is all that matters. He regretted the time he had spent in some of his professional activities—though not, he added, his years as Editor of the *Quarterly*.

The moment in his consulting room was disturbing, and it stayed with me. When I returned to my practice, I began to see substantial areas of my patients' experiences that I had not been confronting directly—at least not as directly as he had with me. But I could also see their reflection in my own life—aspects of it that needed my attention.

The consultation had not been what I had consciously expected, and I have since learned that others had similar—valuable, if painful—experiences with him, but by the time of the presentation at the New York Society, I had regrouped, and Jack and I had a spontaneous and affectionate exchange of ideas, the transcript of which was later published (Arlow and Smith 1993); it captures much of the liveliness of that day.

The next spring, Jack and I both attended a two-day workshop conducted by Paul Gray at the annual meeting of the American Psychoanalytic Association. As the workshop went on, I could see Jack growing agitated, almost red in the face, but he did not say a word until afterward, when he told several of us in no uncertain terms that he found Gray's approach mechanistic and unempathic. It is no secret that Gray (2005), in turn, found Arlow representative of a method that intrusively and magically ignores the defensive surface. As I was beginning to feel that I had some first-hand experience with the risks and benefits of both points of view (Gray's from some of my supervisors and Arlow's more close to the bone), I asked Jack if he wanted to give a similar workshop in response. He eagerly accepted. Jack's appearance at the workshop in New York in December 1992 was the birth of the two-day workshop series on process and technique that I have been running

ever since at each meeting of the American Psychoanalytic Association.

In 1992, I was interviewed by Jack and others for the position of Editor of *Journal of the American Psychoanalytic Association*. It was a difficult time in my life. Among other events, my father had died two months earlier, which Jack knew. On my return to Boston, I received a letter from Jack that shows another side of his directness. It began:

Dear Dr. Smith,

You have been on my mind ever since the meeting in Washington. How difficult it was to discharge your responsibilities and also to be considered for the position of Editor-in-Chief of the *Journal* when you had this sudden tremendous tragedy on your mind! I can only think that in some way it must have been comfort indeed that your son was with you. You have been sorely tried and my heart goes out to you. I hope that by now you have had some opportunity to master some of the trials that such a blow of fate has imposed upon you.

Over the years, we continued to correspond. I want to comment on two aspects of this correspondence that reveal something further about the man. As I began to develop my own psychoanalytic ideas, I realized that, seminal as I felt his ideas were on unconscious fantasy and countertransference, I could not find his narrow definitions illustrated in my clinical work. In response to a paper I presented at another meeting of the American, in which I argued for a broad definition of countertransference, Jack again came to the podium and bluntly but respectfully suggested that countertransference designates only those situations in which the patient “represents for the analyst an object of the past” (Arlow 1979, p. 198), adding, “The patient has to be the object of a persistent unconscious fantasy wish on the part of the analyst to call it countertransference” (Arlow 1997). He was clearly comfortable with a younger colleague’s disagreement with him,

and his criticism of my point of view was, as far as I could tell, without any personal defensiveness. It allowed me to respond:

My difficulty arises when I try to . . . use Arlow's definition to distinguish certain analytic moments from any others. Whenever I examine any moment of any analysis I find that my reaction to the patient is shaped in part by what we might call my own transference experience; to one degree or another I am always "taking the patient as an object" from my past, my view of the patient variously shaped by "persistent unconscious fantasy wishes." [Smith 2000, p. 101]

Our exchange for a brief time became a kind of traveling road show, a debate on the broad and narrow views of countertransference, both in New York (at the Psychoanalytic Association of New York in January 1999) and in Cambridge, Massachusetts (at the Psychoanalytic Society of New England, East, in April 2000). The day in Cambridge was another I will never forget. I met him at the airport, and, after a stop at my house, we seemed to talk all day long, walking to lunch, sitting outside on a ledge in Harvard Square, walking to the meeting and then to dinner afterward, before I drove him back to the airport that evening. Our conversation felt deeply personal. This was another side of Jack. A man of many contrasting features, he was a most generous friend.

After the day in Boston, I wrote to tell him how much his visit had meant to me. His response began:

Dear Harry,

In the course of the work to which we have dedicated ourselves certain bonds of affection and mutual regard, transcending our common scientific interest, develop. Such has been my experience with you from the first time we met. Every contact, both in a professional and in a personal setting, has been enriching and precious to me. It is a great comfort to learn that the feelings are reciprocated.

I mention this not to claim Jack for myself. I know he had closer friends—some of whom have preceded me in this tribute—and friendships of longer duration. I highlight these words of his to show something about Jacob Arlow that the public may not know, something all too rare, it seems to me: his loyalty, the generosity and openness of his affection, his capacity for friendship with younger colleagues as well as peers, his willingness that others disagree with him and he with them, and, most importantly, his ability to put all of this—his feelings and observations—into simple, direct words, whether words that soothe and comfort, or words that, for the moment, may be painful.

At that celebratory meeting at the New York Society in 1991, William Grossman, who was chairing the afternoon session, offered the following closing remarks:

I myself cannot close without commenting that recently at an Institute party Jack made a humorous speech about his early days at the New York Institute. One of the things he said was, quoting the Bible (Genesis 6:4): “There were giants in the earth in those days.” I can only say that, having been around the Institute for a long time now, when I started out Jack was one of those giants, and he still is. [Arlow and Smith 1993, p. 443]

I received my last letter from Jack two months before he died. It was more formal again, and the signature was frail. Addressed to me as Editor of the *Quarterly* at the journal’s New York address, it read simply:

I have a note that should be of interest to your readers and should also be a mark in psychoanalytic history. About forty-nine [sic] years ago I published a paper entitled “Depersonalization and Derealization.” I have followed the patient now for almost half a century. A letter from her that I received recently indicates that she has never had a recurrence of any of the symptoms for which she sought treatment. Best regards.

Sincerely,
Jack

I did not know how to use this note, and it sat on my desk too long. I knew Jack was failing and had spoken with him about it. But here was the reminder: the fragile signature, the uncharacteristically misspelled word, the unimportant detail that it was 1966, not 1956, when his paper had been published. Too late, I realized that I did not want to acknowledge that this was the end. Despite all he had shown me of his capacity to speak about strong personal feelings and events, I was not able to master mine.

And then I realized that he was not asking for a personal response. He had directed his letter to me as Editor of the *Quarterly*. It was his closing grace note to a career. And that is how I offer it now. Jack wanted to be remembered publicly just as he had lived publicly: as a scholar, as a guardian of what is timeless in psychoanalysis, as a devoted clinician, and as a contributor to the *Quarterly*, the journal he loved and supported to the end.

We miss him terribly.

17 Hammond Street
Cambridge, MA 02138-1915

e-mail: henrysmith@gmail.com

REFERENCES

- Abend, S. M. (1979). Unconscious fantasy and theories of cure. *J. Amer. Psychoanal. Assn.*, 27:579-596.
- Arlow, J. A. (1949). Anal sensations and feelings of persecution. *Psychoanal. Q.*, 18:79-84.
- (1951). A psychoanalytic study of a religious initiation rite—bar mitzvah. *Psychoanal. Study Child*, 6:353-376.
- (1955). Notes on oral symbolism. *Psychoanal. Q.*, 24:63-74.
- (1956). *The Legacy of Sigmund Freud*. New York: Int. Univ. Press.
- (1957). On smugness. *Int. J. Psychoanal.*, 38:1-8.
- (1961a). Ego psychology and the study of mythology. *J. Amer. Psychoanal. Assn.*, 9:371-393.
- (1961b). Silence and the theory of technique. *J. Amer. Psychoanal. Assn.*, 9:44-55.
- (1963a). The supervisory situation. *J. Amer. Psychoanal. Assn.*, 11:576-594.

-
- (1963b). Conflict, regression and symptom formation. *Int. J. Psychoanal.*, 44:12-22.
- (1966). Depersonalization and derealization. In *Psychoanalysis—A General Psychology: Essays in Honor of Heinz Hartmann*, ed. R. M. Loewenstein, L. M. Newman, M. Schur & A. J. Solnit. New York: Int. Univ. Press, pp. 456-478.
- (1969a). Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Q.*, 38:1-27.
- (1969b). Fantasy, memory and reality testing. *Psychoanal. Q.*, 38:28-51.
- (1972a). Some dilemmas in psychoanalytic education. *J. Amer. Psychoanal. Assn.*, 20:556-566.
- (1972b). The only child. *Psychoanal. Q.*, 41:507-536.
- (1979). The genesis of interpretation. *J. Amer. Psychoanal. Assn.*, 27(suppl.):193-206.
- (1981). Theories of pathogenesis. *Psychoanal. Q.*, 50:488-514.
- (1982). Psychoanalytic education: a psychoanalytic perspective. *Ann. Psychoanal.*, 10:5-20.
- (1986). Personal communication.
- (1991). *Psychoanalysis: Clinical Theory and Practice*. Madison, CT: Int. Univ. Press.
- (1997). Discussion from the floor, panel on "Countertransference, Self-Examination, and Interpretation," Midwinter Meeting, American Psychoanal. Assn., New York, December 19.
- Arlow, J. A. & Brenner, C. (1964). *Psychoanalytic Concepts and the Structural Theory*. New York: Int. Univ. Press.
- Arlow, J. A. & Smith, H. F. (1993). A supervisory hour illustrating the clinical value of the concept of unconscious fantasy. *J. Clin. Psychoanal.*, 2: 405-444.
- Bibring, E. (1954). Psychoanalysis and the dynamic psychotherapies. *J. Amer. Psychoanal. Assn.*, 2:745-770.
- Blum, H. (1988). *Fantasy, Myth, and Reality: Essays in Honor of Jacob A. Arlow*. Guilford, CT: Int. Univ. Press.
- Boesky, D. (1994). [Book review of] *Psychoanalysis: Clinical Theory and Practice*, by Jacob A. Arlow, M.D. *Psychoanal. Q.*, 63:349-357.
- Brenner, C. (1982). *The Mind in Conflict*. New York: Int. Univ. Press.
- (2004). Obituary: Jacob A. Arlow (1912-2004). *Psychoanal. Q.*, 73(4):889-891.
- Eissler, K. R. (1953). The effect of the structure of the ego on psychoanalytic technique. *J. Amer. Psychoanal. Assn.*, 1:104-143.
- Freud, S. (1923). The ego and the id. *S. E.*, 19.
- (1926). Inhibitions, symptoms and anxiety. *S. E.*, 20.
- (1937). Analysis terminable and interminable. *S. E.*, 23.

- Gray, P. (2005). Undoing the lag in the technique of conflict and defense analysis. In *The Ego and the Analysis of Defense*, 2nd ed. New York: Aronson, pp. 231-249.
- Kris, A. O. (2005). Unlearning and learning psychoanalysis. Paper presented as the C. Philip Wilson Memorial Lecture. Psychoanal. Assn. of New York.
- Panel (1992). The clinical value of the concept of unconscious fantasy: a symposium in honor of Jacob Arlow, M.D. *J. Clin. Psychoanal.*, 1:513-573.
- Renik, O. (1993). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanal. Q.*, 62:553-571.
- Richards, A. D. & Goodman, S. M. (2004). Jacob A. Arlow (1912-2004) [Obituary]. *Int. J. Psychoanal.*, 85:1513-1518.
- Smith, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.*, 48:95-128.

NESTED IDEATION AND THE PROBLEM OF REALITY: DREAMS AND WORKS OF ART IN WORKS OF ART

BY LEON BALTER, M.D.

This paper continues a line of investigation begun in a previous paper on nested dreams and works of art in dreams (Balter 2005). Part I of the present paper seeks to establish that works of art with nested dreams and works of art within them display certain phenomena also observed in comparable dreams: (1) they unsuccessfully deny a painful reality represented in the nested element; (2) they present an antithetical view of that reality (both denying and affirming); and (3) they are consistently associated with the problem of reality (the problem of deciding what is real or true).

Part II of this paper seeks to establish the heuristic value of this line of investigation in dreams and art to elucidate the origin of reality testing.

PART I: DREAMS AND WORKS OF ART IN WORKS OF ART

Introduction

The first part of this paper is devoted to works of art that contain dreams or other works of art. The contained condition of the dream or work of art that I refer to here is a very special one, which I designate as *nested*. Its defining qualities are: (1) the nested

The author dedicates this paper to the memory of Jacob A. Arlow, M.D.

dream or work of art is a definite, well-defined element of the containing work of art; (2) the nested dream or work of art has a distinct boundary, demarcating it from the surrounding, containing work of art; (3) the nested dream or work of art, in its entirety, is an integral element, a complete entity, within the containing work of art.

This investigation of works of art derives from a previous one addressed to dreams that contain nested dreams and works of art (Balter 2005). That study was based upon an interpolation Freud made in 1911 into *The Interpretation of Dreams* (1900). Without giving empirical evidence, he addressed the question of

. . . what is meant when some of the content of a dream is described in the dream itself as “dreamt” The intention is . . . to detract from the importance of what is “dreamt” in the dream, to rob it of its reality. What is dreamt in the dream after waking from the “dream within a dream” is what the dream-wish seeks to put in the place of an obliterated [*ausgelöschten*] reality. It is safe to suppose, therefore, that what has been “dreamt” in the dream is a representation of the reality, the true recollection, while the continuation of the dream, on the contrary, merely represents what the dreamer wishes. To include something in a “dream within a dream” is thus equivalent to wishing that the thing described as a dream had never happened. In other words, if a particular event is inserted into a dream as a dream by the dream-work itself, this implies the most decided confirmation of the reality of the event—the strongest *affirmation* [*Bejahung*] of it. The dream-work makes use of dreaming as a form of repudiation [*Ablehnung*], and confirms the discovery that dreams are wish fulfilments. [p. 338, italics in original]

In that previous paper, I elaborated upon this paragraph along the following lines (see Balter 2005, pp. 696-697). In order to deny an unpleasant reality in the manner Freud suggested here (“It is *only* a dream! It is *not* reality!”), reality testing must be relatively effective and intact. This is because, seemingly paradoxically, the

painful reality itself must be perceived, known, or recognized as such *in order to be denied*. However, because the general mental state of dreaming is necessarily regressed due to the psychophysiology of sleep, reality testing must also, to some greater or lesser degree, be regressed or degraded. Accordingly, reality testing, under these peculiar circumstances, must be in an *intermediate* state of regression and effectiveness. Thus, the painful reality must not only be partially denied ("It is *only* a dream! It is *not* reality!"), it must also be partially "nondenied"—that is, *affirmed* ("It is *not only* a dream! It *is* reality!")¹

There would then be an expectation that the painful reality addressed in this kind of dream will be *antithetically presented*—*both denied and affirmed*. And, further, since the denial of painful reality is only partially effective, the persisting pain of reality would mobilize some effort to resolve the antithetical ambiguity by evoking *the problem of reality*. The term *the problem of reality*, as it is used here, denotes the problem of deciding what is real, what is true. It bears a close relation to reality testing—distinguishing between ideas and perceptions. The problem of reality mobilizes reality testing. The immediate aim of reality testing is to "solve" the problem of reality. The problem of reality is not basically intellectual, scientific, or philosophical in nature; rather, it pertains to *unpleasure* in the mind's engagement with the surrounding world.

In these circumstances, the pain of insufficiently denied reality would then be transmuted into the urgency to solve the problem of reality. This would be an instance of Freud's (1911) insight that the pain of obdurate, frustrating reality turns the mind *away* from its egoistic and narcissistic concerns and *toward* the exploration of that reality (p. 219). The study of dreams with nested dreams and nested works of art appears to bear out these expectations.

¹ The regressed dream state is a special condition leading here to a partially successful and unsuccessful defense (denial of a painful reality). As will be seen in what follows, a more *general* reason why that defense is partially successful and unsuccessful derives from the fact that both dreams and works of art constitute compromise formations.

The present investigation explores the possibility that works of art may also display the same phenomena as were previously found in dreams—that is, in instances of works of art containing nested dreams or other works of art. And, in fact, this approach to works of art has not been lost upon psychoanalysts.² Grinstein (1956) adapted Freud's assertion about the dream within a dream to the dramatic device: a play within a play. Grinstein used the play within the play in *Hamlet* as his paradigm.³ Applying the acceptable fiction of the protagonist as a real person (Balter 1999; Jones 1949, p. 115), Grinstein demonstrated that the internal, subordinate, nested play is an effort to deny a distressing reality in the life of the protagonist and in the main play, but also that the nested play affirms (and even predicts) that reality.

Grinstein (1956) summarized his argument as follows:

If, in summary, we compare the dream within a dream to the play within the play, as it occurs in *Hamlet* and in other dramatic works which were studied, such as Shakespeare's *Midsummer Night's Dream*, Shaw's *Fanny's First Play* and others, we may outline the following parallels. The dream within a dream deals with a historical reality in the life history of the dreamer; the play within the play represents something which has happened or *will happen* in the life history of one or more of the characters of the play. The dream within a dream usually deals with a reality *event* in the life of the dreamer which the dreamer wishes had never happened, which he wishes were really not so. The play

² Citing my paper on nested ideation in dreams (Balter 2005), Herbert H. Stein (2005) published an essay on a 2004 movie, *Finding Neverland*, that contains a theatrical play. Stein demonstrated that the movie manifested the same phenomena that I had described in dreams.

³ Grinstein was probably the first to elaborate on a correspondence between the dream within a dream and the play within a play; and, as stated, he used the play within *Hamlet* as the prime example. However, he was not the first to observe the analogy. Grinstein (1956) noted in a footnote (p. 51) that Jones (1949) mentioned it in a footnote to his classic *Hamlet and Oedipus* (p. 101). Of course, Jones himself got the idea of a correspondence between the emotional configurations embodied in *Hamlet* and *Oedipus Rex* from a footnote in the first (1900) edition of Freud's *The Interpretation of Dreams*; that footnote was transposed to the body of the text in 1914 (Freud 1900, pp. 264-266).

within the play, too, deals with reality events, as well as with *psychic* reality, including basic conflicts or problems of the hero, or whoever in the play represents an important facet of his personality. These conflicts, being intolerable to part of the ego, are those with which the hero wishes he were not compelled to struggle, which he, like the dreamer, wishes were really not so. Dealing with the material in this manner serves to prepare the audience emotionally for what is to happen in the resolution of the conflicts presented in the play and thus helps them participate more fully in the play itself. [p. 52, italics in original]

Thus, Grinstein showed that the dramatic device, a play within a play, displays certain qualities somewhat analogous to those of a nested dream (or work of art) within a dream. Grinstein's formulation refers to the "minds" of both the fictional protagonist and of members of the audience. This points to the problem of how to address the psychology of denial (a mental process) in a work of art (essentially, an inanimate object) whose content describes a nested dream or work of art. It may be best, in this context, to conceptualize a work of art as a vehicle of communication from the artist to the beholder, as suggested by Kris (1952, pp. 47-56). The content of the art work (formed in the mind of the artist) may then, like any transmitted ideation, become assimilated into the mental life of the beholder. This is presumably what Grinstein meant in the foregoing quotation by the audience's participating "in the play itself."

The work of art is thus a conduit of mental content between the artist and the beholder, and its content may be seen as reflecting and representing mental life. This heuristic hypothesis is useful precisely because it avoids discussion of the psychology of the artist and of the beholder—topics otherwise well covered in the literature of psychoanalysis. Further, it would be wise not to plumb too deeply into the "minds" of fictional characters. For, the farther one departs from the art work's manifest content, the more speculative that endeavor becomes. And so this article's psychoanalytic discussions of works of art are concerned principally with their

manifest content. What is remarkable is that the clinically derived, “depth-psychological,” psychoanalytic investigation of dreams has brought to light consistent phenomena that are also consistently seen, or easily inferred, on the surface of works of art.

Thus, in the present investigation, I address works of art that contain either dreams or other works of art.⁴ This kind of work of art is so prevalent that I have referred here only to ones that are either widely known (and so require little description) or that can be described succinctly.

Given the preceding considerations, the following empirical observations would be expected:

- Regarding nested dreams or works of art in containing works of art, the nested element can be inferred to attempt a denial of a distressing reality depicted in it.
- Opposite orientations toward the reality of the nested contents (denying and affirming) coexist in the work of art.
- The problem of reality (the problem of deciding what is real or true) is closely associated with the nested/containing configuration.⁵

⁴ Priority in the investigation of works of art containing works of art belongs to Lucien Dällenbach for his monumental *The Mirror in the Text* (1977). He established that, in this configuration—he termed it “the *mise en abyme*”—the included element reflects the element that contains it (informs on it, reveals its hidden “truth” or “reality”). Dällenbach confined himself to works of art, primarily literary ones; accordingly, the terms he used and the issues he addressed were necessarily different than those presented here. Nevertheless, the current study validates his conclusions. It also seeks to make them more general and to explain them psychologically.

⁵ The correlation of nesting with the problem of reality was not observed either by Freud (1900) regarding the dream within a dream or by Grinstein (1956) regarding the play within a play. Even so, Grinstein actually mentioned the problem of reality in *Hamlet* as associated with the nested play, finding this correlation “interesting”: “We find here an interesting situation in which Hamlet contrives with the players to stage a performance which would *test the truth* of the ghost’s assertions” (p. 49, italics added). However, Grinstein did not take the step of generalizing this aspect of *Hamlet* to other plays or to other works of art, let alone back to the origin of his idea—that is, back to dreams.

Nested Dreams and Works of Art within Art

I. Figure 1 below shows a very simple example of a picture nested within a picture associated with the antithetical presentation of reality and the problem of reality. It is a cartoon by Frank Modell from the *New Yorker* magazine. A pointer hound, on leash with its master, points to a painting of a duck, marking the duck for death. The human characters in the containing cartoon understand that the painted duck (and the mortal danger) are not real: "It is *only* a picture!" But the earnest dog, fulfilling its murderous disposition, does not recognize this. It is under the influence of "the aesthetic illusion." The cartoon thus expresses simultaneously two contradictory views of distressing reality relating to the nested painting: the owner's and the dog's. There is, therefore, a problem



FIGURE 1 ⁶

⁶ © The New Yorker Collection 1987 Frank Modell from cartoonbank.com. All rights reserved. Used by permission.

of reality around the nested painting—and, in this instance, validity is definitely accented in favor of the denying, human perspective.⁷

II. Nested pictures within pictures may be associated with the problem of reality in its most profoundly conflicted context—as in the famous cartoon of the tattooed sailor by André François, shown on the facing page.⁸ The nested picture within the cartoon is a tattoo of a naked woman (labeled “Lilly”) imprinted upon the body of the sailor. His only article of clothing is his pants rolled up to his knees, thus exposing Lilly’s head and torso tattooed on his chest and abdomen and her legs tattooed on the lower portions of his legs. The problem of reality permeates the picture. Is the sailor *looking down* at Lilly, or at some other part of his body? Or is he actually *closing his eyes*, indicating an unwillingness to face some reality? Does his tattoo indicate his wish *to be* or *to merge with* the naked woman? Or is it his wish to *have* her with him as a sexual object, especially since naval life deprives sailors of women? And does the sly, or shy, smile on his face refer to any of these delicate subjects, or to others?

But most obviously and concretely, both the sailor’s arms and Lilly’s point to the crucial zone of their genitals, the zones hidden by his one piece of clothing. There is manifestly an unknown reality here: namely, the spatial juxtaposition of the sailor’s genitals and those of the pictorial naked woman in a combination of two and three dimensions. The cartoon roughly indicates that the two sets of genitalia, hidden from view, are superimposed upon each other. Does this represent a fantasy of heterosexual intercourse? Or does it represent the fantasy of the phallic woman? That is:

⁷ As may be seen, the painting of the duck is not the only painting in the cartoon. The other paintings do not have the antithetical quality brought about by the dog and his owner. The cartoonist here has pointedly deemphasized the vividness of detail in the other paintings to indicate that the one with the duck is the only relevant work of art within the cartoon. This lack of distinctness actually precludes the other paintings from being nested. (See the definition of *nested* mentioned earlier.) A second definitely nested work of art—besides the main one—can be of deliberate relevance, as will be seen shortly in what follows.

⁸ The following comments about this cartoon describe my own interpretation and may or may not reflect what was conceived by the cartoonist.



FIGURE 2 ⁹

who “owns” the penis? However, the cartoon more subtly indicates something else: There is an *essential vagueness* to it. It is not certain that the genitals (male and female, actual and pictorial, three-dimensional and two-dimensional) are, in fact, combined. This is

⁹ This image is from *The Tattooed Sailor* by André François, © 1952, 1953 by André François, © renewed 1980 by André François, renewed 1981 by André François and Alfred A. Knopf. Used by permission of Alfred A. Knopf, a division of Random House, Inc.

not only due to their juxtaposition being hidden from view. It is also because the bodily proportions of the sailor and the pictured naked woman are such that the implied genital conjugation may not be precise.

The cartoon expresses one of childhood's most anxious problems of reality, one that all of humanity is heir to: what is the concrete reality of the female genital? *Is* there a penis there? If yes, what does it look like? If no, *was* something there? What *is* there now? Indeed, Lewin (1948) and Lewin and Bunker (1951) persuasively argued that anxious concern about the nature of the female genital resides at the very core of human attitudes toward knowledge, cognition, truth, and reality. According to Lewin, the female genital is the paradigm of the problem of reality.

And so the containing cartoon and the nested tattoo present possible antithetical solutions to the genital problem of reality—but none of them is definitive. And that particular reality is a painful one pertaining to the primal fantasy of castration (Freud 1916-1917, pp. 368-371). It especially characterizes certain forms of male homosexuality, fetishism, transvestitism—and, in fact, all perversions. In these conditions, the painful reality is the female genital (the absence of the penis) that is simultaneously both denied and also asserted, concretely and in fantasy (Arlow 1971a, 1971b; Bak 1968; Brunswick 1940, 1943; Fenichel 1930; Freud 1927, 1940). Here, the two genitalia being hidden allows for this spatial and anatomical uncertainty, this problem of reality, both to be the focus of the cartoon's preoccupation—and also to remain unresolved.

III. The device of a picture within a picture obtains also in religious painting, again associated with the problem of reality. An example is *St. Luke Painting the Virgin and Child*, created by Jan Gossaert around 1525 (see Figure 3 on p. 427). Gossaert's painting shows the Virgin and Child as magnificent divine beings located in the celestial world, ensconced in clouds and surrounded by cherubim. But St. Luke's drawing, the nested picture, is of a very mundane woman holding a very mundane child (see Figure 4 on p. 428). Did Gossaert portray St. Luke painting the *actual* divine

Virgin and Child? After all, St. Luke's hand is authoritatively guided by an angel. Or did Gossaert depict St. Luke having a spiritual *vision of inspiration*, but painting something else?

Thus, Gossaert's highly ambiguous painting antithetically asserts two contradictory statements, both having to do with a religious problem of reality: (1) the highest truth is to be found in religious inner vision and not in the perception and artistic representation of mundane concrete reality; and (2) heavenly reality may be perceived, and thus artistically represented, by the truly religious even in the most ordinary concrete things of this world.

Therefore, Gossaert's picture expresses the problem of truth and reality in religious art. It does not give a solution. However, what *is* sure in St. Luke's picture within the picture is the painful truth that the artist cannot render the divine reality through his art—even though Gossaert himself tried to do just that in this painting. Indeed, did Gossaert render in St. Luke's nested picture the *real-life* models he used to paint the *divine* twosome—thus expressing his own identification with the apostle-as-artist?

There is another, subordinate work of art nested within Gossaert's painting: the small statue of Moses, positioned above St. Luke and the angel. An Old Testament element anticipating a New Testament one was a very common convention in medieval art. And here the reference may well pertain to the problem of reality. For the Old Testament story (Exodus 33) expressly states that Moses talked with God face to face (verse 11); and, shortly afterward (verses 18-23), Moses asked to see, and to know, God face to face—and was refused. The medieval Christian legends had Moses actually see and know God face to face; many medieval pictures portray this. The antithetical ambiguity and conflict about mortals actually *seeing* and *knowing* divine beings—inherent in the Moses story—is made explicit and dramatic in Gossaert's painting.

IV. Oscar Wilde's literary work *The Picture of Dorian Gray* (1890) is apposite to the present investigation. The nested work of art, the portrait within the novella, is directly associated with the problem of reality in two antithetical ways. It proclaims the secret truth about the protagonist's evil nature, and also, in some magical

way, it keeps that truth secret—so that the world cannot see it on Dorian Gray's perpetually young and beautiful face. Dorian Gray's unnatural physical beauty is analogous to "denial in fantasy" (A. Freud 1936): it denies that someone so beautiful can really be so hideously evil. But here, even though the nested picture appears to tell the ugly truth—excruciatingly painful to its portrayed subject—the picture's veracity is nevertheless questionable, to some degree. For only Dorian Gray himself knows the truth *about* the painting and *in* the painting. There are no corroborating witnesses to the truth-telling portrait. Dorian Gray murders the only other witness, the painter himself. And nowhere is there an explanation of how or why the correspondence between the soul and the portrait of Dorian Gray occurs.

There is then a hint that the painting's self-transformation and its revealing and changing content are solely the products of Dorian Gray's mind, that they are not "real" at all. Here also, the problem of reality is central to the novella that pivots around the nested portrait. The two mutually contradictory manifestations of Dorian Gray, artistically rendered and concrete, thus embody an antithetical presentation of the protagonist's reality, with the emphasis of validity on the work of art and not on the flesh-and-blood version.

* * * * *

The four preceding instances of nested pictures constitute a complementary series of antithetical presentations of reality, ranging between denial and affirmation of reality. At one extreme is Modell's cartoon, where the nested picture is considered mostly nonreality, and the reality of a live and menaced duck is predominantly denied. "It is *only* a picture, and *not* reality!" At the other extreme is Oscar Wilde's novella, where the nested picture carries the accent of veracity and affirmation. "It is *not only* a picture; it *is* reality!" The nested pictures in André François's cartoon of the tattooed sailor and Jan Gossaert's painting of St. Luke painting the Virgin and Child are in intermediate positions of the complementary series of veridicality. In those two instances, each nested pic-

ture has a more or less equal weight of denial and affirmation of an antithetically presented reality.

* * * * *

V. Shakespeare's historical play *Julius Caesar* (1623a) contains within it the dream of Caesar's wife, Calpurnia (II, ii). Like a play within a play (Grinstein 1956), this dream within a play manifestly augurs future, and painful, reality. In the play, Caesar himself actually articulates Calpurnia's dream:

She dreamt to-night she saw my statua,
Which, like a fountain with a hundred spouts,
Did run pure blood, and many lusty Romans
Came smiling, and did bathe their hands in it. [II, ii, 76-79]

Calpurnia's nested dream portrays in symbolic terms the future assassination of Caesar, a historical event so famous that practically any audience would appreciate the predictive validity of the dream. Indeed, Calpurnia provided that interpretation of the dream, even while sleeping.

Thrice hath Calpurnia in her sleep cried out,
"Help, ho! They murder Caesar!". . . [II, ii, 2-3]

A discussion about the dream then takes place in the play, where another, and contradictory, interpretation is put forth by Decius, one of the conspirators who intends to assassinate Caesar. He will, in fact, do so soon that very day.

This dream is all amiss interpreted;
It was a vision fair and fortunate:
Your statue spouting blood in many pipes,
In which so many smiling Romans bath'd,
Signifies that from you great Rome shall suck
Reviving blood, and that great men shall press
For tinctures, stains, relics, and cognizance.
This by Calpurnia's dream is signified . . . [II, ii, 83-90]

The mutually contradictory interpretations of Calpurnia and Decius both antithetically express the associated problem of reality:

which future reality does Calpurnia's dream portend? The audience—and Decius—knows that the dream has grim veracity. However, Decius's duplicitous interpretation is ironically double-edged, thus compounding the problem of reality. On the one hand, *talking metaphorically*, it is in effect a denying fantasy (A. Freud 1936) that covers a horrific future reality. It deceives Caesar, like a fetish, substituting a reassuring interpretation to contradict the terrifying one. But, on the other hand, Decius the tyrannicide, *talking concretely*, knows that his interpretation and Calpurnia's are really both the same and both true. But *for him*, the future reality is felicitous—albeit, basically vampiric and cannibalistic.¹⁰ So Calpurnia's nested dream does predict the future reality; however, its two interpretations together provide a highly antithetical perspective.

VI. Besides the paradigmatic *Hamlet*, Grinstein (1956) alluded to another of Shakespeare's plays that has a play nested within it: *A Midsummer Night's Dream* (1600). The nested play, put on by Bottom and his colleagues, has an antithetical title: *The Most Lamentable Comedy, and Most Cruel Death of Pyramus and Thisby*. It is about the problem of reality—and unadulterated aggression. It concerns a misunderstanding between two romantic lovers about whether the raw aggression of a wild beast killed one of them. The misunderstanding leads to the suicide of each.

The nested play thus concerns the problem of misunderstood reality—a problem that is also central to the containing play. The aggression in the nested play has its counterpart in the hostility among the containing play's four romantic couples. However, in the containing play, that aggression is expressed directly between the lovers. It is not—as in the nested play—directed against the self and also projected onto a wild animal. The high-ranking Duke Theseus and Queen Hippolyta were themselves previously mortal enemies in war, but now are about to wed. Oberon and Titania, king and queen of the fairies, feud but are eventually reconciled. The two young couples (Lysander and Hermia, Demetrius and Helena) manifest the inane sexual flightiness, fickleness, and rivalrous hos-

¹⁰ See Brutus's earlier speech, II, i, 162-174; and Malcove 1933.

tility of adolescents—emotional storms that, after a night's sleep, pass and are forgotten.

These antagonisms, set side by side with their reconciliations, are a reiterated antithetical theme throughout *A Midsummer Night's Dream*, the containing play. But the very structure of that containing play pivots around a global problem of reality: the existence of a completely unseen and unknown world of sprites, capriciously and maliciously inducing the naive and oblivious young humans to squabble and fight. This procures for them Puck's famous but unfair put-down: "Lord, what fools these mortals be!" (III, ii, 115).

Bottom is the only mortal who actually experiences that fairy world directly (albeit with his head transmogrified into that of a donkey). But he ultimately cannot accept that world in its revealing reality: "Methought I was—[an ass]!" Rather, Bottom denies it by characterizing it to himself *as only a dream*, "Bottom's Dream" (IV, i, 209-221). This maneuver is tentatively repeated at the end of the containing play as a whole. For Shakespeare has Puck, a character *within* the play, step *outside* the play and address the audience directly. Through this conceit, Shakespeare retrospectively transforms *A Midsummer Night's Dream* from a containing play into a nested play.¹¹ Puck is now the primary theatrical frame of reference and *A Midsummer Night's Dream* has become the nested, subordinate play. Puck tells the audience that if they did not like *A Midsummer Night's Dream*, they have merely to invoke the problem of reality and deny its very existence, by affirming (like Bottom), "It was *only* a dream!"

If we shadows have offended,
Think of this, and all is mended,
That you have but slumbered here
While these visions did appear,
And this weak and idle theme,
No more yielding but a dream . . . [V, i, 430-435]

¹¹ See the previous investigation of nested dreams and works of art in dreams (Balter 2005), in which two dreams (I and III) have their disturbing early parts retrospectively made into nested dreams: "It was *not* reality! It was *only* a dream!"

A Midsummer Night's Dream thus becomes *a nested dream within a play*—that is, within Puck's play.

A Midsummer Night's Dream has a very complex dramatic structure. But its reiterated theme (whether in high politics, marriage, or adolescence) is consistent and very simple: romantic love should *not* result in death and destruction, as is the case in the nested play. Aggression between romantic lovers should be denied—nested in a ludicrous play, and also blamed on unseen and unknown fairies. Hostility in love should be settled with mutual fulfillment. The blatant cynicism of the play has this accomplished through the hidden supernatural machinations of sprites and fairies—who also caused the young lovers' antagonisms in the first place. After their own reconciliation, Oberon tells Titania:

Now thou and I are new in amity,
And will tomorrow midnight solemnly
Dance in Duke Theseus' house triumphantly,
And bless it to all fair posterity.
There shall the pairs of faithful lovers be
Wedded, with Theseus, all in jollity. [IV, i, 91-96]

The aggression inherent in romantic love is denied through a fantasy (A. Freud 1936), *a fairy tale* with its obligatory happy ending. And so the mischievous Puck promises:

Jack shall have Jill,
Nought shall go ill,
The man shall have his mare again, and all shall be well.
[III, ii, 461-463]

The antithetical presentation of romantic love's reality in this extremely charming Shakespearean play invokes a very flimsy defensive fantasy denying the well-known illusions, delusions, heart-aches, and hostilities attendant upon romantic love—the very content of the nested play. The containing play laughingly asserts about the awful, painful reality inherent in that nested play: "It's *only* a play!"

VII. The foregoing examples address nested dreams and works of art. However, other mental phenomena may deny their content—such as hallucinations. An instance of a nested visual hallucination occurs in Shakespeare's *Macbeth* (1623b). Macbeth hallucinates a dagger that leads him toward regicide, the murder of Duncan. The hallucination is truly *nested* within the play, separated from the rest of the action by being a solitary, purely mental phenomenon, in precise analogy to a dream. It is in fact Macbeth communing with himself.

The dagger is a defensively projected expression of Macbeth's own guilt-ridden murderous intention. Through this mechanism, Macbeth tries to deny it. Just as if the hallucination were a dream, the grisly and gory inner reality represented by the dagger is rendered as pointedly antithetical: the dagger is at once both *seen* and yet also *not felt*. And Macbeth repeatedly uses this antithetical quality of the dagger to test whether it is real. This is the associated problem of reality that preoccupies him. And he consistently finds the dagger to be a (mental, internal) vision and not a (concrete, external) reality.

Is this a dagger which I see before me,
 The handle toward my hand? Come, let me clutch thee.
 I have thee not, and yet I see thee still.
 Art thou not, fatal vision, sensible
 To feeling as to sight? Or art thou but
 A dagger of the mind, a false creation,
 Proceeding from the heat-oppressèd brain?
 I see thee yet, in form as palpable
 As this which now I draw.
 Thou marshal'st me the way that I was going,
 And such an instrument I was to use.
 Mine eyes are made the fools o' the other senses,
 Or else work all the rest. I see thee still,
 And on thy blade and dudgeon gouts of blood
 Which was not so before. *There's no such thing.*
 It is the bloody business which informs
 Thus to mine eyes. [II, i, 33-49, italics added]

And so, as Macbeth grasps his own concrete and palpable dagger in preparation for murder, the hallucinated dagger becomes bloody. This correlates his inner intention with the externalized dagger. In this way, he solves the problem of the hallucinated dagger's seeming reality. He accepts it as his own inner vision. He assumes full responsibility for his evil intent.

Multiple Nested Dreams and Works of Art and the Exaggerated Problem of Reality

There appears to be a quantitative dimension to the correlation between nested ideation and the problem of reality. For, where the nesting maneuver is repeated, the problem of reality is very intense, acute, central, and extremely urgent.

VIII. The cinema is replete with a multiplicity of nested representations of nonreality and, correspondingly, instances where the problem of reality is extremely acute. In Fellini's *8½* (1963), there are many parallel nested dreams, fantasies, memories, and screen tests. However, the principal nested work of art is the movie being made within *8½*. The main problem of reality (among many subordinate ones) is: what movie within the movie is Guido, the agonized filmmaker, actually making? A close viewing of Fellini's containing film indicates that the film being made in the film is actually *8½* itself. Thus, the nested film *is* the containing film. And so, also, the nested movie *contains* the containing movie. This logical (antithetical) absurdity leads inexorably to an insoluble problem of reality so severe that Fellini devised three different, mutually exclusive endings to the containing movie.¹²

IX. In Antonioni's *Blow-Up* (1966), the series of nested photographs of photographs of photographs, and so on, indicate a horrible reality: the murder of an unknown man. But the hapless photographer ultimately cannot prove the crime's concrete, historical reality because he has lost the photographic evidence. This antithetical presentation of an appalling reality then leads to the un-

¹² See Metz (1974) for an elaboration of this formulation.

dermining of all the basic assumptions of reality in the film—a radical, quasi-psychotic problem of reality.¹³

X. The same intense and acute problem of reality occurs in Kurosawa's *Rashomon* (1950). There, three self-serving and mutually antithetical (nested) flashbacks to the same murderous event are contained within a story about a courtroom drama that is itself nested within the film (along with yet another flashback of the event). The result is a sharp sense of bewilderment as to what the truth of the incident really is. *Rashomon* has become the paradigm for the intersubjective problem of reality.

XI. Fosse's film *Cabaret* (1972) is organized according to three serial levels of the containing/nested configuration: cabaret acts nested within a fictional love story, which is itself nested within a quasi-documentary, political depiction of Weimar Germany and the triumph of Nazism. In all three levels, the problem of reality is central to deception and betrayal. Each nested level antithetically both reveals and denies the reality, the truth about the betrayal hidden in the containing level that includes it. The establishment, disruption, and reestablishment of the serial nestings explain the film's acute emotional effects (Balter 2001).

XII. On January 25, 1987, the Sunday Magazine section of the *New York Times* had a full-page cover of a cartoon with an infinite set of serially nested television screens, each showing the scene depicted in the cartoon. (See Figure 5 on p. 429.) The cartoon refers to an article about an urgent problem of reality in sports: does the mechanical, televised instant replay of the game supply a more accurate view of what occurs than does the human referee?

This problem of reality preexisted the creation of the cartoon and gave rise to it—in a manner analogous to the day's residue of a dream. The cartoon on the magazine cover presents the problem in metaphoric terms: the words say, "Will Instant Replay Trip the Ref?" and the full-page cartoon shows a football referee tripping over a small television set. But that television set shows on its (nested) screen the picture of the referee tripping over the television set,

¹³ See Arlow (1980) for a profound psychoanalytic discussion of this film.

which shows on *its* (nested) screen the referee tripping over the television set, and so on, ad infinitum (see Figure 6, p. 430). It is clear that the referee and his plight are being televised and so appear on the television screen, itself being televised, along with the referee tripping over it.

Thus, *the television camera televising its own associated television screen causes the infinite series of nested television screens to depict the scene*. The television camera captures—and the television set displays—the painfully depreciating reality about the referee: he does not *see* the television set and so trips over it; but the television camera *does* “see” it all and *displays* it, infinitely, on the television screens. The cartoon, in effect, states: “Television has powers of observation superior to those of the referee.”

However, also inherent in the problem of reality is the fact that the technology of television cannot make judgments; only human beings can—regardless of the way they make observations and obtain information. That is: “Television cameras and screens are *only* machines!” The superiority of television technology is thus denied. Accordingly, the cartoon presents a painful reality antithetically, with both aspects of the problem of reality sharply indicated but not resolved. It states: “Television may depict the truth about the game and exhibit the referee’s imperfect *perception* of reality; but only the human referee, however fallible, can make a *judgment* about the reality of the game.” There is no conclusion provided in the picture as to whether or how referees can use instant replay in their refereeing activities.

Summary and Discussion

The present investigation of works of art containing nested dreams and other works of art has demonstrated the following empirical generalizations.

1. The nested ideational element only partially denies a painful reality. And that reality is manifested antithetically—that is, both denied and affirmed. In any particular instance, the denial or affirmation may have pre-

dominant validity. Or, each opposing view may have roughly equal weight. The nested ideation and the antithetical presentation of reality are always associated with the problem of reality, the problem of deciding what is real or true.¹⁴ These same phenomena were also observed in dreams containing nested dreams and works of art. The attempts in the previous study of dreams to explain these correlated phenomena might then be applicable *mutatis mutandis* to the present study as well (see Balter 2005, pp. 696-697).

It is impossible to determine whether that series of mental events, inferred from the previous study of dreams, occurred in the formation of any work of art studied here. However, the close correspondence between the findings of the two studies gives some indication that the same or similar mental processes were involved. The opening up of the world of art to findings analogous to those found in dreams allows the inference that the correlated mental processes demonstrated in both those disparate realms, and derived from vastly disparate persons, are ubiquitous and deserve to be considered universal.

2. The examples of works of art presented above also demonstrate that the manner by which the problem of reality is associated with the nesting configuration is enormously variable. But, given the tremendously plastic versatility and inventiveness embodied in works of art, the consistent correlation of the nested elements with the problem of reality is truly surprising. Also, the empirical generalizations appear to be valid regardless of the nature of the artistic creativity, the nature of the beholder's apprehension of the work of

¹⁴ This statement does not imply its converse: the presence of the problem of reality in a work of art is not always correlated with nested ideation and the antithetical presentation of reality.

art, the cultural and aesthetic tradition, the artistic technology, the means and modes of artistic communication, the social functions of art, and so forth. Therefore, it would appear that, in the complexities of artistic creativity, the presence of dreams or works of art in the manifest content of works of art substantially ensures the presence of another element in the manifest content: the problem of reality. And the determining mental processes appear to be ultimately of the same nature as those inferred and observed in comparable dreams.

It should be emphasized that the generalizations established here about art do not apply to just *any* sort of nested ideational mental content (besides dreams) or nested ideational communicative vehicles (besides works of art). Those generalizations do not apply to nested ideational elements presented as factual, informative, or pragmatic. The general correlations established here apply *only* to certain nested states of mind and to certain nested communicative vehicles that are conventionally taken to represent nonreality—"just a dream," "just a hallucination," "just a play," "just a picture," "just a movie," "just a television image." This would obtain when the reality entailed is an unpleasant one, something one would prefer to deny. These considerations thus apply in *Hamlet* (1603) to Hamlet's (nested) letters to Horatio (IV, vi, 12-32) and to the King (IV, vii, 44-48). The nested letters of Hamlet are *not* conventionalized representations of nonreality. They do not implicitly deny the reality of their content. And so they have no associated problem of reality.

Now, in order to collect data for this investigation of works of art and for the previous one of dreams, I became purposefully vigilant in examining dreams (those of my patients and those reported in the literature) and works of art (in all manner of genres). My interest led to a particular empirical impression: nested dreams and works of art are extraordinarily frequent in works of art, but their frequency in dreams is minuscule by comparison. This quantitative impression of relative frequencies may be due



FIGURE 3 ¹⁵

¹⁵ Image courtesy of Kunsthistorisches Museum, Wien oder KHM, Wien, Austria. Used by permission.



FIGURE 4

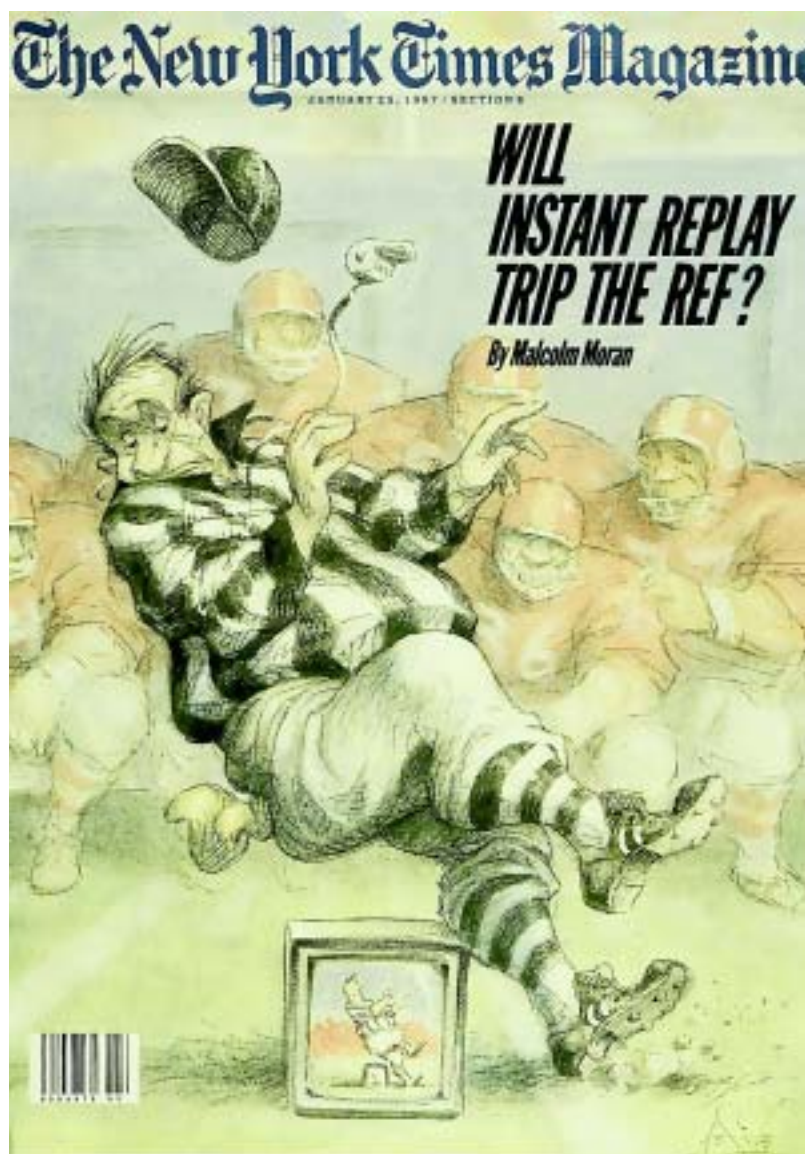


FIGURE 5 ¹⁶

¹⁶ © 1987, *The New York Times*. Used by permission.



FIGURE 6

simply to errors of sampling, or to characteristic preoccupations of artists (dreams and art)—preoccupations not shared by dreamers. However, something more basic in mental life may be involved. Works of art are communicative vehicles and thus require more coherent, logical, and realistic psychic functioning in their formation than typically occurs in dreams. Since nested dreams and works of art as denying representations of nonreality require relatively effective (nonregressed) reality testing, they tend to be used much more frequently in works of art than in dreams.

The current formulations on nested ideation and the problem of reality in dreams and works of art may be seen as a special instance of a more general formulation forcefully enunciated by Brenner (e.g., 1994). According to Brenner, compromise formation is the basic unit of all psychic activity. It integrates the four essential components of intrapsychic conflict: infantile drive derivatives, unpleasant affects associated with dangers and calamities, defenses, and moral strictures. In each situation of conflict, the mind functions to achieve the greatest amount of pleasure or gratification with the least amount of unpleasure—that is, it operates in accordance with the pleasure-unpleasure principle. To that end, all the components of conflict must be to some degree *compromised*: each must be partially successful and partially unsuccessful in its effectiveness.

In the present two studies (this article and Balter 2005), a containing dream or work of art may profitably be viewed as a compromise formation. There would then be an expectation that *any* such dream or work of art would entail, *inter alia*, a partially successful and unsuccessful defense. Also, if it is of relevance, there may be an associated perspective on the environment. However, that perceived view of the environment—“reality”—is itself also a compromise formation. It thus must also be “compromised” in its veracity; that is, it must be influenced by and express intrapsychic trends that pertain to factors and concerns other than veridicality. As Brenner (1994) stated:

One perceives what one can perceive, that is, whatever one's sensory apparatus permits one to perceive, and . . . one deceives oneself about what one has perceived in accordance with the pleasure-unpleasure principle. To put the matter in other words, every perception is itself a compromise formation. [p. 484]

Brenner's formulations have general validity. The present line of investigation demonstrates that nested dreams and works of art function as a specific form of defense—the denial of a painful reality—and that this defense is partially successful and partially unsuccessful. Further, this specific nested manifest content is consistently correlated with a view of reality compromised by its markedly antithetical nature. What is peculiar to these forms of nested ideation in dreams and works of art is the consistent presence of the problem of reality. Thus, dreams and works of art with nested dreams and art appear to have *general* attributes of compromise formations. This investigation focuses attention on them and attempts to explain their *special* attributes by the effects of the nesting maneuver itself.

PART II: ON THE ORIGIN OF REALITY TESTING

The preceding studies of nested ideation in dreams and in works of art in association with the problem of reality suggest that the insights derived may allow a closer examination of reality testing. It may be seen that a comparable state of affairs, similar to that of the nested/containing configuration, may well obtain early in the development of reality testing, and even that this is intimately related to its origin.

As mentioned earlier, Freud (1911, p. 219) maintained that the pain of frustrations imposed by reality turns the mind outward to the exploration of that reality. Distressing reality thus mobilizes the problem of reality, and so, also, of reality testing. Most usually, reality testing eventually becomes a "preconscious automatism" (Hartmann 1939, pp. 86-99). It then typically takes place outside of consciousness, a quality that gives it desirable speed and efficien-

cy in the solution of the pragmatic problems of everyday life. When practical difficulties in the efficacy of reality testing occur, the experience of frustrating cognitive deficiency comes to the foreground of consciousness. That is, reality as a problem or the problem of reality becomes conscious—and so does reality testing which, because it is conscious, is now slower and much less efficient. Increased mental effort is then directed toward posing the conscious problem of reality and attempting to solve it through conscious reality testing.

The preceding investigations of nested ideation in dreams and art may be relevant to elucidating the origin of reality testing. We might begin with Freud's 1925 paper, "Negation." There, Freud asserted that, before reality testing develops, the child does not distinguish between his thoughts and his perceptions. He naively accepts the content of his thoughts as corresponding to reality, *reality as immediately perceived*.

All presentations originate from perceptions and are repetitions of them. Thus, originally the mere existence of a presentation was a guarantee of the reality of what was presented. The antithesis between subjective and objective does not exist from the first. [p. 237]

This is another way to state the principle of the (magical) omnipotence of thoughts and the narcissistic overestimation (or sexualization) of thinking, homologous to the narcissistic overestimation (or sexualization) of the body (Freud 1912-1913, p. 89). This attitude toward thought bespeaks very early mental development: primary process thinking and the dominance of the pleasure principle. "What I think, *is!*" With further mental development, the child realizes that an idea, previously taken for granted as corresponding to reality, may not in fact do so. Thus does reality testing emerge.¹⁷ As stated, in the terms used here, reality testing at-

¹⁷ The age of the child at which this developmental step takes place is here deliberately set to one side. The ontogenetic process described so schematically here very probably takes place with much progression and regression before it finally consolidates to become a relatively stable fixture of mental life. For purposes of discussion, this developmental step may here be considered a unitary event.

tempts to solve the problem of reality—that is, the problem of making the judgment about what is real, of determining what is true. In this regard, Freud (1925) referred to the “sort of decision made by the function of judgment—as to the real existence of something of which there is a presentation [reality testing]” (p. 237).

There is some urgency to solve that problem, to make that decision. For, if the problem of reality is not solved, there will inevitably be (more) pain of frustration, pain of injury, or even danger to survival. But Freud also pointed out that the emotional pain of *disillusionment* will be evoked through that developmental advance (the emergence of reality testing). There will be the realization that some previous gratifying assumptions and expectations concerning other people will have to be given up: “But it is evident that a precondition for the setting up of reality-testing is that objects shall have been lost which once brought real satisfaction” (1925, p. 238).¹⁸

With this remark, Freud was stating that the apprehension of reality is by no means a pleasant process. He may well have been referring to Ferenczi’s 1913 paper, “Stages in the Development of the Sense of Reality,” where it was argued that the ability to test reality can occur only by the child’s relinquishment of his sense of personal omnipotence over the environment (including over other people who nurtured that sense of omnipotence). The relation of pain to the achievement of reality testing appears to be reciprocal: each induces the other. As will be seen below, the present investigation posits the pain of reality and antithetical ambiguity about it to be the prompters of reality testing and of the ego’s pro-

¹⁸ In part because of this, the institution of reality testing must take place against a defensive resistance. There must be a wish to *not* know reality, as well as a need to know it. See, for example, the paper by Stanley Olinick (1957), which brings to the fore the ambivalence involved in *questioning* and seeking truth and reality. “My thesis is that any act of questioning is an instance of the general ‘interrogation of nature’ that has come to be the special prerogative of science and philosophy; that, in whatever context, questioning is an aggressive, and often violent act, inextricably linked with a seeking out of knowledge and truth, variously defined; that the discerning of this ‘truth’ with the aid of the question is a painful process, against which the human organism has erected quite efficient defenses; and that, paradoxically, the question not infrequently is utilized to bar access to what might become known. In this connection, the relationship of questioning and the defense mechanism of negation will be examined” (p. 302).

gressive cognitive and adaptive engagement with reality. But, as stated here, reality testing also prompts psychic pain. This was further argued by Ferenczi in 1926 when, in explicit reaction to Freud's "Negation" paper (1925), he published another paper on the development of the sense of reality: "The Problem of Acceptance of Unpleasant Ideas—Advances in Knowledge of the Sense of Reality." Ferenczi was wedded ultimately not to the ego, but to the drives as the main promoters of progressive development. And he stated that the acceptance of painful reality must be masochistic:

Whenever adaptation is achieved, [an] . . . as it were masochistic, alteration in the direction of aggression plays a part The remarkable thing about this self-destruction is that here (in adaptation, in the recognition of the surrounding world, in the forming of objective judgements) . . . [a] partial destruction of the ego is tolerated, but only for the purpose of constructing out of what remains an ego capable of still greater resistance. [1926, pp. 376-377]

Ferenczi added, furthermore, that:

. . . the ultimate forming of a judgement [reality testing] . . . represents *an inner discharge*, a reorientation of our emotional attitude to things and to our ideas of them Recognition of the surrounding world, i.e., affirmation of the existence of something unpleasant, is, however, only possible after defense against objects which cause "pain" and denial of them are given up, *and their [painful] stimuli, incorporated into the ego, transformed into inner impulses*. The power that effects this transformation is the Eros that is liberated through instinctual defusion. [1926, p. 379, italics added]

This approach to the origin of reality testing, despite the archaism of Ferenczi's terminology, adds a profound—even tragic—perspective on this crucial step in mental development. It also suggests that the origin of reality testing introduces masochism into mental life very early on.

For his part, Freud did not elaborate much on how the mind shifts *from* an egoistic, narcissistic, magical orientation dominated

by the pleasure-unpleasure principle *to* a realistic, pragmatic, and logical orientation characterized by reality testing and dominated by the reality principle. That is, he did not describe fully just how reality testing originates. But he did have something very valuable to say about it.

Freud did not begin his formulation on the origin of reality testing in a simplistic and commonsensical manner—that is, with the pragmatic and adaptive need to test reality. He did not begin with the problem of reality itself. Rather, he began his exposition—apparently paradoxically—with *the emotional need to repudiate reality*. This quintessentially psychoanalytic approach was based on the fact that repression and the pleasure-unpleasure principle had to be effectively overcome before reality testing could come into being. Freud (1925) pointed to *negation* as the precondition of that progressive developmental direction: “With the help of the symbol of negation, thinking frees itself from the restrictions of repression and enriches itself with material that is indispensable for its proper functioning” (p. 236).

Negation thus allows painful ideas to gain access to and remain in consciousness, under the proviso that they are deprived of validity or credibility: “It is *only* an idea and *not reality*!” Freud’s (1925) instances of this phenomenon derive from an easily recognized recurrent phenomenon in clinical work. For example, the patient may say:

“You ask who this person in the dream can be. It’s *not* my mother.” We emend this to: “So it *is* his mother”. . . . It is as though the patient had said: “It’s true that my mother came into my mind as I thought of this person, but I don’t feel inclined to let the association count.” [p. 235]

In saying “It’s not my mother,” the patient keeps the unpleasant idea of his mother in consciousness and available for further work on the dream.

At the time of its origin, this negating maneuver is the beginning of conscious acceptance of painful, otherwise-repressed ideas about reality. *It is a truly revolutionary event in the development of thinking*. For, at its beginning, negation is still magical and adheres

to a great degree to the pleasure-unpleasure principle (Freud 1925, pp. 235-236); nevertheless, it is also the beginning of the reality principle in thinking. Freud stated:

But the performance of the function of judgement [i.e., reality testing] is not made possible until the creation of the symbol of negation has endowed thinking with a first measure of freedom from the consequences of repression and, with it, from the compulsion of the pleasure principle. [p. 239]

What is absent from Freud's description is just *how* negation accomplishes this progressive developmental process toward reality testing—or, more accurately, *how* negation provides the necessary precondition for reality testing.

Now, in order to deprive an idea of validity or credibility, to repudiate it, that idea must nevertheless be conscious, recognized, and acknowledged. Viewed in the present context, the idea must still partake to some extent of its previous naive, automatic acceptance and affirmation. Thus, negation not only allows ideas of painful reality to remain conscious; but, in so doing, simultaneously both affirms and also repudiates them. Therefore, the following proposition is implicit in Freud's formulation: *negation is an antithetical apprehension of reality*—"antithetical" in the same sense and manner as was seen regarding nested dreams and works of art in containing dreams and art.

Negation is observed very frequently inside and outside the psychoanalytic situation, and so may be analyzed as such. But negation at the time of its inception in very young children cannot be analyzed with comparable reliability.¹⁹ Even so, the present investigations of dreams and art may have isolated a mental configuration that pertains to the origin of reality testing out of negation. The psychological processes applicable to nested ideation in dreams and art of adults may be brought to bear here on the much more archa-

¹⁹ Negation actually has its own developmental line: rejection, refusal, denial (Litowitz 1998). To simplify the current discussion, the term *negation* refers here only to its final stage.

ic mental process of negation present in the mental life of very early childhood. Of importance here is that, in adults, the antithetical apprehension of painful reality in dreams and art mobilizes the problem of reality. There is then some reason to posit that *the same antithetical cognitive configuration around painful reality also induces the problem of reality when negation comes into being in the child's early mental life*. The evocation of the problem of reality would then be the mediating developmental factor between the emergence of (inherently antithetical) negation and the advent of reality testing in mental life.²⁰

This view leads to a more elaborated conceptualization of negation. Negation originates in a stage of development intermediate between the *previous* dominance of the pleasure-unpleasure principle, characterized by the magical omnipotence of thoughts,

²⁰ This formulation is closely related to those of Fonagy and his associates, in their empirical and clinical work with children and borderline adult patients (see Fonagy 1991; Fonagy and Target 1996, 2000; Target and Fonagy 1996). They elucidated two essentially antithetical attitudes toward reality in young children: *equivalence* and *pretend*. The two orientations appear to correspond roughly to the accepting and repudiating reality orientations, respectively, which were highlighted by Freud in "Negation" (1925) and which form the foundation of the present discussion. The work of Fonagy and his associates thus constitutes, to that extent, an empirical corroboration of the present investigation. Further, these researchers view the two orientations as together bringing about the child's awareness of his own mental life. They coined the term *mentalization* for this developmental achievement. In fact, mentalization forms part of the core of reality testing—that is, the process of distinguishing a (mental, internal) *idea* from a *perception* (of a nonmental, external reality). Thus, their concept of mentalization in children contributes to an explanation of the origin of reality testing, effectively paralleling the present work. They explain the development of mentalization (and so, by implication, of reality testing) as deriving, in the fourth and fifth year, from the child's *identification* with the caretaker's thinking about the child's thinking. Their work thus points to an *environmental, object-relational* element in the origin of reality testing.

However, there is a difficulty with their identificatory view. Mental functions cannot originate *only* by identification with caretakers' mental functions. Children must first be capable of performing those functions; and that capability occurs through a *combination* of both endogenous and exogenous factors. This is what the present formulation addresses. Here, the origin of reality testing is seen to derive from negation's engagement of the painful environment, and this leads to the problem of reality in mental life. The developmental processes proceeding from negation to reality testing thus indicate a *precondition* to mentalization through identification with the caretaker's thinking about the child's thinking.

and the *future* dominance of the reality principle, epitomized by reality testing. Magical thinking is still partially in effect. For the negating maneuver is itself a magical attempt to invalidate the dawning awareness of reality, with all the pain attached to it. Only after negation comes into being can effective, practical, realistic action take place. And along with that come all the other adaptive advantages in the struggle for survival of the human organism. The hypothesis of the antithetical nature of negation helps to explain the transition from the pleasure-unpleasure principle to the individual's concern for self-preservation and survival. For, as Freud (1933) stated:

Our endowment with the pleasure principle does not guarantee us against objective injuries It is a long step from the pleasure principle to the self-preservative instinct; the intentions of the two of them are very far from coinciding from the start. [p. 94]²¹

The current formulation about negation helps fill in some of the points in that "long step."

After the appearance of negation in mental life, magic and the omnipotence of thoughts gradually give way to curiosity, empirical judgments, and pragmatism. But doubt, skepticism, disbelief, suspicion, and loss of certainty also come into being. These are the consequences of negation and the associated problem of reality in mental life.²² And Freud, in "Negation" (1925), pointedly stressed the experience of cognitive deficiency that necessarily accompanies

²¹ See also Freud 1911, pp. 219-220, note 4.

²² Aryeh Feigenbaum (1963), in an extremely erudite paper, pointed out that, in the very structure of language, negation heralds doubt and questioning. He summarized: "The main thesis defended in this paper refers to the peculiar fact that in adult speech in many otherwise unrelated languages, negative particles are frequently used to mark a question or a doubt, a conditional statement, an ardent wish, or an exclamation of surprise. Close examination of these particles and conjunctions introducing apprehensive, optative, and restrictive clauses in a series of languages with who, what, why, what for, if, if not, whether, lest, lest ever, would that, but, etc., not only make it evident that they contain a great amount of negativity, but also proves that they are, in the first instance, subservient to ambivalence" (p. 243). See also Olinick's (1957) exploration of *the question* as a fixture of mental life.

newly developed reality testing. He implied that enhanced engagement with reality falls short of achieving the experience of *conviction*.

The first and immediate aim, therefore, of reality testing is, not to find an object in real perception which corresponds to the one presented [in the mind], but to refine such an object, *to convince oneself that it is still there*. [pp. 236-237, italics added]

Once the problem of reality has become a fixture of mental life prompted by negation of thoughts about distressing reality, it repeatedly induces reality testing, an ego function that requires further mental effort to be carried out—most immediately for defensive and adaptive purposes, but ultimately for gratification. The problem of reality can be reduced to a concise formula: “Is it real? Is it true?” And reality testing can be reduced (too simplistically) to distinguishing between ideas and perceptions (see Hartmann 1956, p. 43). Even so, reality testing is not a monolithic process. Reality can be tested in many different ways. It subsumes a multitude of strategies and criteria for solving the problem of reality. The child, and later the adult, will then develop myriad diverse approaches for testing reality. This further development is both culturally and interpersonally conditioned; but it also is essentially unique for each individual. It takes place within the context of idiosyncratic intrapsychic conflicts and unique environmental circumstances. In each individual, the creation, appropriation, sorting out, and selection of strategies and criteria for apprehending and testing reality continue throughout life. The process shows no great concern for generality or logical consistency. Nor is it by any means foolproof and immune from the distorting effects of intrapsychic conflict (Abend 1982, p. 228; Brenner 1996, p. 320).

With repeated reality testing, certain categories of thinking become generalized as not corresponding to reality. They thus become *conventionalized representatives and representations of non-reality*. Even though these representations exist in mental life by virtue of their inherent reality testing, they may nevertheless be

used to deny painful reality. In that capacity, they can function as denying elements in various contexts. Among these conventionalized representations, dreams and works of art have been of particular concern here.

The studies of nested ideation in dreams and in art both explore and elaborate two kinds of denial through representations of nonreality ("It is *only* a dream!" and "It is *only* a work of art!"). Therefore, this is a very circumscribed investigation. But, as is well known, denial is a very common phenomenon in mental life and human affairs. In everyday life, people deny disturbing or painful reality quite easily, frequently, and generally successfully. This occurs in health as well as in pathological circumstances (Stewart 1970). Most often, people who deny reality do not become consciously concerned with the problem of reality. Indeed, they usually energetically eschew that particular problem, if it arises at all.

Nevertheless, this line of investigation shows the organic relation between the problem of reality and the two forms of denial. Other forms of denial include the following: negative hallucination (Freud 1901; Wimer 1989; Wimer-Brakel 1989), fetishism (Freud 1927), splitting of the ego in the process of defense (Freud 1940), transvestitism (Fenichel 1930), denial in fantasy (A. Freud 1936), the "vertical split" (Kohut 1971), the verbal expression "Yes, but . . ." (Abend 1975), the character trait "I didn't mean it" (Weinshel 1977), leaderless group formation (Balter 1978), and anosognosia (Kaplan-Solms and Solms 2000). Alerted to this line of investigation, we would find it of great interest to see whether and how some manifestation of the antithetical presentation of reality, and/or of the problem of reality, occurs in any of these (or other) instances of denial.²³

The notion that nested dreams and nested works of art tend to provoke the problem of reality in dreams and art suggests the following teleological speculation. Dreams and works of art, as nested elements in everyday waking and pragmatic mental life, may provoke the problem of reality—subliminally or manifestly—

²³ See, for instance, Wimer 1986, 1989.

in those arenas as well. They would thus repeatedly stimulate the mind to sharpen and strengthen its reality testing (Smith 2005). Dreams and art may then take on adaptive or survival value, besides their well-demonstrated wish-fulfilling value. Whatever their origins as biological and social phenomena, this reality-enhancing *change of function* might have activated a selective pressure that favors dreaming and the creation of art in biological and social evolution.

Acknowledgments: The author is indebted to many friends and colleagues for their comments on earlier versions of this paper. Among these, Jacob A. Arlow, Charles Brenner, William I. Grossman, and Norman M. Margolis deserve special mention. Most particularly, he is grateful to the Program Committee of the New York Psychoanalytic Society, and especially to Naemi Stilman, M.D. Her clear thinking and clear prose immensely benefited this paper.

REFERENCES

- Abend, S. M. (1975). An analogue of negation. *Psychoanal. Q.*, 44:631-637.
- (1982). Some observations on reality-testing as a clinical concept. *Psychoanal. Q.*, 51:218-237.
- Arlow, J. A. (1971a). A type of play observed in boys during the latency period. In *Separation-Individuation: Essays in Honor of Margaret S. Mahler*, ed. J. B. McDevitt & C. F. Settlage. New York: Int. Univ. Press, pp. 157-170.
- (1971b). Character perversion. In *Currents in Psychoanalysis*, ed. I. M. Marcus. New York: Int. Univ. Press, pp. 317-336.
- (1980). The revenge motive in the primal scene. *J. Amer. Psychoanal. Assn.*, 28:519-541.
- Bak, R. (1968). The phallic woman: the ubiquitous fantasy in perversions. *Psychoanal. Study Child*, 23:15-36.
- Balter, L. (1978). Leaderless groups. *Int. Rev. Psychoanal.*, 5:331-350.
- (1999). On the aesthetic illusion. *J. Amer. Psychoanal. Assn.*, 47:1293-1333.
- (2001). The frame-in-frame structure of "Cabaret." *Projections* 46, 14:12-32.
- (2005). Nested ideation and the problem of reality: dreams and works of art in dreams. *Psychoanal. Q.*, 74:661-701.
- Blow-Up* (1966). A movie directed by M. Antonioni, produced by C. Ponti. Bridge Films; Warner Home Video.
- Brenner, C. (1994). The mind as conflict and compromise formation. *J. Clin. Psychoanal.*, 3:473-488.

- (1996). Environmental factors in the development of reality testing. In *The Perverse Transference and Other Matters: Essays in Honor of R. Horacio Etchegoyen*, ed. J. L. Ahumada, J. Olagaray, A. K. Richards & A. D. Richards. Northvale, NJ: Aronson.
- Brunswick, R. M. (1940). The preoedipal phase of the libido development. *Psychoanal. Q.*, 9:293-319.
- (1943). The accepted lie. *Psychoanal. Q.*, 12:458-464.
- Cabaret* (1972). A movie directed by B. Fosse, produced by C. Feuer. ABC Circle Films; Warner Home Video.
- Dällenbach, L. (1977). *The Mirror in the Text*, trans. J. Whiteley with E. Hughes. Chicago, IL: Univ. of Chicago Press, 1989.
- 8½* (1963). A movie directed by F. Fellini, produced by A. Rizzoli. Cinemiz; Criterion Collection DVDs.
- Feigenbaum, A. (1963). Notes on negation, affirmation, and magical thinking. *Psychoanal. Q.*, 32:215-245.
- Fenichel, O. (1930). The psychology of transvestitism. In *The Collected Papers of Otto Fenichel: First Series*. New York: Norton, pp. 167-180.
- Ferenczi, S. (1913). Stages in the development of the sense of reality. In *Sex in Psychoanalysis*. New York: Basic Books, 1950, pp. 213-239.
- (1926). The problem of acceptance of unpleasant ideas—advances in knowledge of the sense of reality. In *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Hogarth/Inst. Psychoanal., 1969, pp. 366-379.
- Fonagy, P. (1991). Thinking about thinking: some clinical and theoretical considerations in the treatment of a borderline patient. *Int. J. Psychoanal.*, 72:639-656.
- Fonagy, P. & Target, M. (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *Int. J. Psychoanal.*, 77:217-233.
- (2000). Playing with reality: III. The persistence of dual psychic reality in borderline patients. *Int. J. Psychoanal.*, 81:853-873.
- Freud, A. (1936). *The Ego and the Mechanisms of Defense*. New York: Int. Univ. Press, 1966.
- Freud, S. (1900). The interpretation of dreams. *S. E.*, 4/5.
- (1901). The psychopathology of everyday life. *S. E.*, 6.
- (1911). Formulations on the two principles of mental functioning. *S. E.*, 12.
- (1912-1913). Totem and taboo. *S. E.*, 13.
- (1916-1917). Introductory lectures on psychoanalysis. *S. E.*, 15/16.
- (1925). Negation. *S. E.*, 19.
- (1927). Fetishism. *S. E.*, 21.
- (1933). New introductory lectures on psychoanalysis. *S. E.*, 22.
- (1940). Splitting of the ego in the process of defence. *S. E.*, 23.
- Grinstein, A. (1956). The dramatic device: a play within a play. *J. Amer. Psychoanal. Assn.*, 4:49-52.

- Hartmann, H. (1939). *Ego Psychology and the Problem of Adaptation*. New York: Int. Univ. Press, 1958.
- (1956). Notes on the reality principle. *Psychoanal. Study Child*, 11: 31-53.
- Jones, E. (1949). *Hamlet and Oedipus*. New York: Doubleday.
- Kaplan-Solms, K. & Solms, M. (2000). *Clinical Studies in Neuro-Psychoanalysis: Introduction to Depth Neuropsychology*. New York: Int. Univ. Press.
- Kohut, H. (1971). *The Analysis of the Self*. New York: Int. Univ. Press.
- Kris, E. (1952). *Psychoanalytic Explorations in Art*. New York: Int. Univ. Press.
- Lewin, B. (1948). The nature of reality, the meaning of nothing, with an addendum on concentration. *Psychoanal. Q.*, 17:524-526.
- Lewin, B. & Bunker, H. A. (1951). A psychoanalytic notation on the root GN, KN, CN. In *Psychoanalysis and Culture*, ed. G. Wilbur & W. Muensterberger. New York: Int. Univ. Press, pp. 363-367.
- Litowitz, B. E. (1998). An expanded developmental line for negation: rejection, refusal, denial. *J. Amer. Psychoanal. Assn.*, 46:121-148.
- Malcove, L. (1933). Bodily mutilation and learning to eat. *Psychoanal. Q.*, 2:557-561.
- Metz, C. (1974). *Film Language: A Semiotics of the Cinema*. New York: Oxford Univ. Press.
- Olinick, S. L. (1957). Questioning and pain, truth and negation. *J. Amer. Psychoanal. Assn.*, 5:302-324.
- Rashomon* (1950). A movie directed by A. Kurosawa, produced by M. Jingo. Daiei Motion Picture Co.; Embassy Home Entertainment.
- Shakespeare, W. (1600). *A Midsummer Night's Dream*. In *The Comedies of William Shakespeare*. New York: Random House, 1994.
- (1603). *Hamlet*. In *The Tragedies of Shakespeare in Two Volumes*. New York: Random House, 1940.
- (1623a). *Julius Caesar*. New York: Random House, 1940.
- (1623b). *Macbeth*. New York: Random House, 1940.
- Smith, H. F. (2005). Personal communication.
- Stein, H. H. (2005). Finding unconscious conflict in *Neverland*. *Bull. Psychoanal. Assn. of NY*, 43(3):19-24.
- Stewart, W. A. (1970). The split in the ego and the mechanism of disavowal. *Psychoanal. Q.*, 39:1-16.
- Target, M. & Fonagy, P. (1996). Playing with reality: II. The development of psychic reality from a theoretical perspective. *Int. J. Psychoanal.*, 77: 459-479.
- Weinshel, E. M. (1977). "I didn't mean it"—negation as a character trait. *Psychoanal. Study Child*, 32:387-419.
- Wilde, O. (1890). *The Picture of Dorian Gray*. New York: Quality Paperback Book Club, 1993.

- Wimer, L. A. (1986). "Nothing is missing . . . yet": two disturbances in the sense of reality and a woman's fantasied phallus. *Psychoanal. Q.*, 55:301-305.
- (1989). Understanding negative hallucination: toward a developmental classification of disturbances in reality awareness. *J. Amer. Psychoanal. Assn.*, 37:437-463.
- Wimer-Brakel, L. (1989). Negative hallucinations, other irretrievable experiences and two functions of consciousness. *Int. J. Psychoanal.*, 70:461-479.

544 East 86th Street – 1SW
New York, NY 10028

e-mail: LBalterMD@aol.com

THE WISH FOR REVENGE

BY LUCY LAFARGE, M.D.

The wish for revenge is a ubiquitous response to narcissistic injury, and particularly to the narcissistic injury that accompanies oedipal defeat. Vengeful fantasy serves to represent and manage rage and to restore the disrupted sense of self and internalized imagining audience that have resulted from injury. Clinical and literary examples demonstrate the split within the representation of the self and the imagining other that underlies the wish for revenge, and the way that this split operates differently in the psychic economy of the transiently and the chronically vengeful.

INTRODUCTION

Revenge is a ubiquitous theme in mental life. The wish for revenge draws the avenger into a narrow, dark world of power and hatred. Entry into the state of conscious vengefulness is often sudden, felt to be a magical solution to aggressive conflicts that reverberate on many levels. This quality of a sudden crystallization has led Rosen (2004) to describe the emergence of vengeful wishes, aptly, as "falling in hate." The experience of vengefulness in ourselves and others also makes us aware of the tenacity of vengeful wishes. One does not fall out of hate as readily as one falls out of love. Revenge pushes for action but is not satiated by it. The wish for revenge tends toward obsession, as the avenger, who consciously aims to dominate a painful situation, becomes dominated by his vengefulness.

Although revenge is a frequent theme in literature, the subject of revenge has been relatively neglected in psychoanalytic writing. Often, both in literature and in life, the quest for revenge is set in motion by an oedipal defeat, the loss of a loved one to a rival. This loss is felt by the avenger to be both unjust and unbearable, a catastrophic narcissistic injury that demonstrates not only that he is not loved, but that his very right to have desires of his own and to be heard on an equal basis with others is in question.

In response to this injury, the avenger constructs a story that is familiar to us all. First, he construes what has occurred as a personal attack, casting himself as the innocent victim of a demonized perpetrator. Then, in a dramatic reversal, he righteously seizes power and relentlessly pursues the punishment of the designated agent of his injury. Often, this punishment fits the crime exactly as the avenger inflicts on his enemy the very injuries that he himself has suffered.

Psychoanalytic writers about revenge have explored the interplay of oedipal and preoedipal themes in the injury that triggers the quest for revenge. For the avenger, oedipal disappointment rekindles early narcissistic rage; the later, triangular situation permits displacement of this rage from the disappointing early parent, now identified with the beloved oedipal parent, onto the rival. The presence of vengefulness as a prominent motive has thus been seen as an indication that oedipal wishes screen and are animated by narcissistic concerns (Arlow 1980; Riviere 1932; Socarides 1966). The almost universal presence of vengeful wishes may be seen as evidence of the widespread survival of early narcissistic conflicts and their ready availability to be revived under conditions of heightened aggression.

A number of analytic writers have explored the qualities of the scenario that the avenger constructs and the way this scenario functions to manage aggression. The avenger's familiar tale of victimization, villainy, and retribution reflects a regression to an object world dominated by splitting and projection (Lansky 2001; Steiner 1996). The figure of the beloved oedipal parent is split as a defense against the avenger's rage. Split-off, hated, and destruc-

tive aspects of this parent are condensed with the figure of the rival/perpetrator, and this demonized figure is also felt to contain the avenger's own projected rage. The avenger enjoys the luxury of guilt-free hatred and destructiveness, both because of his self-perception as blameless and because of his imagined alliance with a superego figure (the beloved oedipal parent), who is felt to demand the punishment of the perpetrator (Steiner 1996). The turn to revenge is also seen as a defense against the shame associated with narcissistic injury and perceived helplessness (Lansky 2001; Wurmser 2000).

In this paper, I will explore what I believe is another critical dimension of the quest for revenge. This dimension has to do with the universal wish to maintain a sense of individual meaning, to pull together the threads of one's life into a story, and, inextricably tied to this wish, the wish for the sense of an audience, an imagining other, by whom this story will be known and valued. From this perspective, the injury that kindles the wish for revenge is felt by the avenger-to-be as a disruption in his sense of individual meaning and value, and, correspondingly, a disruption of the sense that his story is important to, or even recognized by, those figures in internal and external reality whose recognition is felt to be of critical importance. The wish for revenge reflects the avenger's efforts to construct a story from this experience of felt disruption and anger and, linked to this, to reestablish the sense of an audience to whom this story can be made known.

Using clinical and literary examples, I will demonstrate the way in which the avenger's response to a meaning-disrupting injury, and his struggle to reestablish the sense of a meaning and an audience to hear it, are built upon fantasies about meaning construction and the relation of the meaning-constructing self to an internal audience. These fantasies are rooted in the avenger's early wishes and experiences with constructing a sense of self, and linked wishes and experiences with his early audience, the imagining parent. It is the quality of these enduring fantasies about the way meaning is constructed together, by self and imagining parent—fantasies that long antedate the specific injury triggering

the wish for revenge—that determines whether vengefulness will be a passing concern or a lifelong quest.

The Imaginer and the Imagined

In an earlier paper (LaFarge 2004), I explored the group of fantasies that depict the child and the imagining parent who participates in the construction of the child's inner world of objects and meanings. I called these *fantasies of the imager and the imagined*. In narcissistic disorders, these fantasies are often split (Britton 1998) and highly fantastical, and they are very prominent. As the analysis of narcissistic patients unfolds, fantasies of imager and imagined often give rise to chronic enactments in transference and countertransference that come to dominate the analytic process. The dynamics of revenge show us the way that fantasies of the imager and the imagined are shaped by aggressive tensions between parent and child and play an important ongoing role in the management of these tensions.

The use of the revenge scenario to restore a damaged sense of individual meaning and value and to make this known to others is an aspect of revenge dynamics that has been neglected in psychoanalytic writing, but it is a central theme in many literary works about revenge. In the revenge tragedies of the sixteenth and seventeenth centuries, for example, the avenger's wish to make his story heard is often depicted as a motive as equally powerful as his wish to punish the perpetrator of his injury; and such plays frequently end on this note, with the declaration that the avenger's story is fully told and known (Anonymous 1606; Kyd 1587).

In the clinical situation, fantasies of revenge are often difficult to bring into focus. The patient's vengeful wishes are frequently hidden behind a masochistic presentation or, less frequently, behind a sadistic one. Pieces of the story of revenge tend to be fleeting, broken up, and perceived by only one participant at a time. Revenge is often an organizing plot in the background that we recognize only in retrospect, or at least at a considerable distance from the here-and-now process. Transferences of revenge tend to

touch upon highly conflictual areas for both patient and analyst. Involving as they do issues of the origin of aggression—in the individual psyche, in the object, or in the interaction between the two, in the present moment or in the past—these transferences are linked to overdetermined fantasies about the roots of anger in each participant's own history. Close attention to the way analyst and patient interact as they construct a version of the vengeful patient's experience can help to bring into focus the fantasies of meaning construction that are central to the dynamics of revenge.

A CLINICAL EXAMPLE OF REVENGE

A clinical example from late in the analysis of a patient whom I will call Miss A illustrates these dynamics as they emerged in transference and countertransference. Miss A's analysis was conducted on the couch at a frequency of four sessions per week. As I will describe, the scope of Miss A's vengefulness, and its rootedness in both her history and in the transference, was particularly difficult for me to recognize. The broad organizing effect of revenge dynamics upon Miss A's inner life and upon the analysis became apparent only late in the analysis. (Details of this material are, of course, disguised.)

Sadistic and masochistic themes were prominent in this long analysis. I felt that Miss A and I worked unusually well together. Her associations seemed to unfold with exquisite clarity, and I felt able to understand and integrate them well in my interpretations. Miss A in turn responded to my interventions with a further rich unfolding of material. She moved back and forth between the transference and experiences outside the analysis, in the past and in the present; and our analytic work appeared to lead to significant life change.

Over the first several years, I became aware of an unusual, steady countertransference reaction that I had to Miss A: I always felt engaged and interested in her, but almost never felt shaken or disturbed. This steady listening was reflected in a particular

style of imagining that I tended to adopt with Miss A: as I listened to her, the characters and scenes that she described came alive for me in a flow of visual imagery. Other sensory cues that I might have felt were dim or absent altogether. This was particularly notable in light of the extreme violence and anger of many of Miss A's associations, and the gradual crystallization in her history of an image of her mother as intrusive, paranoid, and at times openly psychotic. Somehow, I did not feel really implicated in Miss A's anger, even when it was manifestly directed toward me. It was as if I felt myself always as a transference object, rather than shifting back and forth between this as-if experience and fuller immersion, as I ordinarily do with patients.

When I presented my analysis of Miss A for peer supervision, colleagues reported a divided reaction: they felt excited and appreciative of the analytic work, and at the same time they tended to feel aware of ugly, disturbing feelings that Miss A stirred up in them, as she did not in me. None of them would have wished to be alone in a room with Miss A. They observed that data from the countertransference, and particularly from the negative countertransference, played less of a role in my formulations than was usual for me. Although I was aware of the dark side of Miss A's material, and this was at the center of my interpretations, it was clear as I listened to my colleagues that I did not feel this dark material as they did.

Anchoring my own fleeting negative responses in the group's countertransference, I was gradually able to allow a fuller sense of disturbance, rage, and paranoid experience to emerge in transference and countertransference. These experiences disrupted the analysis, but the background sense of a steady, understandable unfolding was never lost in a prolonged way, and Miss A and I were ultimately able to integrate the new, disturbing experiences with it.

Late in the analysis, Miss A told me that she had recently committed a serious financial indiscretion at work. She felt guilty and afraid of exposure. Many sessions were devoted to the details of her crime and its context, her seeking legal counsel, and so on. My countertransference was intense and painful. Stunned by Miss

A's revelation, I felt swallowed up by anxiety and unable to think clearly. I felt extremely shaken to learn that, near the end of what had seemed a successful analysis, Miss A would act in such a self-destructive way; and I questioned the meaning of her having concealed her behavior from me as well. I found myself preoccupied with her realistic situation, turning the pages of the morning paper with terror that Miss A's crime would be reported. Fantasies that she would be exposed blended, in my heightened state of anxiety, with fantasies that I, too, would be exposed, as Miss A would openly blame her actions on my failure to understand and help her. I felt as if my fate—and my emotional state—was entwined or even blurred with Miss A's.

After two weeks, Miss A announced gleefully that the whole story of the financial indiscretion had been a fabrication! She had wanted to frighten me and to control my mind. The field that she had chosen in which to elaborate her story was one where she had sensed correctly that she had expertise and I did not. Analysis led to her identification with her psychotic mother and her wish to make me suffer as she had suffered, drawn into the mother's paranoid concerns, uncertain of her own knowledge of the world in the face of the mother's superior experience.

Miss A traced her anger at me and wish to punish me to my recent summer vacation, when I had been off having a good time while she was left to suffer. Like Miss A, I attributed her rage at me to her feelings of exclusion and abandonment at my recent vacation. My own sense of what had happened was dominated by my experience of Miss A's extreme cruelty to me. I was also able, "empathically"—and, as we shall see, defensively—to extend my understanding to encompass the suffering that Miss A herself had experienced at the hands of her mother.

Only long afterward did I realize that, in her cruelty to me, Miss A took a *specific* form of revenge for a *specific* wrong that she felt I had done to her. This realization came in the context of new material that emerged a year later, after we had set a termination date. Miss A now spoke of her sense that she did not exist as a separate person, but was enclosed within my body. Her analytic

work had been in fantasy *encased* within *my* thinking. In our ongoing sense of rich, productive analytic work, we had enjoyed the pleasurable aspect of this fantasy: Miss A's continuous sense of my steady thinking and imagining had permitted her to elaborate a continuous, unfolding sense of herself and to work with this sense of herself analytically. Her sense of safe encasement in the mind of a thinking other had initially precluded any direct expression of her anger, but, ultimately, we were able to include considerable anger within our purview.

With her sadistic manipulation of my thinking, Miss A had shown, and wreaked revenge for, the persecutory aspect of the same fantasy of encasement. Spinning a web of rich associations for me to imagine and integrate, Miss A had felt at one and the same time both understood and emotionally abandoned. Parts of her emotional life—her terror, and her deep sense of disturbance—had remained outside the encasing shell of my imagination, warded off by our joint wish to avoid them and our consequent engagement at a particular level of imagination. For Miss A, the experience of angry aloneness with these unheard experiences had been built up into a second, negative image of an encasing, imagining parent, who had sadistically forced upon her an all-encompassing experience of fear and anger. This sadistic figure drew upon Miss A's history with a psychotic mother, but also incorporated negative aspects of her being heard and imagined by me.

At the time of Miss A's stunning enactment, my defensive retreat from experiencing myself as this persecutory, thought-controlling figure had led me to focus on the historical origin of Miss A's sadomasochistic enactment in her relationship with her mother, to link this to the here-and-now transference, and to sever these from the considerable transference history that we had undergone together. Thus, the story of revenge had been broken up and obscured. My wish to retreat was intensified, I think, because Miss A's negative transference was to me in my activity *as analyst* (Bion 1958). For me, as for Miss A, this transference threatened the legitimacy of my own voice.

Revenge Dynamics in the Case of Miss A

The case of Miss A illustrates the operation of underlying fantasies of imager and imagined that I think are central to the dynamics of the chronic avenger. These fantasies emerged in a series of enactments in transference and countertransference. Over the course of a long analysis, Miss A and I played out identifications with a split fantasy of the imager and the imagined. This split configuration is, I believe, universal in vengeful wishes and action, and it is the *chronicity* of this split that distinguishes the inner world of the chronically vengeful from that of the transient avenger. The fantasy of encasement in the mind of the imagining parent, so central to Miss A's experience, is one that is common, although not universal, in the dynamics of the chronic avenger. Similarly, Miss A's use of lying to accomplish her revenge is a frequent but not universal feature of chronic vengefulness (Kernberg 1984; Wurmser 2000). In a sense, the avenger's lie can be seen as the extreme example of his reversal of the experience of encasement within the mind of the sadistic parent: the compelling lie functions as a sadistic seduction that draws the parent/perpetrator into a hostile, false reality in which he is to be betrayed and lost.

A closer look at Miss A's material shows us the complex way that the enduring split fantasy of imager and imagined, and the linked fantasy of encasement, operated in her inner world. In what I experienced as the main part of our work—my steady listening, Miss A's engaging telling, and our shared sense that we were building a rich model of her inner world—we played out the more positive side of this split fantasy. I was identified with an imagining parent who wanted to know all the facts about Miss A, but was unempathic to certain emotional parts of her experience, particularly her anger and fear.¹ Miss A was identified with a child who

¹ Grotstein (2004) usefully characterizes this figure of the containing parent as one devoted to reality rather than to truth.

subtly shaped her communications in order to maintain the sense of a tie to a parent who was not fully connected to her emotionally.

During the same long phase of the analysis, outside my awareness, and, I believe, outside Miss A's awareness as well, Miss A and I also enacted the darker side of this split fantasy. Here my non-receptiveness to her full panoply of emotions was felt by her to be a sadistic act by a hostile imagining parent who forced an experience of angry, terrified aloneness, insignificance, and betrayal upon the child. My vacation late in Miss A's analysis provided an organizing framework in which this second, sadistic fantasy of imagining parent and imagined child could come alive. In her stunning act of revenge, Miss A both punished me and forced her own painful experience upon me by reversing roles in the fantasy, assuming the role of the sadistic imagining parent and placing me in the role of the child.

For Miss A, *each side of the split figure of the imagining parent was associated with a different level of communicating her experience and constructing a story from it.* The predominant, more positive fantasy, where I was cast as an imagining parent whose attention was continuous but limited in depth, and Miss A as a child who tailored her communications in order to be heard by me, was the setting for the elaboration of a complex story that was told mostly in words. Both Miss A and I consciously felt this story, which deepened and evolved over the course of the analysis, to be authentic, and both of us considered it to be a shared construction, one to which we both freely contributed in a creative way. At this level of story construction and storytelling, I consciously felt that I knew Miss A, and I believe that Miss A consciously felt known by me. This story included anger, but *the anger almost never reached a pitch between us where it disrupted our joint experience of looking and knowing.*

I think that Miss A engaged me at a very even level of imagining by using language that evoked in me both the sense of a story and a great deal of visual imagery. It was as if she turned my attention toward a lighted screen that showed a world full and complete

in itself. Also, she herself brought to the analysis a steady level of engagement in which she did not appear to move nearer or farther away from me. The feeling of steadiness was supported by the fact that, in our enactment of this fantasy, Miss A and I did not exchange roles; I remained cast throughout in the role of imagining parent. I enjoyed the kind of analytic work that Miss A evoked in me; Miss A in turn likely recognized my comfort and tailored herself to it, fitting herself to *my* fantasy of the ideal patient (Smith 2004), at the same time that I unconsciously assumed the role of Miss A's fantasy of a steady but emotionally shallow imager. As Wilson (2003) has described, the close fit between the patient's narcissistic wishes and the analyst's own can lead to an unrecognized, subtle, and chronic enactment.

Miss A did not cease communicating in other ways during this period, but her attention and mine were turned away from these other registers. The second stream of communication, and the image of the split-off listener, was directed to extratransferential figures and, through the parallel process of presentation and supervision, to the members of my peer supervision group.

The second, destructive fantasy of imager and imaged, which came into focus with Miss A's turn toward revenge, was associated with a more primitive mode of communication and a more primitive kind of story. In this state dominated by hatred and terror, projective identification was the main means of communication. Words served primarily to induce affect in the other, and each of us came to know the other by being taken over by the other's painful affect. For the child-victim, this experience was felt to be totally encompassing, extinguishing her own independent view, her very individuality. The repetitively enacted story of seduction and betrayal was rigid and inalterable; the only change that was possible was for us to reverse roles in it.

It seems likely that, for Miss A, *an enduring split within the figure of the imagining other protected both the image of a more positive, steady parent and, linked to this image, the capacity for a higher-level mode of self representation and self experience*. Miss A's con-

sistent identification of me with the more positive side of the split fantasy protected me both from her childhood rage at her parents' failures to understand her, and from the contemporary rage that she might feel at my own failures to understand her fully. And, operating within this split-off, positive system of fantasy, Miss A was able to use our dialogue as a platform to develop and sustain a well-elaborated sense of herself, a story of herself that had a complex, continuous, and flexible narrative structure.

In addition, the fantasy of an imagining parent-child pair who could not tolerate certain fantasies and feelings supported the exclusion of forbidden *content*—particularly, but not exclusively, aggressive content—from the narrative that was constructed. Thus, the splitting off of the more primitive, aggressive fantasy of imaginer and imagined served to protect both a higher-level mode of story construction and particular, wished-for stories.

At the same time, the more primitive fantasy can itself be seen as a way of conserving a second level of meaning and story construction. Although Miss A's dramatic act of revenge was triggered by a specific incident—my vacation, which represented a defeat for Miss A on both oedipal and preoedipal levels—further analysis led to the understanding that the system of angry fantasy that came alive had been built up over a long period. It seems possible that Miss A's fantasy that I, like her mother, had sadistically annihilated her experience of reality—a fantasy that she played out in reverse with her sadistic manipulation of my thinking—was a way of making sense of myriad experiences of being unseen and unheard, or only partly heard, and the anger and injury that these evoked in her. From this perspective, the fantasy of a malevolent imaginer who encased the child in an annihilating reality could be seen as a way of conserving a link with an imagining parent who was felt to be disconnected, fragmented, or lost, and of re-establishing a framework of meaning around the felt disruption that the sense of unknownness and disconnection evokes. Searles (1956) described the defensive function of revenge dynamics in warding off the experience of object loss. The use of the fantasy of

a sadistic imager as a means of maintaining a primitive object tie also accords with Galdston's (1987) description of hatred as providing a form of continuity that represents an early stage of object constancy.

At both levels of thinking and communicating, Miss A maintained a fantasy of being *encased* within my mind. At the higher level, she unconsciously believed me to participate almost omnisciently in constructing a narrative with her, understanding everything that she said, elaborating a story from her associations in total synchrony with her, and guiding the constructions that she made. In a sense, she saw me as providing a frame that perfectly harmonized with her story. In the more primitive, aggressive state, Miss A believed in fantasy that *I* sadistically encased *her* within *my* story, erasing her own individual experience and value; then she turned the tables, encasing me in a nightmarish story in which I felt my fate to hang utterly on hers.

The fantasy that her own experience was encased within the mind of an imagining parent served several important functions for Miss A. Casting me in the role of the imagining, encasing parent, Miss A felt a heightened sense of a *frame*, a sense that she was firmly held within my thoughts. In describing a mirror perversion in a psychotic woman, Malcolm (1970) ascribes a similar function to her patient's perversion: the mirror provided a heightened sense of a frame, which guaranteed the patient's sense of a cohesive self and warded off psychotic disintegration, but did not provide other, more transformative kinds of containment.

At the same time, the fantasy of an encasing imager emphasized the *barrier* between the mind of the imagining parent and the child's experience that was held within it. Miss A cast me as an imagining parent who factually knew about her more primitive and angry experiences, but was impermeable to them. And in her own daily experience outside the analysis, Miss A, identifying herself with such a framing, impermeable imager, both knew and did not know about the more primitive angry aspects of her own experience. Thus, the fantasy of the encasing imager, in both its

interpersonal and its internalized versions, protected an outer shell of higher-level relatedness and meaning, as well as a more positive version of the imagining parent, from a more primitive molten core of rage embedded within it.

Revenge and Shame

The intensity of the avenger's wish to be seen and known by the imagining parent makes him particularly vulnerable to the experience of shame. Shame, the sense of being worthless or bad in the eyes of oneself and others, might be seen as the painful affect that arises from constructing a tie in fantasy to an imagining parent who is felt to be absent, disconnected, or overtly rejecting. The split within the figures of imaginer and imagined that is central to the dynamics of the avenger protects the avenger from shame by protecting the fantasy of a tie to a more steady and attentive imaginer. However, this split also gives rise to a more elaborated and terrifying fantasy of the uninterested, inattentive imaginer—the imago of the sadistic, encasing imaginer—and to the more terrifying fantasy of being deliberately humiliated by the imaginer, an experience that Lansky (in press) aptly calls “paranoid shame.”

We can see both kinds of shame and the relation between them in my countertransferences to Miss A. During the period when Miss A avenged herself upon me with her dramatic lie, I felt overwhelmed by a terrifying feeling of paranoid shame, linked to the fantasy that Miss A would deliberately and publicly expose me as worthless. Looking back after my intense countertransference reaction, I realized that, over the long period of Miss A's analysis, I had warded off signals that might have led to more ordinary, less intense and paranoid shame fantasies. With most patients, I go through times when I feel real doubts that I am helpful or effective—times when I am painfully aware of not living up to my ego ideal as an analyst. With Miss A, I became aware that these self-doubts had been uniquely absent, warded off by my exceptionally good and steady feeling about my work with her—a feeling that

I would now connect with my identification with the split-off figure of the higher-level, more positive imager.²

Revenge and Narcissism

Miss A's shift from the fantasy of being sadistically encased inside the mind of the imager to the fantasy of herself sadistically encasing the imager within her own mind may be seen as an example of destructive or malignant narcissism, and our understanding of the dynamics of revenge deepens our understanding of this regressive state. Rosenfeld (1971) and Kernberg (1984) describe the narcissist's potential to shift, under conditions of severe aggression, from an identification with an omnipotent good object—for Kernberg, the pathological grandiose self—to an identification with a powerful bad object, a mode of functioning in which hatred and power are idealized, and helplessness and the wish to love and depend are projected onto the object.

The shifting fantasies of encasement that we see in the avenger suggest that the shift from positive to destructive narcissism involves a movement through a sequence of fantasies: in the positive narcissistic configuration, the fantasy is one of being encased by an idealized object; under conditions of heightened aggression, the fantasy of being encased by a sadistic imager becomes dominant; and, finally, the shift to malignant or destructive narcissism occurs with the reversal of the sadistic object relation and the identification of the self with the sadistic imager.

This model also suggests that the patients who are most prone to shift over from positive to destructive narcissism are those for whom the split fantasy of imager and imagined, characteristic of narcissistic patients, involves an idealized, imagining object that is felt to be an encasing one. From a technical standpoint, the sequence of fantasy that I describe offers an additional point of entry to the analysis of destructive narcissistic states, through the in-

² Gottlieb (2004) has described the role of such chronic countertransferences in impeding the analyst's work with the vengeful patient and the need for these attitudes to shift in order for the analysis to succeed.

terpretation of the patient's fantasy of being sadistically encased and controlled by the analyst's thinking.

TWO LITERARY EXAMPLES OF REVENGE

"The Cask of Amontillado"

The theme of encasement is a frequent one in the literature of revenge. Poe's (1846) story "The Cask of Amontillado" is the classic example of this and demonstrates the dynamics that I have described. The narrator/avenger begins the story by saying that he has borne many *injuries* at the hands of his friend, Fortunato, as best he could, but turned to revenge when injury became *insult*. That is, the fantasy of revenge took shape when the avenger crystallized the fantasy that Fortunato had deliberately humiliated him. (The exact nature of the insult remains unspecified.) That the narrator unconsciously felt this insult as a sadistic encasement is evident in the detailed reversal of his experience that he inflicts upon Fortunato: he avenges himself by playing upon Fortunato's narcissism—his snobbish expertise about wine—in order to lure him into an enclosure where the avenger walls him up alive.

Poe's story also hints at the poignant relationship between the narcissist's wish for affirmation and his vulnerability to feeling forgotten and sadistically encased. The avenger might be seen as someone who must draw very close to his object in order to feel understood and contained, either because of the object's felt impenetrability or distance, or because of the avenger's own wish for an unattainable sense of union. The strong pull of his wish leads the avenger to tailor himself to the limitations of the object's imagination; and this in turn leads to the exclusion of some aspects of the self and to the construction of a second sadistic fantasy system of containment. From this perspective, the avenger can be seen as someone who feels himself in constant danger of losing his sense of individual meaning. If he moves too far from his imagining parent, he loses the sense of a containing other who confirms the meaning and significance of his individual experi-

ence; if he moves too close, he is vulnerable to feeling that his own individual story is drawn into the pull of the imagining other's and is lost or crushed.

Cousin Bette

Balzac's great novel *Cousin Bette* (1846) deepens our understanding of the psychology of the chronic avenger. Almost every character in the novel is bent upon revenge in one way or another, and the plot of the novel, with its numerous intricate subplots, is enormously complicated. However, the story centers on the figure of Bette, a poor spinster relation who schemes more or less successfully to destroy an entire family, the Hulots, in revenge for the Hulots' daughter's appropriation of Wenceslas, a young man whom Bette has taken in and imprisoned in the role of admirer and son.

Balzac's subtle portrait of Bette illustrates many aspects of the personality of someone who becomes obsessed with revenge. Her childhood history is one of deprivation and envy. Less favored by endowment than her beautiful cousin, Adeline, she is trained to do rough work, while Adeline is reared for higher things. As a little girl, Bette vents her anger on Adeline. Later she overtly suppresses her jealousy of her cousin, watching bitterly as Adeline marries the glamorous and wealthy Baron Hulot. Assisted by the very relatives she resents, Bette makes a serious attempt to succeed actively on her own terms as a businesswoman, but her hopes are dashed by the political upheavals of the time. These events, Balzac says, gave Bette "a conviction that she was of little importance in the immense turmoil of men, private interests, and public affairs" (p. 36). She retreats into the role of embittered, eccentric spinster.

The rage and injury that Bette feels when she learns that Wenceslas has fallen in love with Adeline's daughter undo her stable but constricted narcissistic adaptation and kindle a relentless quest for revenge. The torments that Bette wishes her victims to endure mirror the deprivations and indignities that she herself has suffered. They are to be poor and humiliated, betrayed and aban-

doned by the ones they love. Bette's wish for revenge is insatiable and, as revenge often is, self-defeating, as various threads of her expanding plot come into conflict with one another.

In Balzac's novel, as in the case of Miss A, themes of encasement and splitting are prominent. In his descriptions of Bette, Balzac conveys the sense of a deceptive shell that barely contains a molten interior. Bette's rage is depicted as primitive and animalistic. She experiences it as a convulsion that threatens to overwhelm and literally kill her. Yet, except at extreme moments, she is able to assume a mask of ingratiation that conceals her rage from others—a concealment that is abetted by their lack of real interest in her.

The sense of a separation of exterior and interior, and of a violent action taking place inside, continues in the manner in which Balzac portrays Bette in carrying out her plot: she acts by managing the minds of her victims from the inside, cultivating their malice and inducing them to harm one another. She does not take action openly, and in the eyes of the other characters, maintains her air of subservience and limited possibility. Although her plot requires both scheming and action, these are kept hidden not only from the other characters, but even from the reader of the novel, who is given only occasional glimpses of her active dealings.

The motif of a more civilized mode of action that frames, but is held apart from, a more primitive mode is repeated many times in the structure of the novel, where one subplot is embedded within and linked to another. Significantly, in the overall structure of the novel and in individual scenes, Balzac embeds Bette's story within Adeline's. The novel, which centers on Bette, begins and ends with the story of Adeline.

The novel opens in the aftermath of a series of events involving the Hulot family: Baron Hulot has stolen the mistress of another man, Crevel, and squandered all the family's money on her. Crevel has sought revenge, interfering with the marriage of the Hulots' daughter, Hortense, by informing her suitor of the Hulot family's terrible financial circumstances. Now he wishes to avenge himself further by seducing Adeline, Hulot's wife, offering her a

business transaction whereby, in exchange for her sexual favors, he will make good Hulot's financial losses, thus enabling the daughter to marry. The action of the novel begins as Crevel arrives at the Hulot home, intending to make his proposal to Adeline.

The opening scenes of the novel establish the structure of a deepening series of stories, each one embedded within the one before. Balzac leads the reader inward from the street to the interior of the Hulot home as Crevel enters. Bette and Hortense are ushered out of the salon as Crevel comes in, so that his meeting with Adeline can take place. Then, when Crevel's seduction fails, the scene shifts to the interior garden where Bette and the daughter, Hortense, are speaking of Wenceslas. Finally, Balzac moves still further inward to explore Bette's history and character.

The walls of the house and the garden within symbolically hold apart the nested stories. Outside the house lies Hulot's life with his mistresses and Crevel. In the middle layer of the house's public rooms resides the triangular Crevel-Hulot-Adeline subplot, and, deeper still, in the garden is found the more primitive Bette-Hortense-Wenceslas plot. At the same time, Crevel's entry into the Hulot home sets in motion a series of events that reverberates inward, connecting the stories. Crevel brings with him into the Hulot home, and into Adeline's awareness, the catastrophe that Baron Hulot has brought upon the family. In turn, Adeline's refusal of Crevel's proposal fatally damages Hortense's marriage plans and, by forcing Hortense to cast a wider net to find a husband, triggers the Bette-Hortense-Wenceslas plot.

Balzac uses the linked characters of Adeline and Bette as foils to one another, each representing an opposite mode of managing anger and injury. Adeline is depicted as utterly without rancor, unswerving in her loyalty to the husband who repeatedly betrays her. Bette is presented as venomous and vengeful, without a grain of compassion for those who have caused her harm. In effect, the two figures, Adeline and Bette, may be seen as split aspects of a single character. The narrative structure of the novel, in which one woman's story is embedded within, yet held apart from, the other's may be seen as a reflection of the complex relationship be-

tween two systems of fantasy in the person for whom revenge becomes important.

Taking the Adeline character as primary, we may see the formation of the Bette character as a way of managing anger by splitting it off and holding it deep within the self. From this perspective, the opening scenes of the novel depict in a symbolic manner Adeline's reaction to the news that her husband has betrayed her. Balzac makes Crevel the intermediary in this betrayal; Hulot, Adeline's husband, is kept outside the scene. Nevertheless, Adeline's anger and shock are too intense to be contained within her rigidly held attitude of forgiveness. Hence she casts these feelings inward, into another story deep inside that is felt as separate from her own. Here they come alive in the venomous figure of Bette.

Within this framework, the ascendancy of the Bette figure within the novel could be seen to represent the regressive shift to a more primitive and aggressive mode of operations that takes place, under the impact of narcissistic injury, in rigid characters such as Adeline's—the dynamic that underlies Rosen's (2004) "falling in hate." Within this regressive system of fantasy—the world seen through Bette's eyes—the narrative structure in which Bette's story is both embedded in Adeline's and held apart from it takes on a different set of meanings. The sense that her own story is both circumscribed by her cousin's and unrecognized now reflects Bette's subjective experience of helplessness and insignificance, an experience that she sets out to reverse with her vengeful scheming. The framing fantasy that her story is embedded within Adeline's also gives a sense of causality to Bette's experience of injury: there is a perpetrator; she has not simply been swept along by unrelated events. Balzac emphasizes the importance of this aspect of the fantasy for Bette by indicating that, although her suspicions are correctly triggered by Hortense's behavior, it is Adeline whom she blames.

The image of Adeline's story as encasing Bette's but held apart from it also reflects the configuration of an imagining parent and imagined child that we saw in the example of Miss A. Here we would see Adeline as a part of the self that is identified with the fig-

ure of a distant, unknowing parent, and Bette as a part that is identified with a child whose emotional experience must be kept secret. Balzac's description of the two characters supports this reading: in order to manage her feelings, he says, Adeline has "closed her eyes and shut her ears" (p. 30). And Bette's need to tailor herself to others has precluded her ever putting her sense of injury into words. As Balzac describes it, she "was so dependent on everyone that she seemed condemned to absolute silence" (p. 39).

This split within the self representation of the avenger between a compliant aspect of self and a resentful, vengeful aspect is in accord with Wurmser's (2000) description of the split self representation that is dictated by a rigid, condemning superego. However, my focus on the avenger's split fantasy of imaginer and imagined brings to our attention the complex nature of each side of the split self representation and the way that each side of the self is tied to a figure of the imagining parent, which is felt to be essential to the self's survival and continuing sense of meaning.

Although it would be simplistic to read a great work of literature as pathography (Spitz 1988), markers of such distancing from primitive aggression and the distortions of the object world that are a consequence of it can be seen in Balzac's relation to the characters of his novel. Although the author's rendering of the character of Bette is subtle and compelling, the reader always feels at a distance from her. She is drawn as a monster, and ultimately her implacable hatred is felt to be inexplicable. We are not given access to her train of thought as we are with other central characters in Balzac's work. These others, such as Rastignac (Balzac 1835), and Sechard and de Rubempre (Balzac 1843), clearly reflect facets of the author's own history and character. Yet the early history of Cousin Bette also transparently resembles Balzac's own: sent away from home at birth, Balzac lived in a succession of families and schools, while his younger siblings were reared by his parents. Balzac was not permitted to return home to live until he had a nervous breakdown at school at age seventeen.

In his letters, Balzac wrote of his terrible sense of rejection with a sensibility that we recognize as modern. Yet contrary to the manifest facts of the family circumstances, Balzac blamed his extrusion exclusively on his mother, whom he described as monstrous, ascribing to his father only the best wishes for his eldest son, and even apocryphally ascribing to the father a history of securing for his son the patent of nobility that Balzac himself fraudulently assumed (Zweig 1946).

If the monstrous, enslaving quality that Balzac ascribed to his mother may be seen (as Balzac wrote that it is) in the figure of Bette, many aspects of his father's character and history may be found in the figure of Baron Hulot. Ultimately, it is Hulot's utterly self-centered pursuit of adultery that sets in motion the outer plot of revenge—and, even after Bette's death, causes the death of Adeline. Yet it is for the erring baron rather than the crushed Bette that Balzac solicits the reader's sympathy.

THE FADING OF THE WISH FOR REVENGE

How can the story of revenge be resolved? With clinical and literary examples, I have tried to depict the way the fantasy of a sadistic, crushing imager emerges in response to painful experiences in which the sense of self and the linked sense of an imagining audience are disrupted. As I have shown, the figure of the sadistic imager is actually the dark side of a split fantasy: the fantasy of a destructive imagining parent and a crushed self serves to protect an idealized fantasy of the imagining parent and the imagined self. At the same time, the fantasy of the sadistic imager itself serves to represent the experience of disrupted meaning. The fantasy of revenge involves a further permutation of this fantasy, in which the injured self identifies with the figure of the sadistic imager, forcing his experience of injury and rage upon the imager who is felt to have betrayed him.

Giving up the wish for revenge requires the avenger to recognize the rage and helplessness that are warded off by an identifica-

tion with the sadistic imaginer, and, equally important, to integrate into his everyday self experience the sense of disrupted self that has kindled the wish for revenge. This integration requires the avenger to alter both the representation of his everyday self and the representation of the imagining parent who is felt to oversee this self representation. This process of integration and redefinition poses problems of different magnitudes for the occasional avenger and for the chronic one.

In ordinary times, the occasional avenger's experience is framed by an unconscious fantasy of an extensive and stable self that is known by a benevolent imagining parent. Traumatic injuries that fall outside ordinary self experience disrupt this stable fantasy of imaginer and imagined and lead to the regressive revival of a split fantasy. Giving up the wish for revenge involves acknowledgment of a transient disruption of self experience and the anger and helplessness that have accompanied this. In effect, the occasional avenger moves from a sense of "this can't be happening to me" to a sense of "this could happen to me," enlarging the map of his ordinary self experience to include the painful possibility of sometimes feeling unheard, unknown, and valueless.

This change in the self representation is matched by a change in the representation of the imagining other, as the magically protective qualities of the imaginer are mourned and the figure of the benevolent imaginer is altered to become one who could countenance the triggering injury. These changes in the representations of imaginer and imagined in turn permit a change in the felt quality of the remembered injury. It can be "forgotten and forgiven" (Smith 2002) because it is no longer felt as alien and incomprehensible (Cavell 2004).

For the chronic avenger, daily self experience is framed by a durable split fantasy of imaginer and imagined that has assumed a host of important functions in mental life, particularly in the management of aggression. This split fantasy is complex and well elaborated, and the split occurs not between idealized and very bad versions, but rather between two different, more or less unsatisfactory versions. Each side of the split fantasy contains aspects

of the imager that are essential for the survival of the self. The better, or higher-level, figure is felt to provide a continuing narrative, with the associated capacities to hold a third position and to reflect upon self experience. In addition, the fantasy of an imagining figure that is estranged from primitive aspects of the self acts as a rigid barrier to the awareness of primitive aggression. The lower-level figure, felt to be worse and saturated with aggression, nevertheless contains the capacity for affective relatedness.³ The joining together of the two split fantasies is felt to threaten the survival of each, and particularly the survival of the higher-level, better fantasy. The fantasy of encasement, with its accompanying sense of the completeness and sequestration of each side, heightens the sense of a deep and irreversible split. The injury that kindles the wish for revenge tends to lead to a defensive reinforcement of the already dominant split that makes its ultimate resolution more difficult.

The injury that kindles the wish for revenge in the chronic avenger acts as a screen for the large reservoir of angry, primitive material that is excluded from the higher-level self. For this reason, the acknowledgment by the injured party, or even by the perpetrator of the injury that has kindled the wish for revenge, recommended by Akhtar (2002), is less effective for the characterologically vengeful than for those who have suffered a single major disaster. The resolution of characterological vengefulness requires not only the recognition of unknown, painful parts of self experience, but also the working through of the underlying fantasy of why those parts of the self must remain unknown to an imagining other and to the self.

In analysis, as in life, vengefulness does not give way easily or all at once. Steiner (1996) notes that he is unable to find a piece of clinical material that neatly illustrates the interpretive resolution of a resentful impasse, and speculates that such moments are real but

³ I have described a related split within the object world of the psychopath, in which each side of a split bad object relation is felt to contain an essential aspect of the self and the object (LaFarge 1995).

hard to describe. Although vengefulness ebbs and flows in moments, the complex fantasy structure that underlies the wish for revenge is dismantled very slowly in an analysis. And although the analysis of vengefulness involves the interpretation of the destructive part of the fantasy system, and this is the part that appears in bold relief, a great deal of the analytic work must be in the area of the split-off fantasy of the more positive, higher-level imager. This working with the more positive figure of the imagining parent (and the figure of the imagined child to which it is linked) is, I think, the process that Lansky (2001, in press) describes when he writes of the reworking of the ego ideal that is required in order to give up the wish for revenge.

In the analysis of Miss A, the qualities of the more positive split-off fantasy of imager and imagined came into clear focus only very late in the analysis when we faced the end of our shared imagining. Now, as Miss A spoke about her fantasy of being encased within my body and my mind, and began to ask how she had gotten inside and how she could get out, I was able to link this fantasy to the feeling of smooth, uninterrupted listening that I had experienced so strongly throughout most of the analysis. In addition, I was able to begin to think more clearly about the vengeful disruption of a year earlier, when I had felt that my own thinking was so sadistically controlled by Miss A's, and I could now link this experience to Miss A's fantasy.

The analytic work that resulted enabled Miss A to leave the analysis with a sense that she knew herself and that I continued to know and understand her when we were apart. However, the fantasy of the sadistic imager and the associated wish for revenge continued to operate as regressive pathways when she encountered disappointment and injury in the years following termination, requiring repeated returns to see me for brief courses of treatment and further working through.

It is possible that the positive, split-off fantasy of imager and imagined that was enacted throughout so much of Miss A's analysis, and that formed the background for so much of our work, could only have come into focus as we approached termination.

However, it also seems possible to me now, looking back several years after the termination of the analysis, that I could have recognized this dominant, enacted fantasy earlier in the analysis if I had paid fuller attention to the scattered moments of confusion that I felt with Miss A throughout our work together. These moments came together for me as a single group only after Miss A's dramatic act of revenge. As I began to reflect on them, I became aware that they were connected to my transient thoughts that Miss A was alien, unknowable, and disturbing. After considerable countertransference analysis, I also became aware that they resonated with thoughts about myself, that I might be equally alien, incapable of being known or of knowing others.

It seems likely to me now that these moments of alienation reflected less toxic and deeply split-off versions of the fantasy of the sadistic imaginer that emerged with such destructive force in Miss A's act of revenge. Earlier attention to them might have permitted me to recognize sooner the split between different aspects of Miss A's experience of telling and being heard, and allowed me to help her begin to explore the defensive functions of her seamless mode of storytelling.

In the end, if the wish for revenge passes at all, it fades away gradually. And, as Lansky (2001) observes, revenge is not necessarily succeeded by forgiveness. Rather, the avenger comes to feel less burdened by his rage at his injury and the need to undo it. Another patient described this shift as one from rage to anger. With rage, she had felt as if her whole self was at stake, and her vengefulness proclaimed her right to exist and to have any rights at all. Now, with anger, the feeling was narrower. Less was at stake, and she was able to look at the specific details of her feeling, to change what made her angry in the outside world—or even, by accepting her disappointment, to give up her anger and move on.

CONCLUSION

My exploration of the wish for revenge has covered a wide territory. I have tried to demonstrate why this is so. Revenge is a far-

reaching concept. The fantasy of the sadistic imager and its mirror image, the fantasy of revenge, are fundamental ways that we represent and manage pain and rage that are felt to intrude on our representation of a continuous self and a benevolent imagining other. In a sense, our representational world might be seen as a kind of topographical map. In our everyday, good-enough experience of self, we inhabit a landmass that is known and ruled by a benevolent imagining despot. Offshore, and outside our usual awareness, lies an uncharted sea of self experience that has been too disruptive to be included and that is felt in fantasy to lie outside the monarchy. Into this sea we cast some aspects of ourselves and our imaginers that properly belong on land, but in its great mass, the sea is one of painful unknownness. We become aware of it when our ordinary sense of value and meaning is disrupted, and as we come to know it, we impose a structure upon it, seeing it as the work of a cruel and disruptive imager. The quest for revenge reflects our identification with the cruel despot whom we have constructed.

The fantasy of a sadistic imager with whom we identify in the wish for revenge cannot be seen simply as a generic screen that captures the experience of unstructured rage. Although these figures are shaped by universal conflicts, they are highly individual, incorporating memories and fantasies of the imagining figures who have participated in the shaping of our inner worlds. At the same time, it would be incorrect to view the figure of the sadistic imager as the direct descendant of the actual early parent, the representation of a historical sadistic imager of childhood. Like other representations, the figure of the sadistic imager is most usefully seen as a compromise formation, condensing fantasy and memory and serving the purposes of wish and defense. In clinical work, it is particularly important to recognize that this figure is one-half of a split representation, of which the other half is often much less easily discerned. The resolution of the wish for revenge requires us to come to terms not only with injury and rage, but also with our vulnerability to these feelings, and with the power-

lessness of the good internalized figures who preside over our inner worlds to protect us from them.

REFERENCES

- Akhtar, S. (2002). Forgiveness: origins, dynamics, psychopathology, and technical relevance. *Psychoanal. Q.*, 71:175-212.
- Anonymous (Attributed to Tourneur). (1606). The revenger's tragedy. In *Four Revenge Tragedies*, ed. K. E. Maus. New York: Oxford, 1995, pp. 93-173.
- Arlow, J. (1980). The revenge motive in the primal scene. *J. Amer. Psychoanal. Assn.*, 28:519-541.
- Balzac, H. (1835). *Pere Goriot*, trans. B. Raffel. New York: Norton, 1994.
- (1843). *Lost Illusions*, trans. K. Raine. New York: Modern Library, 1997.
- (1846). *Cousin Bette*, trans. S. Raphael. New York: Oxford, 1992.
- Bion, W. R. (1958). On arrogance. *Int. J. Psychoanal.*, 39:144-6.
- Britton, R. (1998). *Belief and Imagination*. London: Routledge.
- Cavell, M. (2004). Freedom and forgiveness. *Int. J. Psychoanal.*, 84:515-531.
- Galdston, R. (1987). The longest pleasure: a psychoanalytic study of hatred. *Int. J. Psychoanal.*, 68:371-378.
- Gottlieb, R. M. (2004). Refusing the cure: Sophocles' Philoctetes and the clinical problems of self-injurious spite, shame and forgiveness. *Int. J. Psychoanal.*, 85:669-689.
- Grotstein, J. (2004). The seventh servant. *Int. J. Psychoanal.*, 85:1081-1101.
- Kernberg, O. (1984). *Severe Personality Disorders*. New Haven, CT: Yale Univ. Press.
- Kyd, T. (1587). The Spanish tragedy. In *Four Revenge Tragedies*, ed. K. Maus. New York: Oxford, 1995, pp. 1-91.
- LaFarge, L. (1995). Transferences of deception. *J. Amer. Psychoanal. Assn.*, 43:765-792.
- (2004). The imager and the imagined. *Psychoanal. Q.*, 73:591-625.
- Lansky, M. (2001). Hidden shame, working through, and the problem of forgiveness in *The Tempest*. *J. Amer. Psychoanal. Assn.*, 49:1005-1033.
- (in press). Modification of the ego-ideal, forgiveness, and the resolution of hate in Sophocles' Philoctetes. *Psychoanal. & Contemp. Thought*.
- Malcolm, R. (1970). The mirror: a perverse sexual phantasy in a woman seen as a defense against psychotic breakdown. In *Melanie Klein Today*, Vol. 2, ed. E. B. Spillius. London: Routledge, 1988, pp. 115-137.
- Poe, E. A. (1846). The cask of Amontillado. In *Great Tales and Poems of Edgar Allan Poe*. New York: Washington Square, 1940, pp. 7-14.
- Riviere, J. (1932). Jealousy as a mechanism of defence. *Int. J. Psychoanal.*, 13:414-424.

- Rosen, I. C. (2004). Revenge: the hate that dare not speak its name. Paper presented at Panel on Revenge, Amer. Psychoanal. Assn. Meeting, January 24.
- Rosenfeld, H. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: an investigation into the aggressive aspects of narcissism. *Int. J. Psychoanal.*, 52:169-178.
- Searles, H. F. (1956). The psychodynamics of vengefulness. In *Collected Papers on Schizophrenia and Related Subjects*. New York: Int. Univ. Press, 1965.
- Smith, H. F. (2002). A footnote on forgiveness. *Psychoanal. Q.*, 71:327-329.
- (2004). The analyst's fantasy of the ideal patient. *Psychoanal. Q.*, 73:627-658.
- Socarides, C. (1966). On vengeance—the desire to “get even.” *J. Amer. Psychoanal. Assn.*, 14:356-375.
- Spitz, E. H. (1988). *Art and Psyche*. New Haven, CT: Yale Univ. Press.
- Steiner, J. (1996). Revenge and resentment in the “Oedipus situation.” *Int. J. Psychoanal.*, 77:433-444.
- Wilson, M. (2003). The analyst's desire and narcissistic resistances. *J. Amer. Psychoanal. Assn.*, 51:70-99.
- Wurmser, L. (2000). *The Power of the Inner Judge*. Northvale, NJ: Aronson.
- Zweig, S. (1946). *Balzac*. New York: Viking.

239 Central Park West, Suite 1-BE
New York, NY 10024

e-mail: lafzim@earthlink.net

UNITY OF ANALYSIS: SIMILARITIES AND DIFFERENCES IN THE ANALYSIS OF CHILDREN AND GROWN-UPS

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

When comparing child analysis with that of grown-ups, we are confronted with a substantial unity of psychoanalytic method, beyond the apparent differences. The more we consider the analysis as a here-and-now interaction between analyst and patient with transformative potential, the more age-dependent differences become blurred, and the specificity of a particular analytic couple acquires more significance. At the same time, what seems to be all the same—the actual patient before us—is quite different, with several components (the child, adolescent, and adult parts), implying a need to recognize the part we should address at any given point.

The primary purpose of this paper is to contribute some thoughts gleaned from comparing the experiences of being a child analyst to those of an adult analyst. The first question I asked myself was whether the difference among the many models of the theory and of the theory of technique in analysis might not be greater than the difference among the analysis of children, adolescents, and adults.¹

CHARACTERS IN SESSIONS

One way of examining the differences between various models is to consider the role that each theory assigns to the *characters* of the

¹ The theoretical portions of this paper were fully coauthored, but for the sake of simplicity, the authors prefer to use first-person singular pronouns. Giorgio was a case of Dr. Ferro's; Bianca, Cosimo, Elena, and Sandra were cases of Dr. Basile's.

session. These roles range from that of (1) *characters of the external world*, to that of (2) *internal objects*, and eventually to (3) characters understood as *expressive modes of here-and-now functioning* of the analytic couple at work.

In the first of these perspectives, the characters are seen as exclusively referring to events that belong to the reality outside the session, as the patient reports to us how he experiences them. For example, a young girl may say that she is in love with her teacher, or a teenager may talk about her boyfriend who does not understand her. We should remember that the characters are not necessarily human beings; for example, an adult patient might talk about an earthquake that occurred the night before. Some analysts regard such elements, or some of them, as simple elements of the external reality, having nothing to do with transference. If we apply this viewpoint to my example, we will conclude that the earthquake the patient talks about is just an actual seismic event, which occurred on a certain day at a certain time, and that she was frightened by the shock.

Other analysts look upon the same characters in the same session as characters acting on the stage of the patient's internal objects and underlying related unconscious fantasy. As Ogden (1983) says, the analysis of internal object relations centers upon the exploration of the relationship between internal objects and the ways in which the patient resists altering these unconscious internal object relations in the face of current experience. In this perspective, a patient's discussion of an earthquake could be viewed as a dramatic way to reorganize her internal objects vis-à-vis a specific stimulus.

From the third point of view mentioned above, the characters of the session can be seen as a way to describe what is happening in the patient-analyst relationship. From this vertex, the earthquake could become for the patient a way of recalling a disturbing and somewhat cross remark made by the analyst in the previous session.² Here I am speaking from the vertex of *a place in the analytic*

² In the case I am thinking of, let me tell you that quite a perceptible earthquake did take place, though not one causing any damage . . .

field that gets clogged and becomes irritable and frightened. Therefore, sleeping/dreaming/metabolizing cannot occur. This *place in the field* could be the patient's mind, the analyst's mind, or the transformative mental function operating in the field as the product of the synergetic union of the analyst with the patient's alpha functions.³

Another clinical example would be a patient who, at the beginning of his analysis, says that he goes four times a week to a jail where he visits illegal African immigrants. Initially, he cannot understand or distinguish them. The analyst chooses not to interpret the Africans in transference—not as different ways of looking at the analyst, nor as unknown aspects of the patient's mind. Rather, the analyst sees the Africans as all the patient's emotions that lack a name and a story. He follows the patient in his narrations of apparently external facts, though he is sure that the patient is speaking of what happens within the field, which also causes claustrophobic anxiety. Over time, the Africans will become recognizable; each will be the carrier of an emotion. Through this shared discourse, a series of transformations will take place, with no need of interpretative caesuras.

These different ways of looking at characters, as well as at the history of the patient, lead analysts to make different technical interventions. In the first approach, there is a prevailing motivation to recognize the historical identity of the patient; in the second, the recognition of the patient's inner world is emphasized; while in the third stance, a more or less explicit recognition of how the patient's and analyst's minds interact is predominant.

The Specificity of the Psychoanalytic Couple

I believe that the more we consider the analysis as a here-and-now interaction between analyst and patient with transformative

³ The alpha function, in Bionian terms (Bion 1962, 1965, 1970), is the method that allows the accomplishment of transformative operations from protoemotions/protosensations (beta elements), to the formation of a visual pictograph or ideogram, from every stimulus—in other words, a poetic image for a process that synchronizes the emotional result of each stimulus or set of stimuli. The result is the *alpha element*.

potential, the more age-dependent differences become blurred, and the specificity of a particular analytic couple acquires more significance. On the other hand, the more we pay attention to age groups and behavior, correlating them with developmental stages and fantasies of the patient, the more marked will be the differences among our approaches (Bernstein 1975; Marcus 1980). I am deeply convinced that, although the expressive languages employed are specific, transformations resulting in part from analytic interactions are common to all age groups. It is widely accepted, for example, that many analysts of adults feel closer to and are more inclined to work with adolescents than with children, because they are concerned about the different expressive modes characteristic of child analysis (play, drawings, acting in). One may legitimately wonder if this worry might not really pertain to the "infantile" in the analyst, rather than to actual children.

Here I would like to note that Guignard (1995) describes the "infantile" not so much as a split-off infantile part of the ego, but rather as a conglomerate of "drives, be they libidinal or hateful on the one hand or epistemophilic on the other" (p. 1086). So the infantile, in the conception of Guignard, presents with an aspect of excitement and one of a continuous search for meaning; a structural series of elements that make a person himself and not someone else and that will operate throughout life.

Guignard describes how the infantile in the analyst impacts the analyst's mental functioning. If this impact goes unnoticed, then

. . . this excitatory point of impact forms a blind spot and tends to be repressed before the analyst has subjected it to self-analysis. It is then liable to resurface in acting out in the countertransference; alternatively, if it is displaced outside the analytic relationship, the analyst may act out in his personal life or suffer somatic effects. [p. 1089]

Yet it is probably true that, in every adult analysis, the analyst encounters adolescent and infantile aspects of the patient (Aalberg 1996), and, moreover, that adolescent and infantile aspects of the analyst are brought to bear as well.

CHINESE BOXES: THE ADULT, THE CHILD, AND THE ADOLESCENT

In spite of its apparently obvious or even naive nature, I think it is important to start from the question of how psychoanalysis works. This consideration also serves to elaborate the concept of unity of analytic method, which I will do by reporting a session.

Clinical Example I: Giorgio

Giorgio, an adult patient in analysis, began a session in December by telling me about a deeply depressed man, an outpatient in a psychiatric clinic, whose landlady had broken an unwritten agreement and demanded a rent increase. The man, without hesitation, took a rifle and killed first the landlady and then himself.

Now I had been asking myself for some time whether it was appropriate and possible to ask this patient for a fee increase beginning in January, and had decided, for a variety of reasons, not to do so. Now I said to Giorgio: "Well, it's a good thing that *I* didn't ask *you* for a fee increase for the coming year!"

The patient sat dumbfounded for a moment. Then he burst out laughing.

Giorgio did not come to the next session. At the following one, he told me that his 16-year-old daughter had started having a lively relationship with him again and had playfully "nudged" him "with her belly" in the hallway at home. Although he was happy about this, he had had to miss his session with me because his eight-year-old son had been hit hard by a ball during a soccer game and had been so badly bruised that he had had to stay home from school for a day.

I thought of the missed session and of what Giorgio told me as the responses of his adult, adolescent, and infantile parts to my interpretation/quip of the previous session: that is, although he had started to have a lively relationship with me again, this relationship had wounded him, had mortified him in his most fragile parts.

Let us take a look at the characters here. Giorgio was a 50-year-old lawyer of Latin American origins. Carla was his daughter. Her

main trait was contrariness: she refused to speak when she was angry; she did not go to school regularly; she did not do her homework; and so on. Stefano was his son, a gentle boy, but he suffered from hemophilia and bled so easily that he experienced intra-articular hemorrhages that prevented him from walking.

How should we view these characters in the analytic scene? Seen from one vertex, we are dealing, of course, with real people: the father—Giorgio—and the daughter and son. From another perspective, it is equally clear that Carla and Stefano represent two of Giorgio's internal objects.

From yet another point of view, however, they also express here-and-now functions present in the consulting room as the analyst and patient relate to one another. It was very difficult for me in working with Giorgio to find appropriate interpretive modes. I believe that my interpretation about the fee increase proved inadequate for him in that moment. Why was I addressing the patient's adolescent part and not his adult part, for instance? I think that here we are in the presence of what Quinodoz (2003) has called "heterogeneous patients"—that is, patients who present different levels of functioning at the same time. The analyst chooses what seems to him the most urgent aspect in need of being addressed, but the appropriateness of an interpretation can only be judged in *après coup*—that is to say, in listening to how the patient has listened to the interpretation just given to him.

When I speak of listening to how the patient has listened to the interpretation just given to him, I am referring to something partly akin to, and partly different from, the "listening to listening" as conceptualized by Faimberg (1996). Faimberg seems to listen to how the analyst's words are heard as an aid to her search for transferential misunderstandings. Such a transferential misunderstanding is believed to exist in a meaningful relationship with intrapsychic historical truths as reconstructed *après coup*. For me, this listening to the listening is an exploration of the continuous, dreamy interplay at work in analysis, without a particular concern for "misunderstanding" or "appropriate understanding." *Après coup* is always there at work, depicting how our interventions have been re-

ceived, and always adding a new element, as in a story created by two authors.

Actually, I believe that the session I am describing with Giorgio was characterized by an ongoing series of what might be called *micro*-après coup. I had at first thought that I could interpret Giorgio's communications exhaustively and directly in the transference. But then I encountered sessions skipped, dreams forgotten (Carla), and our work blocked (Stefano). Finally, I managed to distinguish these three modes of functioning in the room and to devise different interpretive strategies.

- With "Stefano," it was important for me not to intrude or "wound" in any way; what was needed were the interpretive modes of narrative, images, and metaphors, to give him the feeling that we were playing with words until a shared meaning could be created.
- With "Carla," I had to, in a sense, receive and transform only slightly, as if I were dealing with a hedgehog that was very ready to curl up in self-defense in order to avoid explicit and direct interpretation in the transference.
- With "Giorgio," interpretation could be proposed by speaking of Stefano, who bled if someone struck him, or of Carla, who did not go to school if (such and such) or who did not speak if (such and such). Giorgio gradually integrated these things presented in narrative form about Carla or Stefano, and, ever so slowly, he adopted them.

How do we distinguish which parts of Giorgio's remarks come from the adult side and which from the adolescent or infantile one? On the one hand, the various characters present in the material are evocative in themselves: a patient suffering in a hospital, a child, a teenage daughter. On the other hand, there is also an effect from our evaluation of the gradient of fragility/tolerance of

emotional contents, which is to say that we assume the infantile parts are less able to contain emotions, and thus must be approached gradually. It is similar to what happens with the introduction of baby food to an infant, for example, or, later, with assignment to a child of progressively more difficult studies.

My intervention with Giorgio about the fee increase spoke to his adolescent part. But how could the child or the grown-up in Giorgio have been approached? To the child, one could have said something like, "How horrible! And think of the poor doctor! He, too, must be feeling very bad now." This intervention would have underlined the primitive emotion, naming and emphasizing the affects present.

Or one could have spoken to the adult part, saying: "This reminds me that I have been thinking of raising my fee for a while, but sometimes it is difficult to speak about this even between us. When one feels very depressed, it is impossible to bear any request. At the same time, it is important that today you have given me the opportunity to mention this."

Thus, the case of Giorgio illustrates the concept of *unity of psychoanalytic method*: regardless of the individual theory or technique the analyst chooses to adopt, it is always useful to identify the patient's child, adolescent, and adult parts and to tailor one's interventions according to which of these ways of functioning is most in need of attention at that moment.

DIFFERENCES AND SIMILARITIES IN CHILD ANALYSIS AND ADULT ANALYSIS: DIFFERENCES IN FORM

But at this point, there is another question: what happens in the consulting room if we have no infantile or adolescent parts or aspects, but instead *real* children and *real* adolescents? And how can we look at the differences in form—and, especially, in substance—between the analysis of children and that of adolescents?

The issue of similarities and differences in child and adult work has a long history in our literature. A review of this vast lit-

erature is beyond the limits of this paper. I will restrict myself here to an indication of some of the most relevant papers that should be considered, and to which—following in their stead—I hope to add some new ideas.⁴ And, given the constraints of space, I will be brief in discussing obvious formal differences between analysis with children, analysis with adolescents, and analysis with adults.

In the consulting room, the child employs games, drawings, and “action” (and the analyst becomes involved in all these). An adolescent does not normally play, draw, or move around the consulting room. This difference, however, is far from absolute (Ferro 1996; Markman 1997). Playing is a technical device that would appear to be specific to child therapies, and, certainly, at least from a formal point of view, it differs from the techniques one uses in treating adults. In my view, playing has a language of its own. However, an adult’s speech may well contain an oneiric element similar to that found in a child’s play, and both are apt to describe what is going on in a relationship.

Play is the child’s means of signaling what he feels is happening in the analytic field, allowing for a determination of whether any defenses are being activated and if any breakdowns and cuts in the communication are taking place (Ferro 1999; Ferro and Basile 2004). These signals can be caught, decoded, and used as an instrument to get through to the patient. This is exactly what we do when an adult comes in with the description of a dream. After all, the difference between a dream and a child’s play is merely that, in the second case, the action is unfolding before our very eyes. We may choose to intervene in it or not. If we do, this can cause a change in the unfolding of the action. From a field perspective, we always enter the field and modify it—or rather, structure it—no matter what stance we have adopted.

I have found quite useful the exercise of translating a child’s play into the language of an adult’s dream and vice versa. Let’s take

⁴ These key contributions are the following: Abbate (1964), Ablon (2001), Abrams (1999), Chused (1988), Ekstein and Wallerstein (1956), Anna Freud (1965, 1970), Grotstein (1980), Harley and Sabot (1980), Klein (1932), Mahon (2000), Ritvo (1978), and Sandler, Kennedy, and Tyson (1975).

as an example a child exploring the consulting room, who stops in front of a typewriter, strikes a key, and complains that it does not work. The therapist answers: "It's electric and it's not plugged in. That's why it isn't working." But what the child is signaling here is that he is not receiving adequate responses: touching the "keys" has no effect; the "keys" do not activate any reverie. Electricity is not powering the typewriter, but it is present in the field. Tension in the here-and-now situation causes the therapist to "pull the plug" in relating to the child, and because of this, the analyst cannot give even the mechanical responses that would normally satisfy the "electric" child. The child wants to communicate, and he points out that he is getting no response. There is an electric tension of underlying emotions that activate a defense mechanism. The analyst's defense in the field—pulling the plug—may induce in the child a similar withdrawal; he may become absent and not respond to the electric emotions welling up in him.

All this can be translated almost image by image into an adult's dream. For instance, the patient may report that: "I dreamed I went to the office, sat down at the typewriter and struck the keys, but nothing happened. A thunderstorm had blown the fuses . . . , " and so on.

Another point of comparison between working with children, adolescents, and adults is represented by the role of episodes of acting out. Both adolescents and adults may act out in sessions, and this can be understood not only as an attack on the setting, but also as a communication. Certainly, adolescents do have a tendency to act out. However, there are also many children who do the same, and adult patients are often prone to evacuation as well. Acting out should be valued for its communicative aspect and should be seen as actions occurring in a dreamlike scene.

Clinical Example II: Elena

Elena, a four-year-old, has been in a twice-weekly therapy because she has shown intolerance toward her parents, who are going through a divorce and find her quite difficult to manage. One day, Elena, who comes to sessions accompanied by a babysitter, en-

ters the consulting room carrying a cat in a cage. I remark that he is a fine cat, that I am happy to meet him; I realize she is very keen to show the cat to me. Together we look at him closely and see that he must have been sick on the way to my office. Elena is sorry for the cat and so am I.

Elena says that, in the future, she will perhaps have to be more careful when carrying the cat. I say that, actually, the real cat could be left at home, but we can play in the session as if she had come to see me with her cat. For now, we leave the cat to rest in a corner, and once in a while Elena goes to the cage and strokes him. Then she remembers that in the box of her games, there is also a toy kitten that she has never played with. Now she takes it out and gives it the same name as her real cat.

Over time, the cat helps to draw out contents that up to that moment had not been brought into the sessions, connected in particular to Elena's discovery of the cat's independence, individuality, and at the same time its reliability. In games, the cat is a silent guard: he discovers and reveals bad tricks that the other animals, bad animals, want to play.

The cat's arrival in the session raises some fears in the analyst: is this the eruption of unmanageable contents that are going to scratch and tear and will turn out to be ungovernable, just as the child is at home? Why did the parents and the babysitter allow the cat to come to the session? It seems important to me to see this scene as the arrival of new emotions that the field had not previously allowed in: wild, unknown emotions, to be admired and also to be scared by, different from what one would have expected.

Clinical Example III: Cosimo

I observe similar behavior in Cosimo, a late adolescent who is always dressed in clothes of indefinite gray tones. He normally lives sequestered in his home (or, as I put it, "under house arrest"). He is the only son of aging parents; he does not study and does not work, as if he were frightened by life. Apart from his sessions with me, his only other occasion for going out has been something he has done since childhood: attending the local soccer match on

Sundays. One time, his team does not play during the weekend as usual, but on a Wednesday evening, soon after our session. When I open the door to my office, I hardly recognize Cosimo and am frightened by his appearance: he is dressed as a hooligan, wearing many bright colors. He says: "I'm dressed for the stadium."

The hooligan clothes, like Elena's cat, are elements that are not much in tune with the contents of our usual sessions. Especially in Cosimo's case, these elements allow us to de-mummify some contents that had remained frozen up to that moment. New passions peep out and I am compelled to rethink my formulation of Cosimo's experience at the stadium. Initially, I had seen it as a place for homosexual transactions, an atmosphere charged with idealizations and evacuative output, where the patient regained an experience of oceanic fusion among the crowd of fans. Now I realize how important the stadium is for Cosimo as a place where he can break out of his usual dull gray shell and wear colored clothes, getting in touch with living emotions that can now begin to enter the session. I find that this patient's analysis is particularly marked by various styles of clothing.

In this sense, the acting in perhaps borders on what might be called an enactment, and, in any case, it underlines the fact that some contents kept at a distance may begin to press to get into the analytic field—sometimes abruptly. Sometimes there is a risk of attributing the acting in to a form of negative transference, instead of accepting more positive motivations underlying the event.

It is quite common for adolescents to relate dreams or to talk about events from everyday life, and children may do this, too. I will always recall an important and at the same time moving moment when I and a boy who was on the threshold of adolescence decided to move over to the "adults' room," the one I also use for adolescents. This move carried with it a change in style of communication. Play, drawing, and movement lost their significance and we began to place increasing emphasis on verbal communication (Ferro 1993a).⁵

⁵ In a related vein, I would like to mention that the more "languages" the analyst understands, the better off he is, as we realize when we work not only with chil-

However, in this discussion, I am interested not only in this perhaps overly explicit level of differences mainly on the surface, but even more in the deeper, substantive similarities and differences, which involve theory, the theory of technique, and technique itself.

DIFFERENCES AND SIMILARITIES IN SUBSTANCE

At this level, I believe that the analyst's theoretical model, as well as his model of the theory of technique, plays a crucial role. As indicated at the beginning of this paper, there is a simple, clear way of classifying models according to the way in which the analyst views the characters that appear in the session (Ferro 1993b, 1996, 2002, 2004). Of course, as I have tried to present above, each model of such classification implies quite different techniques.

Interpretation

When I propose an interpretation, I am not as concerned with the age of the patient I have in front of me as with the patient's capacity to receive, and this is indicated by his responses to my interpretive intervention. It would make no sense to launch into a lengthy explanation of the digestive tract to a newborn baby, as Bion (1994) put it. I believe that, even with adolescents and adults, we can learn to interpret as if we were "playing" or "drawing"; that is, as if we were using words in a drawing that continually undergoes change, enrichment, and variation in color—mutations revealed by the patient's responses to those interventions.

I also feel it is important to respect the flow of the patient's text, without excessive interruptions for interpretation. On this point, I entirely agree with Winnicott (1971) when he laments that he himself had obstructed much deep change from occurring be-

dren and adolescents, but also with seriously ill adult patients, who often resort to unexpected expressive modes.

cause of his need to interpret, and how much more pleased he was to have furthered his patient's creativity than to have felt self-satisfied with his own clever interpretations.

Clinical Example IV: Sandra

A young woman, Sandra, says to me that, over the weekend, she took a picture of a horse playing with a big dog. I ask her what elements surrounded the two animals in the picture. She answers that she was on the beach in a nearby town, which I am familiar with; I think of the fishing boats around the beach, and I say: "Near the boats." She explains that, in her photo, there were two boats on one side, and in the background was a local castle with the village clustered around it—"United to the mainland by an isthmus," I add.

Who is speaking to whom? Where is the patient and where is the therapist? There are some brief passages where this cannot be distinguished. Each adds a piece until, as in a squiggle game, a gestalt appears. In this case, it seems to me that our two boats, though not moving during the weekend, have not remained on a beach deprived of life and play: what has been built in the analysis remains in the background, easily accessible, and can incorporate the playfulness of the two characters on the beach.

Another important factor is the transformation that we are able to bring about. It is worth recalling that this transformation does not necessarily and exclusively involve revealing something; it may also occur through the continuous elaboration of the emotions present in the session. I agree with Giannakoulas (1993) that the clinical psychoanalytic experience should include an area of illusion, imagination, and play, both in the therapist and in the patient. As Giannakoulas notes, symptoms can be considered "frozen play" that the analyst must allow to thaw.

Clinical Example V: Bianca

Bianca is six years old and has just started primary school. There are some difficulties: she fears being "overwhelmed by homework" and is sorry to leave the nursery school where she has made herself

at home (though with difficulty). One of her favorite characters in her game box in the consulting room is Dino the dinosaur.

A few days after the first day at school, Dino goes immediately to the second grade, skipping the first grade, but, as a consequence, he does not understand anything. The teacher scolds him and threatens to send him to "the fourth year of junior high school." I empathize with Dino's difficult position, and add that Dino is trying hard to skip his first day at school, but as a result he suffers some uneasiness. He certainly has a difficult and exacting teacher, I observe.

At this point, Bianca suggests sending Dino back to nursery school. I say that perhaps he can spend a few days there, but then he must return to school, this time in first grade. Bianca queries, "May someone go *back* to nursery school?" I reply, "When it is really necessary, in our game, yes." So Bianca decides that Dino can go back to nursery school for a week. He is welcomed by his old friends, who are very warm to him. The week flies by in a few moments, and now Dino can go to school, this time in his age-appropriate class.

This brief passage represents an attempt to elaborate the conflict arising from the stimulation of new experiences, felt as excessively demanding developmentally (the overwhelming homework): there is a danger of entering into false hypermaturity (Dino goes directly into second grade), with the attendant risk of revealing a hypomaturity (Dino does not understand anything at school). One may speak of the difficulties this child has to face in external life, or of the fight between internal objects/instances of an evolutionary type and others of a fusional type; one may also speak of a denied epistemophilic drive, of the K function according to Bion, or, of course, of the transference to an analyst who gives too much homework. Each of these angles describes a truth, and other angles can be imagined as well. However, they all derive from an approach aimed at revealing contents. But sometimes this is not possible, and it may be better to remain focused on the changing emotions of the characters present in the session.

Gibeault (1991) comes close to this position when he distinguishes between interpretation *in* the transference and interpreta-

tion of the transference. Gibeault's distinction seems to find its antecedents—at least from a descriptive point of view—in Ekstein and Wallerstein's (1956) concept of "interpretation within the regression" or "interpretation within the metaphor" (p. 309), that is, interpretation made from within the displacement of play with the child.⁶

Countertransference

The most significant difference between the analyses of different age groups probably lies in the countertransference. I think there are periods in the life of every analyst in which he or she prefers working with patients of a particular age group (although the colleagues I have spoken to about this have reported quite divergent personal experiences). It is extremely tiring, even on a physical level, to work with small children. Many analysts who concern themselves with children do so from a certain point onward as supervisors rather than as treating caregivers. Waksman (1985) and Siniavsky (1979) attribute this tendency to the excessive mental fatigue engendered in the analyst, difficulties in dealing with more archaic projections, and the need for containment, which may also be a physical need.

Some have argued that one of the most important factors in analysis is the analyst's internal coherence in facing the analytic setting—that is, the internal situation from which interpreting starts. This postulation, it seems to me, lies at the core of the work of Laufer (1996a), who stresses that if we are to help adolescents, for example, "we must not only acknowledge the severity of the disorder but also become involved in the psychopathology without interference from our own anxieties, rationalizations, and blind spots" (p. 514). Guignard (1997), too, speaks of blind spots; for her, these blind spots are a fault in the analyst's representation that is expressed by a breach of communication. In clinical work, a typical effect of a blind-spot configuration occurs when the analyst resorts to very saturated, blocking interpretations.

⁶ For detailed discussions of this issue, see Bonaminio (1993), Busch and Schmidt-Hellerau (2004), Fonagy and Sandler (1995), Levine (1999), and Norman (1995).

As Gabbard (1995) writes:

The modern usage of projective identification among those analysts influenced by Klein (and by the British School of object relations) and the usage of countertransference enactment by classical or ego-psychological analysts both involve an understanding of the analyst's countertransference as a joint creation by patient and analyst. The analysand evokes certain responses in the analyst, while the analyst's own conflicts and internal self- and object-representations determine the final shape of the countertransference response.

A consensus is emerging that such countertransference enactments are inevitable in the course of psychoanalytic treatment. [p. 480]

Renik (1993) argues that awareness of countertransference is always retrospective, preceded by countertransference enactment. Laufer (1996a, 1996b) makes a cogent claim that it is essential that we analysts have a thorough understanding of our own adolescence and the role it continues to play in our adult life. In the analysis of future analysts, he notes, it is typical to carry out a detailed examination of infancy, but to neglect adolescence. It is important, he stresses, in the course of one's own analysis, to be able to grasp one's own adolescence, not only theoretically but also emotionally.

The analyst, in other words, should be in a position to evoke and reconstruct the fantasies, fears, and perverse and psychotic acts of that period, the moments of loss of control, and the meaning of one's sexual and masturbatory habits. Smith (2003) argues that, in adolescent psychoanalysis,

. . . there are risks, however, in rushing too quickly to the infantile situation. One of them is that we may bypass later, especially adolescent, developmental contributions to the transference Adolescence is a time in which the patient's experience of her own affective life undergoes critical shaping and structuring. The experiences of adolescence have an affective intensity and immediacy that, together with the action components of the period, are unique in

our memories of the past. In the clinical situation, the re-created intensity of adolescent experience can be mistaken for borderline functioning, and its peculiarly adolescent qualities may then be bypassed in search of its infantile roots All of this can be missed if the analyst and the patient bypass these aspects of the transference. [p. 1032]

Analysts must be equipped to work with near-psychotics; they must have worked through psychotic defenses. This requires a degree of internal freedom such that they can say anything (to themselves as well)—ranging from homosexual attraction and fantasies, right through to violence—since it is necessary to face psychotic nuclei in order to work them through (Laufer 1996b).

Differences in countertransference with child patients occur not only due to difficulties implied in the meeting with other particular languages. With child patients, there seems to be a loss in status for the analyst: a serious, professional woman finds herself sitting on the floor, playing, drawing, and spending her free time watching cartoons and Harry Potter. The child as *infans* of the adult patient's psychoanalysis is very different from the actual child patient.

The child arrives in the consulting room with the full impact of his body and his senses, and he carries the full weight of the suffering of his family. When working with a child patient, you get dirty, you get infected—infected with his pain and his anger; you get infected because it is impossible to maintain an aseptic setting. Action is often the favorite expressive mode, and it has a right to exist since it is actually a form of communication. A child does not only evacuate projective identifications or sophisticated beta elements; he actually shits! If he is little, we have to take him to the toilet. It is not infrequent, nor coincidental, that the toilet may become the key site of access to mental contents.

The Setting

One of the first issues to address is the frequency of sessions, but I will not go into this here, as people have differing views on it

(Anderson 1993; Berberich 1993; De Levita 1993). Another significant element in child and adolescent analysis is, of course, the varying importance to be given to the presence of the parents and the relationship/vicissitudes in connection with it (Norman 1993).

As time has gone on, my attitude toward parents has become increasingly flexible and accepting. I try to be constructive by not refusing requests for meetings and by considering parents, as far as possible, as allies (although they may unconsciously sabotage my work). In this respect, I have found quite useful Kancyper's (1997) extension of the notion of the *field* to the entire analytic situation with children and adolescents, thus including the parents.⁷ The most weighty problem I have encountered is the need for discretion with adolescent patients, even when they put themselves in risky situations. This is especially so when considering that their communication takes place in a locus that presupposes confidentiality.

There is also another aspect that concerns the matter of the "double contract": we have taken up a commitment not only to the child patient, but also to his parents, who expect a lot from us and are felt by us to be judges of our work. Keeping this in mind is a good antidote against an excessive desire to heal, which may actually interfere with our work—no matter how old the patient is.

Narrative Scenarios and Their Characters

The scenarios of child psychoanalysis tend to be fantastic, full of animals, witches, and ogres, whereas those of adolescents are usually more realistic. I believe, however, that these are surface differences with underlying essential similarities. One of us (A. F.) has his students do the following exercise: to try to determine how the same things might be expressed by a child, an adolescent, and an adult. The exercise consists in taking an actual session with a

⁷ I should add that this is also my attitude toward parents and relatives of adult psychotic patients in analysis. I try to have them looked after by a colleague, but I am always available if necessary or if it seems useful. Eskelinen de Folch (1988) has dealt with this issue in considerable detail, and also in connection with the problems of countertransference.

child and rewriting it, imagining that it was conducted with an adult patient. Then an actual adult session is taken and rewritten, using the expressive modes of a child. Material so specific that it does not express a deeper level than the manifest one has only rarely been encountered in undertaking this exercise.

In short, I believe that the discourse may change, but not the story. By *discourse*, I mean the presentation of the story at the surface level, and by *story*, the basic outline of the narration, that is, the syntax of the characters and what underlies the deep mental exchange between patient and analyst.

CONCLUSION

In summary, I would like to put together what I hope have emerged as the two main parts of this work: (1) how to address the adult, adolescent, and child parts of the grown-up patient, and (2) the similarities and differences in working with adult and child patients.

I believe that the necessary and easily identifiable differences between child and adult analyses, such as the formal aspects, the concrete ways of communication, and the different discourses, are not essential differences. Instead, a most interesting and precious difference lies in the distinction between the child parts and grown-up parts of the adult patient, and in the ways of reaching them that we eventually come up with.

Once, I greeted a patient at the door with "Good evening, Engineer So-and-So" (in Italy, people are ordinarily greeted with their academic title). The patient replied, "I am not an engineer, I am a little girl!"

The way of addressing these different parts of the patient might involve profoundly different technical choices, particularly as far as the interpretive level is concerned, ranging from infant observation-like interventions to the offering of interpretations *in* the transference and, sometimes, interpretations *of* the transference (Gibeault 1991).

I am aware of the great quantity and importance of observations on the stages of evolution of the child as these come into play

in the constitution of the adult. There are obviously structural differences between the child and the adult, and consequently between working with the one or the other. I do not question the corpus of these studies, but they are not the model I refer to. In fact, in the way I tackle this issue, what is central is the mind's ability to elaborate experience in a more or less symbolic key, no matter how old the subject is. In my model, evolutionary changes correspond to differing abilities to elaborate and transform experience. In the case of Giorgio, these changes and differences are expressed by the metaphor of his child part, teenage part, and adult part. In the course of the sessions discussed, these parts assume the names of Stefano, Carla, and Giorgio. Since, in my view, the aim of analysis is not mainly to reconstruct contents, but primarily to develop instruments enabling one to think or to contain emotions, it is obvious that there cannot be a profound difference between the analysis of an adult and that of a child.

So the concept of unity of psychoanalytic methods forms part of a paradox: what seems to be very different—the analysis of children and the analysis of adults—is quite similar, and what seems to be all the same—the actual patient before us—is quite different, with several components, implying a need to recognize the part we should address at any given point.

REFERENCES

- Aalberg, V. (1996). Le travail psychanalytique avec les adolescents: une illustration clinique. *Adolescence*, 27:247-249.
- Abbate, G. M. (1964). Child analysis at different developmental stages. *J. Amer. Psychoanal. Assn.*, 12:135-150.
- Ablon, S. L. (2001). The work of transformation. *Psychoanal. Study Child*, 56:27-38.
- Abrams, S. (1999). How child and adult analysis inform and misinform one another. *Ann. Psychoanal.*, 26:3-20.
- Anderson, R. (1993). Some observations on the value of child analysis within the psychoanalytic world. *Psychoanal. in Europe, EPF Bulletin*, 41:64-68.
- Berberich, E. (1993). Some comments on the crisis around frequency. *Psychoanal. in Europe, EPF Bulletin*, 41:69-71.
- Bernstein, I. (1975). On the technique of child and adolescent analysis. *J. Amer. Psychoanal. Assn.*, 23:190-232.

- Bion, W. R. (1962). *Learning from Experience*. London: Heinemann.
- (1965). *Transformations*. London: Heinemann.
- (1970). *Attention and Interpretation*. London: Tavistock.
- (1994). Clinical seminars and four papers. In *Clinical Seminars and Other Works*. London: Karnac.
- Bonaminio, V. (1993). Del non interpretare. *Rivista di Psicoanalisi*, 39(3): 453-477.
- Busch, F. & Schmidt-Hellerau, C. (2004). How can we know what we need to know? Reflections on clinical judgment formation. *J. Amer. Psychoanal. Assn.*, 52:689-707.
- Chused, J. F. (1988). The transference neurosis in child analysis. *Psychoanal. Study Child*, 43:51-81.
- De Levita, D. J. (1993). A few notes on frequency. *Psychoanal. in Europe, EPF Bulletin*, 41:71-75.
- Ekstein, R. & Wallerstein, J. (1956). Observations on the psychotherapy of borderline and psychotic children. *Psychoanal. Study Child*, 11:303-311.
- Eskelinen de Folch, T. (1988). Introduction to the final discussion. *Psychoanal. in Europe, EPF Bulletin*, 30:5-7.
- Faimberg, H. (1996). Listening to listening. *Int. J. Psychoanal.*, 77:667-677.
- Ferro, A. (1993a). From hallucination to dream: from evacuation to the tolerability of pain in the analysis of a preadolescent. *Psychoanal. Rev.*, 80(3):389-404.
- (1993b). The impasse within a theory of the analytic field: possible vertices of observation. *Int. J. Psychoanal.*, 74:917-929.
- (1996). Carla's panic attacks: insight and transformations: what comes out of the cracks: monsters or nascent thoughts? *Int. J. Psychoanal.*, 77:997-1011.
- (1999). *The Bi-Personal Field*. London: Routledge.
- (2002). *In the Analyst's Consulting Room*. London: Brunner-Routledge.
- (2004). *Seeds of Illness and Seeds of Recovery*. London: Brunner-Routledge.
- Ferro, A. & Basile, R. (2004). The psychoanalyst as individual: self-analysis and gradients of functioning. *Psychoanal. Q.*, 73:659-682.
- Fonagy, P. & Sandler, A.-M. (1995). On transference and its interpretation. *Psychoanal. in Europe, EPF Bulletin*, 45:5-26.
- Freud, A. (1965). Normality and pathology in childhood. In *The Writings of Anna Freud*. New York: Int. Univ. Press.
- (1970). Child analysis as a subspecialty of psychoanalysis. In *The Writings of Anna Freud*. New York: Int. Univ. Press.
- Gabbard, G. O. (1995). Countertransference: the emerging common ground. *Int. J. Psychoanal.*, 76:475-485.

- Giannakoulas, A. (1993). Illusione, immaginazione, delusione nella infanzia e nella adolescenza. *Psichiatria dell'infanzia e dell'adolescenza*, 60:31-44.
- Gibeault, A. (1991). Interpretation and transference. *Psychoanal. in Europe, EPF Bulletin*, 36:47-61.
- Grotstein, J. S. (1980). A proposed revision of the psychoanalytic concept of primitive mental states—part I: introduction to a newer psychoanalytic metapsychology. *Contemp. Psychoanal.*, 16:479-546.
- Guignard, F. (1995). The infantile in the analytic relationship. *Int. J. Psychoanal.*, 76:1083-1093.
- (1997). *Au Vif de l'Infantile*. Lausanne, Switzerland: Delachaux & Niestlé.
- Harley, M. & Sabot, L. M. (1980). Conceptualizing the nature of the therapeutic action of child analysis. *J. Amer. Psychoanal. Assn.*, 28:161-179.
- Kancyper, L. (1997). *La confrontacion generacional*. Buenos Aires, Argentina: Paidós.
- Klein, M. (1932). *Die Psychoanalyse des Kindes*. Vienna, Austria: Int. Psychoanal. Verlag. (The psychoanalysis of children. In *The Writings of Melanie Klein, Vol. 2*, ed. R. Money-Kyrle. London: Hogarth, 1975.)
- Laufer, M. (1996a). The psychoanalyst of the adolescent. *Psychoanal. Study Child*, 51:512-521.
- (1996b). De quelques préalables au travail psychanalytique avec des adolescents. *Adolescence*, 27:239-245.
- Levine, H. B. (1999). The ambiguity of influence. *Psychoanal. Inquiry*, 19:40-60.
- Mahon, E. (2000). A "good hour" in child analysis and adult analysis. *Psychoanal. Study Child*, 55:124-142.
- Marcus, M. (1980). Countertransference and the psychoanalytic process in children and adolescents. *Psychoanal. Study Child*, 35:285-298.
- Markman, H. (1997). Play in the treatment of adolescents. *Psychoanal. Q.*, 66:190-218.
- Norman, J. (1993). Frequency in child and adolescent analysis. *Psychoanal. in Europe, EPF Bulletin*, 41:60-64.
- (1995). Conflicts about interpretation: what, when and how to interpret? *Psychoanal. in Europe, EPF Bulletin*, 45:27-41.
- Ogden, T. H. (1983). The concept of internal object relations. *Int. J. Psychoanal.*, 64:227-241.
- Quinodoz, D. (2003). *Words That Touch*. London: Karnac.
- Renik, O. (1993). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanal. Q.*, 62:553-571.
- Ritvo, S. (1978). The psychoanalytic process in childhood. *Psychoanal. Study Child*, 33:295-305.

- Sandler, J., Kennedy, H. & Tyson, R. L. (1975). Discussions on transference—the treatment situation and technique in child psychoanalysis. *Psychoanal. Study Child*, 30:409-441.
- Siniavsky, M. (1979). Acerca de la identidad del analista de niños su roptura y desercion. *Psicoanalisis*, 2:1229-1238.
- Smith, H. F. (2003). Analysis of transference: a North American perspective. *Int. J. Psychoanal.*, 84:1017-1041.
- Waksman, J. (1985). La controtransferencia de l'analista de niños. *Psicoanalisis*, 7:551-572.
- Winnicott, D. (1971). *Playing and Reality*. London: Tavistock.

Antonino Ferro, M.D.
Via Cardano 77
27100 Pavia, Italy

e-mail: ninoferro3@aol.com

Roberto Basile, M.D.
Via Lecco 1/A
20124 Milano, Italy

e-mail: robertobasile@yahoo.com

WHAT THE PSYCHOANALYST LEARNS FROM HIS OWN INTERPRETATIONS

BY F. ROBERT RODMAN, M.D.

The processes by which the psychoanalyst acquires knowledge of his or her patient exceed the traditional sequence of careful listening and reflection on the meaning of associations. This paper focuses on the value of the analyst's utterances as a source of information about what he or she thinks and is in the process of considering. Movement of the thought process from one subject to another, and the accompanying visual phenomena (among analysts who tend to envision memories and associations), supply valuable data. The author presents several clinical vignettes to illustrate how the analyst discovers ideas and words in the process of giving interpretations.

The thought is in the mouth.

—Tristan Tzara, quoted by Janet Malcolm (1992, p. 37)

THE ANALYST'S SPEECH

The psychoanalyst speaks when prompted from within, according to his or her own criteria. Once initiated, the act of speaking sets in

Editor's Note: The *Psychoanalytic Quarterly* is honored to publish this article posthumously with the consent of the author's widow, Mrs. Kathy Rodman. Dr. F. Robert Rodman was a highly original thinker, author, and valued practitioner of psychoanalysis in the Los Angeles area for several decades. On November 15, 2004, he died unexpectedly at the age of seventy, leaving many of us bereft of his friendship and counsel. This article, which had been accepted for publication shortly before his death, conveys the imaginative and personal way in which he approached clinical work. We are also pleased to publish a review of Dr. Rodman's biography of Donald Winnicott on pp. 585-591 of this issue of the *Quarterly*.

motion a process of further speakable associations in a particular order. An arranging process that has occurred unconsciously or preconsciously may be noticed during or after an intervention. The speaking analyst enters a heightened state of awareness of those associations in the act of trying to speak; a trajectory of spoken thoughts will sometimes suggest more that may not have been consciously included in the initial plan of interpretation. At times, the spread of ideas may become unwieldy, yet this very unwieldiness may cause the analyst to seek out a unifying theme, the possible subject of later interventions.

One may notice a metaphor—a single word, a sentence, or a visual or auditory image—that activates its own associations. Under some circumstances, the interpretation may consist of a gesture¹ or an act, the significance of which may become apparent only after presentation. Information so retrieved and spoken may lead to insights about the patient and/or to insights about the analyst's countertransference. Just as the patient changes through associative monologue (*à la Shakespeare*, as discussed by Bloom [1989])—that is, as the patient learns what he or she thinks by being able to speak without the usual hindrances—so does the analyst debrief himself² of latent images and insights through the act of speech.

The analyst's entire life experience is available for use when he attempts to intervene with a patient-directed insight. Therefore, new meanings accrue to old experience that has survived in the form of here-and-now memory. This sense of redeeming what remains of the past is incorporated into the words spoken to the patient and is a recurrent aspect of the learning process for the patient in analysis.

¹ "Gesture, in language, is the outward and dramatic play of inward and imaged meaning. It is that play of meaningfulness among words which cannot be defined in the formulas in the dictionary, but which is defined in their use together; gesture is that meaningfulness which is moving, in every sense of that word: what moves the words and what moves us" (Blackmur 1952, p. 6).

² In the remainder of this paper, masculine pronouns will be used to refer to both sexes, as in the title.

Instead of rehearsing an interpretation in my own mind and then telling it to the patient at an appropriate time, I often find myself starting with an idea and then continuing to speak until I articulate further ideas I did not consciously know I had. These ideas seem to emerge from the examination of a thought process that is activated by the process of interpretation. They come from a heightened awareness of verbally based cognition, but in addition—and importantly, for me—they come from a visually based process of *seeing* ideas unfold as I speak. I find that under some conditions, a great variety of impressions, previously noted as probably significant and stored in my mind for future understanding, come to the fore and are arranged according to their logical relationship to the first idea I had intended to communicate in the form of an interpretation. The novelist Don DeLillo (1993) says: “I don’t know what I think about certain subjects, even today, until I sit down and try to write about them” (p. 277). Substitute the word *speak* for *write* and you have another statement describing the main thesis of this paper.

It may well be that I sometimes speak at greater length than I might ordinarily wish to, that the patient is confronted with more to think about than would be ideal, but it usually seems valuable to me to say what I am thinking anyway. I believe that there will be time to deal with the various elements as we go along, and that they are sufficiently pertinent to warrant giving them voice as they appear. My attitude is part of a larger wish to deliver to the patient what I consider to be the benefit of my experience as a student of the mind. That larger wish leads me to sometimes talk about subjects that might otherwise be put aside as interferences to an unfolding psychoanalytic process.

This approach to interpretation, in which I discover what I want to say in the act of saying it, is the analyst’s mirror image of the patient’s free associations. We are fully aware that the patient often learns from hearing himself speak, as if the objective act of *hearing* words, rather than merely thinking them, introduces the patient to the difference between how he regards the analyst and the actual behavior of the analyst. Transference awareness may be

heightened by the observation of contrast in this area, and may form the basis of a revolutionary process of rethinking other relationships as well. But we are not accustomed to thinking of ourselves as the beneficiaries of saying what occurs to us in the act of speech.

I am not saying that I start with an idea and then roam through my thoughts without regard to their pertinence. On the contrary, under the best conditions, there is an overarching logic to my discoveries. Although not every episode of the type I am describing produces landmark interpretations that change the course of a given analysis, it is often true that my own complex act of discovery sheds a new and deeper light on the patient's life for both of us. Sometimes I think that Freud's recommendation that the analyst assume an attitude of evenly hovering attention was meant not simply to permit him to range across his patient's utterances without distraction, but also to allow him to prepare his own responses for the moment when he would begin to speak and thus debrief himself of what had been raised to near consciousness by his state of mind.

One of the fundamental contributions to my thoughts in this area comes from a book called *Ruin the Sacred Truths* (1989), by the literary critic Harold Bloom. This author pointed out that Shakespeare was, in a certain sense, Freud's greatest predecessor, for it is in Shakespeare, first of all, that an individual learns from his own spoken monologue. Bloom's insight has become part of every analyst's awareness. Man's reflecting on himself through the medium of his own spoken words forms the heart of the patient's experience, and, I would add, often the analyst's as well.

The difference between our traditional view and the one I am putting forth in this paper is that evenly hovering attention, which enables the analyst to become aware of his reflections while the patient free-associates, is replaced by speech. I find, for example, that I cannot hold in conscious awareness all the material needed for the most searching linkages in the form of an interpretation. For those, I need access to thoughts and images that, although noted consciously at one time, have since become preconscious,

or perhaps even unconscious. And it is also true that countertransference elements that contribute to my empathic understanding of a patient may have to be unearthed and examined in order for me to say what is most meaningful to a patient on the occasions that are the subject of this paper. My state of mind is heightened, and I always emerge from such moments with an awareness of how much I had heard without knowing it, and how much of my own nonanalytic experience has been contributing to my grasp of the patient's dilemmas.

Ms. A

One of many clinical examples of the analyst's use of speech is the case of Ms. A, who suffered from periodic "crashes." She might be seated in front of a mirror in a beauty shop, looking at her new coiffure, and would suddenly feel irredeemably ugly. At such a moment, she felt she had never progressed in any area of endeavor, and that she was condemned to crawl around at rock bottom, undeveloped and rejected. In spite of moments when she began to allow herself to hope that progress might be possible, she never felt that she had overcome her fundamental, lifelong depression and low self-esteem. She felt repulsive, although she was in fact a quite attractive young woman of considerable intelligence.

The patient was twenty-six years old, tall, slender, with thick dark hair, blue eyes, chiseled features (though she disliked her ears), and a ready smile. She dressed attractively, though she complained that her preference for black narrowed her choices. It was usually a pleasure to see her and to listen to what she had to say. It was easy to see a troubled mood on her face; she did not hide. And I think I should add that she brought out the best in me. The process by which I was restored to usefulness after disappointing her reassured her of the transience and reversibility of crises of depreciation, in others as well as herself.

The patient had an important job that she performed very well. She had been recommended for the job by a friend, one of those rare people who saw value in her and who lent his support even for occupational matters (a prospect that others rejected out of

hand), and this meant a great deal to the patient. Her friend responded to what others would call the ridiculous side of her: Should she learn to work with zoo animals? Should she take a course in connoisseurship at Sotheby's? She was looking for some solution to a sense of disorientation in life, to not knowing who she was.

After the patient had been working in her new and important job for several months, the friend who had referred her for the job became her immediate superior. There came a moment when, in the context of their new relationship, he showed no trace of his previous caring and concern for her or of his responsiveness to her value. Instead, it seemed that he might eventually relegate her to a lesser role, or even cause her to lose the very job for which his recommendation had been the pivotal influence. She felt deeply discouraged.

The patient was reminded of experiences with her father, who was a man who depreciated much that others idealized. She had been his favorite child (out of four), and there were times during her adolescence when he paid too much attention to her body, though there was no known instance of molestation. She had worked hard to attain the sort of cynical attitude toward him that would spare her the roller-coaster effect of trust and disillusionment, but even so, I saw that she continued to alternate between these states of mind. Was her response to her friend just a displaced example of what went on with her father? I thought she was probably also referring to a fear that, like her friend, I would lose that persisting interest in her that was required for ongoing help, and my face would then, like his, appear as a mirror of her own ugly lack of caring, rather than a window into a larger and better life.

When the patient started to speak of having "ruined" her friend, with a complicated line of reasoning, I recognized the theme of spoiling something good—in this case, a person—with depressive consequences, and was on my way to composing an interpretation along these lines. She said that she had withheld from

me this information about him, that he was capable of periods of extreme self-centeredness, that she had limited her revelations of him to his good points, and so, when she allowed herself to be subjected to his selfishness, she felt not only that she had destroyed him as a good person in her life, but also that, in my eyes, she appeared to be a fool, and so she had ruined herself as a patient as well. She was close to declaring that she had destroyed her treatment.

After a five-day break, the patient began by saying that she felt dead inside, and uncharacteristically opened the hour with the words "You start." Usually, she would begin and speak for a half hour, at least, and whatever she said was interesting and relevant. She now lost faith in the usefulness of her commentary, however, and did not want to take the usual risk of saying what came into her mind. The deadness she mentioned was, in my view, the concomitant of what she felt she had done to her friend, to me, and perhaps originally to one or both of her parents. She walked around with something inside herself that she had failed to keep alive.³

The patient said that anything was preferable to this agonizing way of being, even the discouragement that accompanied the encounter with her friend. At least, she continued, in that case she felt she was coping with living conflict. I thought then that she probably did seek out situations that would stimulate those areas of conflict, just to feel alive—a sort of masochistic style, and I told her so. But the problem was that no matter how many times she engaged in such struggles, she never emerged feeling that any progress had been made toward understanding or resolution.

Later on in the hour, the patient called into question her intelligence, which she saw as a byproduct of the need for vigilance and not all that useful for much else. I agreed that she had undoubtedly developed her powers of observation in the service of getting clues to the states of mind of her parents, as well as that

³ The same idea has been applied to an attempt to understand Joan Riviere, one of Winnicott's two analysts (Rodman 2003).

of anyone important to her, and then, unexpectedly and with a sense of uttering an adventurous truth, I added the following:

You don't actually know the nature of your underlying intelligence, because conditions have never been right for it to surface. You want to have those conditions some day, so that you can afford to be "stupid" enough to express yourself less defensively, to take a chance on making an error and being seen by others, as well as yourself, as imperfect. That's what you are trying to get out of this therapy.

In this interpretation, the idea of the patient's not knowing the nature of her intelligence came to me as I was speaking about the more conventional point of her curiosity about the states of mind of her parents. What I said about her intelligence could not have been formulated (at least not by me) if I had not launched into speech with no idea of where it would take me. I subsequently reminded the patient that in the beginning of the treatment, she had spoken of her disappointment with painting materials, which started out so fresh and promising but so quickly deteriorated into unacceptable and uninspiring nothing. To make satisfying use of them, she would have to be less guarded about her impulses.⁴

Now, two and a half years into treatment, this patient had begun to do very well, occupationally and personally (which could not be related to the rightness or wrongness of the above-described interpretation). There were several more instances in which her fear of ruin surfaced in our work. A factor that emerged clearly was the *wish* to be ruined, in a sexual sense. A rising excitement attended certain of the hours, and was almost always followed by a dream or a thought that I would then behave in such a way that the therapy would be destroyed. This condition was at times explicitly represented as a sexual overture that I would make. I believe that the patient's discouragement about ever being able to change in a fundamental way was related to the destructive effect that such excitement exerted on her capacity to think. The more

⁴ For an elaboration of this idea, see Milner 1957.

she received from me and from others, the more her functioning as an independent person was endangered, and her wish for the relief of being “ruined” was at war with her pursuit of perfection.

THE ANALYST’S LISTENING ACTIVITY

Spence (1982) has recommended that we analysts publish our experiences with patients, including our own associations, fantasies, and transferences. He calls this kind of activity the *naturalization* of the hour by unpacking—that is to say, by supplying the kind of information we almost never get about the mental activity of the analyst.⁵ In this way, as Spence presents it, a given hour is made accessible to other analysts who would otherwise depend simply on their common expertise—what Spence has called *normative competence*. *Privileged competence*, in contrast, is the competence of the treating analyst who has experienced the full range of work with his patient and can make associations that would not be possible for one who did not share this insider position.

Ogden (1997) describes the always dramatic mixture of the trivial and the significant in the mind of the listening analyst—exactly the inaccessible quagmire through which we sort and find something to say that appears to be useful and possibly true. The aftermath of such interventions, which forms the sum total of the unfolding analysis, seems to help (we hope) to find what is relevant, receivable by the patient, and, in the best circumstance, an engine of change.

Detailing his own mental activity during the hour, Smith (2000), in his poignant paper on conflictual listening, articulates a keen understanding of the vast number of elements present in any human encounter, including that between analyst and patient. Smith’s description expands the concept of countertransference

⁵ “The analyst must be trained to give the background for each utterance, and, more generally, to show how his own preoccupations influenced his ‘hearing’ of each of the patient’s utterances Systematic unpacking will allow us to make a clear estimate of the amount of inadvertent misunderstanding and how, in turn, this misunderstanding leads to false constructions” (Spence 1982, p. 106).

into a ubiquitous and continuous phenomenon, with the analyst's insights deriving depth and significance from his own experience of conflict. Smith's paper goes beyond the point of view that countertransference is everything the analyst feels about the patient; by giving us the fine details of conflict, the author extends the analyst's activity of reading his emotions, and sets us on the road to understanding how the analyst comes to receive so much from the patient. The personal growth of the analyst is an inevitable byproduct of the strenuous pursuit of understanding that is undertaken by both parties to the work.

I have found my own work greatly enhanced by taking detailed notes during certain hours. I have been able to document the central role of visual phenomena in my own thought process, and have also seen the interplay of odd associations of all sorts that I had always known were there, but had not previously been able to retain. Throughout the earlier part of my career, I refrained from note-taking except under special circumstances; in fact, it was a point of pride that I could remember so much without notes, and I believed as well that note-taking would have gradually become a kind of replacement for the power of memory, which needed constant discipline to stay at a high level. I suppose there is also some connection here to Freud's recommendation for evenly hovering attention, with the act of taking notes constituting a diversion that would interfere with my work. I still do not make notes when I treat patients vis-à-vis, and I am quite conscious of the potentially interfering noise that a pen can make, so I choose only those that make the least sound (but patients hear it anyway).

Ms. B

My listening activity was particularly important in a session with Ms. B, in which she spoke of the difficulty of arranging personal matters so that she could go away on a vacation. She had been preoccupied in previous hours with a lifelong antipathy toward her own competitive attitude. She had been extraordinarily successful in her profession, which guaranteed some measure of competitiveness in action. I started to speak to her of these two

subjects, adding that I had a sense that they were related, though just how I could not immediately say.⁶ But, as happens so often on similar occasions, once having spoken, I could see a connection, and it was this: that since the patient felt alone in the world—so unlike most people who are paired, and who therefore have the backing of another person—she had to be extra careful not to offend, to be nice, to stay in the good graces of others. This entailed an inhibition of her aggressive side, often to her detriment, and a feeling that in life, she was, in a sense, cornered and without alternatives. This mode of relating had been in place from an early time and reinforced by her Catholic education, but now, when she was fifty-six years old, it seemed that she might be able to reconsider this reflex-like characteristic.

This patient cited a recent example with which I was familiar, of a minor problem that came up with a colleague in her office. I said that I was not implying that I found no role for courtesy in life, but that this was not the primary consideration when matters of principle were involved. And in saying this, I was reminded, and told her so, that it appeared, in fact, that in the course of her analysis, *she had already changed* in this respect—as manifested by a marked reduction in her anxiety about appearing to her colleagues in a good light. This had been a notable achievement of our work together, but we could both see that it had not been acknowledged in the way we were now speaking of it, and that, once grasped, it could then be extended further.

THE ANALYST'S VISUALIZATIONS

I have come to know, over a period of years, that strongly visual elements were always present in my own thinking. As I focused my attention more and more acutely on my own expression, I realized that for me at least, in addition to the obvious process by which one first thinks and then expresses what one has thought,

⁶ Perhaps here I took a chance on presenting the two subjects and stating my ignorance of the connection, because I wanted to deal with the task of finding it in the condition of the one who was speaking.

there was something else going on: the forming of interpretations in tandem with what I wanted to say. I could hardly differentiate the finding of words from their utterance. From certain cues, I discovered what I was thinking and had been thinking as I spoke.

A metaphor may emerge at such times and form the focal point of a series of ideas that had not previously been known and could not have been articulated. This happened to me the other day in a session, when I suddenly saw in my mind's eye Michelangelo's *Pietà*, and recognized that the patient's relationship to his mother and to the women to whom he had become romantically attached could be fruitfully considered in the light of a mother's dedication to her dying son. Out of the appearance of the *Pietà* came the idea that the patient felt himself to be the nurturing mother of his damaged girlfriends. The shape of his life in many other ways supported the notion of a permanent attachment to his mother that he intended never to revise, and consequently, it was inconceivable that he could ever marry—or, if he did, he would fall into a condition in which he became the extension of his wife, thus losing the sense of having a life of his own. This is a recent and passing example of the discovery process that is activated by the decision to speak; I could cite many more, hour by hour. Insights flowing from the *Pietà* image came to me after those included in the interpretation I was making at the time.⁷ As Jacobs (2001) states, it is naive to think that the mere appearance of an image constitutes a cogent source of interpretation; even long after the event, there may be cause for revision of the ideas generated.

In a clinically saturated paper that portrays interpretation as flow, Duncan (1989) describes the nature of the analytic work as constantly affected by the personal element:

⁷ Jacobs (2001) has demonstrated that the use of an associative image in the mind of the analyst is not necessarily free of countertransference overtones that can be destructive. He cites examples from his own practice. And Shengold (2002) points out that "everyone—even an analyst—has an idiosyncratic, dynamic medley of ways of not responsibly knowing" (p. 700). We are constantly examining and re-examining the ways in which past and present interventions may reflect our own motivations, over and above our assessment of their potential usefulness to patients. It is the process by which we catch up with ourselves and revise our under-

The formulation of interpretations is performed, as are all our analytic acts, under the influence of hidden preconceptions. We partly know why we formulate them as we do, and partly we do not. To discover these preconceptions and bring them to consideration is always a useful and widening enterprise. There is a discrepancy between the way we actually formulate our interpretations in clinical practice and how we would seem to do so, judging from our formal and published presentations. [p. 694]

Duncan adds that “images of flow allow it to seem natural to us that we can start an interpretation without quite knowing what we are going to say, be forming the interpretation even while speaking, and surprise ourselves by what we have just said” (1989, p. 697). Duncan’s comfortable descriptions of clinical experience, including his moments of bewilderment and embarrassment, give an impression of the work that differs in spirit from the traditional situation of the analyst in charge, always knowing where he is and what he is doing—not a perfect analyst, exactly, but a potentially perfect one. This is the characteristic tone of an entire generation of analysts, and only in recent years are we witness to a major revision of that image. This is not to denigrate the more traditional psychoanalytic attitude, however. My understanding is that a particular form of psychoanalysis reflects numerous elements in the analyst’s development that enable him to make use of personal capacities; and we see forms of analysis evolve over time as a reflection of historical shifts, which should not cast a pejorative light on preceding forms (see Shapiro 1993).

Gardner’s 1983 book, *Self Inquiry*, contains vivid accounts of the author’s visual life as it flairs into being in reaction to patients. Gardner is assiduous in describing the unexpected but verifiable linkages between his own life and those of his patients. Through detailed descriptions, the reader becomes convinced of the pervasiveness of both patient’s and analyst’s ongoing fantasy worlds.

standing that demonstrates to patients that we may be constantly susceptible to what might be called errors, while at the same time alert and able to come to a renewed understanding.

Ms. C

My own process of visualization was a key element in my analysis of Ms. C, a 40-year-old woman in the sixth and final year of her analysis at the point I shall describe. From the beginning, she had pressed me for what she called "provision," referring to Winnicott's idea about what the parents give the baby (he emphasizes what the mother gives), and what she thought I would give her, since she felt that she had been chronically deprived in earlier life. Her father had abandoned the family when she was just under three years of age, and much of her development was affected by the question of if and when he would come to visit. After a short period of weekend times spent with him, he moved far away, and was thereafter in only sporadic contact with the patient.

In the course of this difficult analysis, each period of resolution and satisfaction was immediately followed by the patient's rage, complaints, and long silences, after which she would find reasons to berate me. The first situation that led her to reconsider her convictions was that I did not seem to show a sense of guilt when she leveled various accusations against me, that is, she felt powerless to get access to what she thought should be the attitude of my conscience for depriving her of what she insisted upon. How, for example, could I speak of the value of adhering to the Basic Rule, when she required time to gather herself, time to rest, time for privacy? I was always interested in her viewpoint and did not question her about her thoughts, nor did I prod her to keep a stream of associations going.

The patient was turned inward, so to speak, in the absence of a guilty reaction from me, but did not believe in the reality of transference until a period of work took place that we both came to call "soul murder," after the title of Shengold's book (1990). The patient recognized at that time that she saw me as a potential soul murderer, and learned from her horrifying expectations juxtaposed with my perceived compassion that she was capable of believing a version of me that could not be reconciled with the data of direct experience. This was confusing, because the more under-

standing I seemed to her to be, the greater the danger that she might shed her vigilant self-protectiveness and become vulnerable to soul murder. She could—and did—provoke responses in me that she could use as evidence that I was a dangerous person, as in moments when I showed impatience. And there were many such incidents. Typically, after a long silence, there would be an exchange between us in which my part started with a certain irritated tone, which then gave way to a back-and-forth flow of material that demonstrated my attunement to her state.⁸

Seven months before termination, I found myself able to verbalize something fundamental about the patient's condition. This formulation was more clearly expressible than previously, and it took in the full period of our work. It had to do with her unwillingness to acknowledge my separate existence, apart from her efforts to shape me into her lost father, which is to say that throughout the analysis, she had not lost the hope of getting me to behave as she thought she required me to be, in order to compensate for what she had not originally gotten. Her concept of cure had to be slowly abandoned, but it died hard, and she continued to press her claim. It seemed to me that she had progressed in this endeavor, by slow attrition, toward a more generous point of view, in which I could be appreciated for who and what I was, even though she slipped back into her dissatisfaction over and over again. Instead of a sense of harmony supervening as we approached the end of an arduous course, there were still moments of criticism and dissatisfaction, and they occurred even when she seemed on the surface to be speaking in quite different tones. I was glad to be able to understand her struggle, and to acknowledge her progress, because it accounted for that aspect of her that had continued to grate on me.

I had not liked this woman very much. I knew so much about her struggle, and I have found that such knowledge normally leads to an appreciation of the otherwise unseen heroism of a lived life, together with a kind of deep respect that is close to liking. She had

⁸ I needed to speak at such times in order to get beyond my irritation.

come to grudgingly grant value to me, comparing me to a piece of pre-Columbian sculpture on one of the shelves of my office. She spoke of me as a “classical bust,” contrasting me with representatives of other schools of psychoanalytic thought, and referring also, I think, to the rigid, un-nurturing breast, as well as the hint of failure contained in the word *bust*.

At this point, I suppose I was feeling more integrated about our work, when the patient came in with a free association that had occurred to her in the waiting room: “We who are about to die salute you.” She told me that these were the words of Roman gladiators to the emperor, just before their battle to the death. I immediately thought that she was speaking of certain fragments within her that were on the brink of being absorbed into the whole of her self. I thought of warring internal objects, and of the warring that had been made evident during our years of analytic work. I had a flavor of her as being in a continuous state of conflict, the parts at odds with one another, and a corresponding draining of vitality. I thought of all the aggressive energy that had been wasted in these intrapsychic battles, which were also interpersonal. At once, I could see in my mind’s eye an image of the patient as a *whole*, an egg-shaped unit made irregular by various protrusions, which were now slowly receding into the outline of the unit.

When I then spoke aloud to the patient of the fragments being willing to be absorbed into the whole—to die out, in effect, for the sake of the greater good—and, in the process, to render respect to me for having survived their best efforts to overthrow my abidingness and power, her response was enthusiastic and confirmatory. It was even more so in the hour that followed, in which she began by asking me to repeat my earlier idea about the analysis as a long process of attrition in which she tested her demands against my actual behavior. She was extremely pleased by my willingness to repeat myself without interpretations about her forgetting or not understanding, and perhaps this moment of direct “giving” would stand for all the other times when I *did* take an interpretive tack (although this was a later thought of mine that was not put into words).

The point of all this is to say that I was functioning in a state of inspiration that came from a sense of being able to account for the patient's present and past attitudes. I was relieved to be able to see why, even in the termination phase, she was still intermittently irritating to me—that is, I was able to put a good gloss on this reaction and locate its realistic basis. In this state, I could respond to her free association with a conceptualization that suggested a unifying moment. *My interpretation, the verbalization of a vision, had come to me as the outcome of a trajectory of spoken interpretation while I was in the very act of formulating it, and I learned both from my own statement and from the patient's response to it that I had seen her in a way I had never previously done.* She herself said, "You know, I think you thought that up right as you were speaking. For me, it is entirely new and wonderful."

A new sense of harmony seemed to come into the patient's life after this, and a relaxed exchange became our pattern. If I were going to be grand about it, I would say that she became a unit right at that point, partly as a result of my own verbal restoration of her, in tandem with my own achievement as an analyst with a unitary view of his patient, and partly through the cooperative venture that this analysis had become, exemplified by the double usefulness of her free association and my understanding of it. In a sense, my idea of absorbing fragments into a whole came near the end of the entire trajectory of interpretation that occurred during the analysis.

Ms. D

A woman in her fifties—very dependent upon regular visits with me, often letting me know how important I was to her—came in on a Monday morning and, as was frequently the case, had very little to say. Only the usual comments were put forth: about her work as a highly skilled computer programmer, and about her co-workers, from most of whom she was estranged. I thought, "This is incredibly boring, as usual." I had not been able to understand why this was so, in spite of my many years of trying to understand. The patient did cling to me through her silences, and my own silences were often accompanied by hers.

On this occasion, after ten minutes, the patient said: "Oh, I had a dream last night. I was sitting in that café down the street, having my cappuccino outside, as usual. I got up to check something in my car, and when I came back, someone else was sitting there, drinking coffee. My cappuccino was almost gone, although I knew I had left it almost full. The woman asked, 'Do you mind?' You'd think it was an effort to apologize for taking my chair, but I took it to refer to the fact that she was smoking a cigarette." And here the patient herself lit up a cigarette in the session.

I could "see" the dream taking place at a sidewalk table just down the street. Many times, I had seen the patient sitting there, reading a paperback, as I drove into the driveway to my parking place under the adjacent building. The idea of her chair's being taken away produced a sensation of emptiness within me, and I quickly got in touch with the circumstances of at least obvious relevance. She gave me next to no associations; she was happy to provide the dream alone. Recently, I had focused on her silences, and had come to realize, with her confirmatory responses, that she dissociated often and, in fact, had done so all her life. This awareness of the phenomenon was enlarged and deepened by my re-reading of Winnicott's paper (1971), called to my attention by a colleague who happened to be studying it. The overlooked significance of that paper, with its reference to unproductive daydreaming, matched the overlooked significance of the patient's silences.

This patient would often get into a daydream and have no memory of its content when she emerged. This in itself related to another dream she had that captured central events in her early life—a screen dream, one might say. The dream had to do with an action that took away something closely identified with her liveliness, her joy in being alive, in a way that could never be reversed. In reality, when her brother was born, the patient was eighteen months old. She had been celebrated as a bright and lively child by her young parents, but lost her place to her brother, whose action in the dream hurt her deeply.

Thus, unbearable loss may well have started the patient down the path of dissociation. I had been studying this phenomenon

with another patient, and located the same dynamic—very early, unbearable loss—at the start of dissociation. Of course, such an event can be the beginning of many kinds of disability.

I sometimes saw another patient before this one, and it was this fact that came into my mind as I listened to her. She had always assumed that, coming at 8:00 a.m., she was my first patient—which she was, except that recently, she had heard the exit door closing before she came in, and therefore knew that someone else had been in my office before she was. The dream of loss had occurred the night before her anticipated session. I spoke about this fact, observing that, although she had never directly expressed disappointment, this feeling had been implied in various conversations during a short period when the hour before hers were occupied. At this, the patient spoke up and said that it was true, yes, her feelings were hurt, but she had not wanted to bother me with complaints.

I said that I thought she was afraid I would turn away from her if she complained, or in any other way was not what she thought I would regard as a good patient, and in this way, she avoided having to face a major loss. But her dream introduced the subject anyway.

Now I could see the patient's company office, a construct of my imagination—in which the CEO of the company, familiar to me from many previous descriptions, had asked that she transfer from her primary workplace. She had complied without significant protest, not wanting to be a bother in that situation either, and was now working in a distant location. I drew the parallel to her feeling about my seeing someone else ahead of her, and then went on to refer to the other dream, in which her sorrow burst forth at losing her senior position to her younger brother.

Defeated was the word that came into my mind as I reiterated what seemed to me to be the relevant circumstances in which she had been set aside, marginalized. *Defeated* also made reference to what I then thought had made her so boring. *Defeated* was what prompted her to dissociate—to withdraw from contact, to experience a deadening of imagination and of interactive presence. The

idea that whatever she might say or do would be nullified by some person or force, and that she would always be alone, always second in everyone else's eyes, lay behind the characteristic absence of liveliness in the way she presented herself. "That's right," she said (but of course, patients often say that, whether one turns out to be right or not).

A lifetime of feeling defeated accompanied a very solitary existence for this patient, with a scattering of places and topics of interest among the silences and the loneliness and what I imagined to be the boredom. For me, it was a discovery, the word *defeated*—as if it somehow reversed the diffuse mood represented by the word, and it certainly nullified, for the moment, much of the boredom I felt in the hours. The experience of finding the word enlivened *me*, of course, and at the same time, I had placed value on the patient's dream. Her dream was a gift and must be considered a way to help me overcome my boredom—an idea that leads down another path.

When she sat up, there was quite a smile on the patient's face; I had not seen that smile in many months. However, further reflection made me suspicious that this whole thing—her dream and my understanding of it—was a staged antidote for my boredom and her own. Only time would provide perspective. Was this the start of a deeper analysis of her sense of defeat, or not? But if I were to go still further, I could ask how much of any analysis is a give and take intended to help either the analyst or the patient or both, and whether, when that is the case, the work is only partly done. To what extent must analytic work be done for one's own benefit, rather than for the sake of someone else?

THE ANALYST'S VOICE

Another aspect of the analyst's discovery of what he wishes to say, or of what the analyst had not realized he knew or thought, is that out of his interpretations may come what writers call his own *voice*. The novelist James Salter (1993) has said: "It seems to me that when you read, what you are really listening for is the voice of the

writer. That's more important than anything else" (p. 68). The analyst who speaks with his own voice seems at first sight to be incompatible with the one whose primary concern is reflecting on what the patient communicates. Yet it seems to me that there are any number of combinations and proportions to consider, and any number of patient-analyst combinations that make each of those two elements varyingly important.

Ogden (1998) has written profoundly on this subject, using poems as a means of explicating what he means by *voice*, and then showing how the concept of voice is useful in analysis. He writes, "The individual voice is not resting dormant waiting for its moment to be heard. It exists only as an event in motion, being created in the moment" (p. 445). This idea is consistent with my emphasis on the value of the analyst's sometimes speaking at length, inasmuch as the emergence of a *voice* may not be possible or useful in brief, prerehearsed interpretations.

In considering this rich subject, I speculate that the more deeply disturbed of our patients require a vivid sense of the analyst's voice to which they may turn for a form of holding or to allay anxiety, while those who have been less damaged in the earliest part of development may need this less. Yet I cannot recall ever having seen a patient in whom there was an absence of interest in who I am as revealed in my way of expressing myself—in short, in my *voice*, in the sense that Salter and Ogden refer to it.

Guntrip's (1975) paper on his analyses with Fairbairn and Winnicott speaks of Fairbairn's notion that the thing that heals is the relationship, not interpretations per se. Yet it must be true that both are important. In the act of mining my imagination for the images and words with which to express what I see in a patient, I believe I am trying at the same time to find my own voice. At given moments of interpretation, I have a strong feeling that what I am saying is both self-evident—that is, likely to be true on its own merits—and also an expression of the power of analysis in my hands.⁹

⁹ The poet Paul Muldoon (2004) says of certain poems that there is a "surprise that seems inevitable" (p. 78). He questions which attributes make it inevitable and what we recognize about it as inevitable.

The seeking out of a voice may be an important aspect of analysis, in the form of the effort being made to transform raw, imaginative data into statements that satisfy the analyst's attempt to express how he is changed by what he perceives. The analyst's voice is a growing, changing aspect of himself, and he celebrates that change as a form of mastery that arises from dedication to the reality of another person's life. The voice of the analyst may be regarded as a background that is sometimes of prepossessing import, and at other times, with other patients, much less so; but in every case, it is the matrix within which the insights are delivered.

Mr. E

Mr. E, a man who had given up a lover to try to save his marriage, could not work. Instead, he spent his days programming his computer, just as he had worked at repairing mechanical and electronic items from childhood on. He wondered why he did not feel any grief, because the woman he had renounced meant a great deal to him. I reviewed his attempts to master his emotions through the extended meditation and escape that accompanied his attention to inanimate objects, paused a moment, and found myself saying, "*You just lost a piece of your life.*" It seemed so obvious. But the patient was so far from knowing himself that he then asked me how this statement squared with prior ones, to the effect that he had shielded himself from the uncertainty of getting closer to his wife by pursuing a secret relationship. He implied that his affair must consequently have meant nothing, and therefore that he had *not* just lost a piece of his life. I had made this direct comment in response to what seemed to be his obtuseness, which represented powerful defenses against all emotion. It was then left to me, as had been the case on other occasions, to become the custodian and articulator of his warded-off emotions.

HOW THE ANALYST LEARNS ABOUT THE PATIENT

The study of the analytic hour has led me to the subject of this paper, which is simply that I find that *I learn from many of my interpre-*

tations. The usual sequence is reversed: rather than prior learning about the patient resulting in a careful thought process that in turn leads to the interpretive statement, I find that the unfolding of nascent ideas takes place in the very act of interpretation—to an extent that I could not have guessed. It has become clear to me that I would not have arrived at a good many of my ideas about patients without the opportunity to speak and thereby to debrief myself.

The word *debrief*, a military term, came into our vocabulary in 1945, as applied to the Royal Air Force procedure of questioning pilots after a mission (Burchfield 1972). Later uses describe the questioning of astronauts after landing and of hostages after release by terrorists. In debriefing, there is an attempt to extract as much information as possible about the prior experience before it disappears over time. I choose this word to help convey the fact that the analyst always knows so much more than he or she realizes, and introspection alone will not bring it into play. Instead, there must be an active attempt to articulate what is within, much of it latent until a prior association lights it up, raises it into consciousness and speech,¹⁰ in the flow of words that constitute the analyst's attempt to portray what I will call the patient's reality. By emphasizing this, however, I do not mean to depreciate the introspective process, which continues to do its work all the same.

To go back to some of the earlier, ongoing preoccupations that form the context of my concern with the analyst's discovery of what he thinks through the act of speaking, I will say that I have long harbored a prejudice against psychoanalytic technique, with its history of objectification and even manipulation. I have for some time been

¹⁰ The French philosopher Maurice Merleau-Ponty (1982) writes: "For the speaking subject, to express is to become aware of; he does not express just for others, but also to know himself what he intends" (p. 90). He adds: "There is a 'linguagely' [*langagière*] meaning of language which effects the mediation between my as yet unspeaking intention and words, and in such a way that my spoken words surprise me myself and teach me my thought" (p. 88). And Spence (quoted in Malcolm 1992) writes that "speech may be necessary for the speaker to know what he thinks The mind is often empty of words until the patient makes an effort to find them" (p. 37).

in search of a way to understand psychoanalytic work as a process constructed one piece after another, by which the analyst, subjectively relating to the patient while simultaneously observing him through that subjectivity, may also reveal himself in depth for the benefit of the patient, without succumbing to deliberate self-revelation. Of course, the practice of psychoanalysis cannot be a spontaneous matter in which the patient magically benefits from the knowledge of the analyst; rather, a highly disciplined procedure is required, with a reliable, repeatable set of conditions. It is clear that the analyst has to pick and choose words with great care.

Perhaps I can express myself best by indicating that the analyst, according to my prejudice, should be moving in the direction of the undeliberate, even as he cannot do without the deliberate. The analyst must reveal himself as a person, even as he seeks to hide. When I speak of the discovery process in the act of speech, I am not referring to moments when a highly condensed statement is being made, for the fruits of long-standing study conceal more than they reveal about the analyst. This discovery process represents the classical paradigm of psychoanalysis as formulated by Freud—the insight contained in the statement uncontaminated by the analyst's personality, except to the extent that that insight has been derived in part from the imagination of the analyst based on past experiences. "Look at this," says the analyst, and the compelling power of quasi-objective existence of something may affect the patient in an eye-opening way.

It was the careful taking of notes to prepare for a case presentation to a study group that most recently permitted me to refine my focus. I found it possible to write down a good account of what the patient said, but when it came to recording my own interventions, I realized that, since I could not speak and write simultaneously, I was forced to reconstruct my comments, and what I could write was thin gruel indeed compared to what had been, a few seconds before, a complex series of sentences formed out of an uncountable array of associations drawn from many stages of my work with the patient and many stages of my own nonpsychoanalytic life experiences.

Our universal awareness of countertransference long ago did away with a sense of the potential impersonal purity of our perceptions, but there is a continuing sense in our field that, in order to apprehend the highly idiosyncratic and personal world of the patient, it is always best for us to remove our own lives in favor of becoming a less beclouded vehicle of perception. This is the scientific ideal to which we aspire. It seems ever more clear and ever more generally accepted that, not only are we far more involved as people at the very moments we seem to be most impersonally scientific, but it will also prove to be of immense benefit to look further into this state of affairs.¹¹ David Locke's (1992) study of science and writing shows us how personal the writing of science can be, and that the rhetoric of science is a pretense to the impersonal rather than an accurate reflection of the phenomenology of scientific discovery.

Viderman (1974) writes:

I *fabricate* my representation, as the worker fabricates his pulp. The psychoanalyst reads neither the coffee grounds nor the cards. He invents neither the centaur nor the unicorn. *To create* is to give a name to and to unify by interpretation that which is only vague desire, nameless, obscure, barely outlined. Between this state of instinct and the precise firmness of form given by the word, there is a *qualitative jump*, dialectical to be precise, which is equivalent to a creation. To say that the reconstructions of the most archaic experiences are marked by a high coefficient of uncertainty is evident. Archaic experiences have no structure, have no figurable form. Only the interpretive word gives them form and *concrete* representation, thereby not limiting itself to *translating* one meaning by another, but creating a new representation of that which existed in a broken, fragmented, unrecognizable form.

¹¹ "Since we are constantly acting in the analytic situation on the basis of personal motivations of which we cannot be aware until after the fact, our technique, listening included, is *inescapably* subjective" (Renik 1993, p. 560, italics in original).

Speech gives it a denomination which unifies it and concretizes it in a totally original way and in a form which exists nowhere in the patient's unconscious, nowhere other than in the analytic space via the language which gives it form. [p. 474, italics in original]

By such a process, the analyst discovers the words that we no longer believe represent utterly objective aspects of the patient's reality, as we used to think and hope. We admit the universality of the subjective element in what we used to think could be made free of it. In this paper, I am simply saying that the process of subjective discovery that we apply to ourselves may be extended to include what we learn not from introspection, but from giving voice to unfolding ideas as they are turned into spoken words. Perhaps this could be called *extrospection*.¹²

Speaking of writing, DeLillo (1993) says:

First you look for discipline and control. You want to exercise your will, bend the language your way. You want to control the flow of impulses, images, words, faces, ideas. But there's a higher place, a secret aspiration. You want to let go. You want to lose yourself in language, become a carrier or messenger. The best moments involve a loss of control. It's a kind of rapture, and it can happen with words or phrases fairly often—completely surprising combinations that make a higher kind of sense, that come to you out of nowhere. But rarely for extended periods, for paragraphs and pages—I think poets must have more access to this state than novelists do. In *End Zone* a num-

¹² I like Anna Freud's reminder that our work is a discovery procedure and *not* essentially creative, because it acts as a corrective to the wild proliferation of ideas around *creativity*, which takes the analyst away from the sobering nature of an external reality—one that exists and has existed in its own right, no matter what the analyst's take on it might be, or what Winnicott and Walt Whitman might call the *not-me*. It may be that, as analysts, we can only arrive at a blurred version of that not-me world in which the patient has lived, but we continue to strive for clarity. Spence (1982), in his brilliantly reasoned thesis that what we do as analysts is to arrive at what he calls *narrative truth*, bursts the bubble of our traditionally scientific notion that we can arrive at a truth that is somehow fully objective or historical.

ber of characters play a game of touch football in a snowstorm. There's nothing rapturous or magical about the writing. The writing is simple. But I wrote the passage, maybe five or six pages, in a state of pure momentum, without the slightest pause or deliberation. [p. 282]

I would not use words like *rapture* to describe my own experience, but the direction of DeLillo's thinking roughly coincides with mine. He also notes that "I'm completely willing to let language press meaning upon me" (1993, p. 283). This remark might well describe a certain condition in the analyst's mind when he is in the midst of articulating the burden of meaning that he has been carrying. Although I will not discuss this subject in depth here, it is an important one, in which words themselves lead an articulator down a pathway of thought that could not have been divined had he not allowed himself to be guided in this way.¹³

Mr. F

Mr. F, a 39-year-old man, was trying to understand his feelings in the aftermath of a romantic breakup. He had been more deeply involved with this woman than with any other, and there had been many. When he thought about saying goodbye to her, once and for all, he felt it possible to forgive her affair. He pondered the intensity of his jealousy and, as he put it, "ran the movie" over and over, every day—the movie being his idea of the sexual activities of his former girlfriend and her lover.

When their relationship subsequently resumed, the patient remained acutely jealous, and the question of whether he could ever forgive her preoccupied him. I commented on forgiving and forgetting when he described his state of mind under the duress of danger. And when I began to compare that state with his current one, I found myself saying, "Now that the two of you are together, at least for the time being, it's more difficult, because it's easier to forgive when you are going to forget. It's hard to forget

¹³ Muldoon (2004) says: "I don't mind being led by rhyme. But I'm not led like a lamb to the slaughter. I hope" (p. 70).

when you see her every day. *What I mean is that it's easier to forgive when you can also forget.*"¹⁴

I had spoken to the patient of forgiveness as a yielding to the irreversible reality of a past, hurtful action, an acceptance of the not-me nature of the other person. But there was clearly more to the subject that I could not then conceptualize. I had worked toward a condensation partly, I think, to cover my inability to make a more comprehensive statement, to cover my ignorance. What I said was almost an afterthought. It was satisfying to condense the idea in a few easily remembered words. Undoubtedly, the stock phrase of "forgive and forget" led me toward this variant. This is an example of the lure of language, which is not necessarily an expression of truth just because it is appealing—or, at least, not a full expression. Not every surprising statement is correct. Every psychoanalytic moment is subject to reconsideration in the light of further reflection. Can we extrapolate from this small platitude that, in fact, truth and beauty are really not equitable?

I had interrupted the patient's associations with what seemed to me at the moment to be a true and appealing restatement of the relationship between forgiving and forgetting. Perhaps my giving over my attention to his further associations would have distracted me from deeper consideration of my own, and this may be a characteristic feature of what I am trying to describe: that the analyst who is speaking is not being distracted by listening, and may, as a result, find himself saying what would never otherwise be said, which may either enhance or retard the progress of the analysis—or both.

DISCUSSION AND CONCLUSIONS

The subject of the spontaneous utterances I have been describing and illustrating is part of the larger subject of the origins of interpretation. It may be that moments of surprise such as those men-

¹⁴ In his "footnote" paper on this subject, Smith (2002) arrives at the same conclusion, with the last part of *King Lear* serving as his text.

tioned here can be explained on the basis of a reduction in the lag time between the thought and its utterance, so that, in principle, what appears as a surprising *thought* is merely that which is first imagined and then uttered with surprising *speed*. Certainly, there must be a thought process that precedes the act of speech. I find it difficult to portray the special quality of this sense of surprise, although all of us have probably felt it. Suppose it is true that some important comments would never be conceived and uttered if they did not arise almost inadvertently out of the act of interpretation—what is the significance of this?

I think that we are fascinated by what we do as analysts and want to know all we can about it. I suppose my own belief is that it is worthwhile to rethink the activity of the analyst in the hope of getting closer to its reality (I almost said “closer to the truth,” but these days, I think better of using that dreaded word, since I accept that the truth is not static, and that too much is implied by use of the word). If we know that we are learning from ourselves, just as we learn from our patients and our teachers, we can track the unfolding of our words with heightened acuteness. We are better positioned to ask ourselves where an idea came from, which is to say better armed to discern the meaning of our words. Perhaps, as analysts, we can never have too much information about the provenance of a thought.

Bloom (1989) has said that “meaning gets started only by or from an excess, an overflow or emanation, that we call originality” (p. 12). Thinking of originality as an *excess* prompts me to reflect that the last idea in a series, conceived and expressed without warning, becomes possible to articulate because the patient’s state of mind is affected in a particular way by what has gone before. I feel that in reviewing a group of previous insights, or in putting together raw data for an interpretation, I am engaging the patient in an act of reflection somewhat similar to my own, and that this state makes it tempting to add something new and unexpected. There are instances when the unexpected idea leaps from the mouth without preliminaries, but there are others, such as those in the majority of my examples, where the surprise comes at the end of a trail of reviewing.

It seems possible (and an idea worth pursuing) that an altered state of consciousness induced by reviewing previous insights—that is, a process by which the patient's critical faculties are lulled by repetition of the known and its construction into an edifice of ideas—is a preliminary to the emergence of a new idea from the surprised and pleased analyst (whose consciousness may also be altered), a gift to the now open-minded patient who is attuned to the area of the new idea. Perhaps this represents an unconscious method of transcending negative aspects of the transference, making it safer for the analyst to entertain the unexpected and for the patient to absorb its significance.

The idea of fluctuations in states of consciousness during the analytic hour suggests to me the possibility of a kind of hypnagogic access to thoughts, which are conjured within the confines of the hour and dissipate quickly afterward. This is a way to describe the intensity of the sense of being in touch with a group of thoughts and images during the analytic hour, and the contrasting thinness of recall later on. In order to revive the intensity of memory, I find that I try to remember one or more key ideas or thoughts or visions from a given hour or from several prior hours, or perhaps from an entire work, and that from these selected moments, I can reconstruct an internal state with high-intensity visual phenomena. It is an attempt to recapture a state of mind originally evoked by concentrating on the patient's associations. Just as is the case with surprising comments made during interpretation, this process, too, exemplifies the ability of one's own mind to produce surprise and gratification in the midst of the effort to attend to someone else's life.

Finally, to return to an idea expressed at the beginning of this paper, I believe that less rehearsed forms of speech by the analyst open a window into his thinking in a way that may be useful to the patient. The process by which the analyst makes use of the vastness of his own associations can be made slightly manifest, and the interactional aspect of analysis enhanced, without damage to the observation of the patient. Making more room for spontaneity in our understanding of spoken interpretation also lends support to what

I would call the internal spontaneity that forms a part of puzzling one's way through a constantly changing flux of image and idea. The patient's spoken associations drag more and more material into consciousness. Why should the same principle not apply to the analyst? As he turns these associations into the material of interpretation, he develops a heightened sense of the value of the entire span of his life experience, brought forward for consideration in relation to the specific task he has undertaken—which is the understanding of the inner life of an unobjectifiable other person.

REFERENCES

- Blackmur, R. P. (1952). *Language as Gesture: Essays in Poetry*. New York: Harcourt Brace.
- Bloom, H. (1989). *Ruin the Sacred Truths: Poetry and Belief from the Bible to the Present*. Cambridge, MA: Harvard Univ. Press.
- Burchfield, R. W., ed. (1972). *A Supplement to the Oxford English Dictionary. Volume 1: A–G*. Oxford, England: Clarendon Press.
- DeLillo, D. (1993). The art of fiction CXXXV. *Paris Review*, No. 128, pp. 250-299, fall.
- Duncan, D. (1989). The flow of interpretation. *Int. J. Psychoanal.*, 70:693-700.
- Gardner, M. R. (1983). *Self Inquiry*. Hillsdale, NJ: Analytic Press, 1989.
- Guntrip, H. (1975). My experience of analysis with Fairbairn and Winnicott. *Int. Rev. Psychoanal.*, 2:145-156.
- Jacobs, T. (2001). On misreading and misleading patients: some reflections on communications, miscommunications and countertransference enactments. *Int. J. Psychoanal.*, 82:653-669.
- Locke, D. (1992). *Science as Writing*. New Haven, CT: Yale Univ. Press.
- Malcolm, J. (1992). Six roses or cirrhosis? In *The Purloined Clinic: Selected Essays*. New York: Knopf.
- Merleau-Ponty, M. (1951). On the phenomenology of language. In *Signs*, trans. R. C. McCleary. Evanston, IL: Northwestern Univ. Press, 1964.
- Milner, M. (1957). *On Not Being Able to Paint*. New York: Int. Univ. Press.
- Muldoon, P. (2004). The art of poetry LXXXVII. *Paris Review*, No. 169, pp. 52-91, spring.
- Ogden, T. H. (1997). Reverie and interpretation. *Psychoanal. Q.*, 66:567-595.
- (1998). A question of voice in poetry and psychoanalysis. *Psychoanal. Q.*, 67:426-448.
- Renik, O. (1993). Analytic interaction: conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanal. Q.*, 62:553-571.

- Rodman, F. R. (2003). *Winnicott: Life and Work*. Cambridge, MA: Perseus.
- Salter, J. (1993). The art of fiction CXXXIII. *Paris Review*, No. 127, pp. 54-100, summer.
- Shapiro, T. (1993). A view from the bridge. *J. Amer. Psychoanal. Assn.*, 41: 923-928.
- Shengold, L. (1990). *Soul Murder*. New Haven, CT/London: Yale Univ. Press.
- (2002). "What do I know?": perspectives on what must not be known when change means loss. *Psychoanal. Q.*, 71:699-724.
- Smith, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.*, 48:95-128.
- (2002). A footnote on forgiveness. *Psychoanal. Q.*, 71:327-329.
- Spence, D. (1982). *Narrative Truth and Historical Truth*. New York: Norton.
- Videman, S. (1974). Interpretation in the analytical space. *Int. Rev. Psychoanal.*, 1:467-480.
- Winnicott, D. W. (1971). Dreaming, fantasizing, and living. In *Playing and Reality*. London: Tavistock.

CATCHING THE WRONG LEOPARD: COURAGE AND MASOCHISM IN THE PSYCHOANALYTIC SITUATION

BY SUSAN S. LEVINE, M.S.S., L.C.S.W.

This paper introduces the subject of courage into the psychoanalytic discourse about masochism and also demonstrates that ordinary ethical and axiological concerns can and should be included in our psychoanalytic language and practice. At each stage of a psychoanalysis, it may be helpful to consider whether the patient's experience might be that taking a step deeper into the psychoanalytic relationship is both courageous and masochistic. This consideration can open the door to exploration of conscious beliefs and how they are related to unconscious fantasies and assumptions. Considering the possibility that even a sadomasochistic enactment may simultaneously represent a courageous attempt to rework conflict or trauma can enrich the way analysts listen to both manifest and latent material.

In the 1938 Howard Hawks comedy *Bringing Up Baby*, Katharine Hepburn's character (named Susan!) finds herself in a most precarious position. In her effort to find her aunt's escaped, tame leopard ("Baby"), she has inadvertently captured the leopard that a nearby circus had deemed too dangerous to keep. Thinking it is Baby, she manages to get a rope around its neck and tugs it all the way to the police station, where Cary Grant's character, David, awaits her. We see her muttering to the leopard, "Oh, what's the mat-

The author dedicates this paper to the memory of J. Alexis Burland, M.D.

ter with you? You've been slapping at me the whole way." Upon her arrival, she says to Cary Grant, "Well, did I fool you this time—you thought I was doing the wrong thing, but I've got him!" He responds, "No you haven't, Susan!"

Was the capture courageous? Did she know, and simultaneously not allow herself to know, of the danger she was in? Might we not wonder about an element of masochism in her determination? Is it ever possible to know if the leopards we catch are, in fact, tame?

Full of distress, hope, the wish to be changed, and the wish to remain the same, patients may have little awareness of the leopards they are dragging when they first seek help from us. When Katharine Hepburn sees the leopard she thought was Baby, she realizes that she has caught the wrong leopard, and she is overcome by terror. Cary Grant picks up a chair and uses it to maneuver the leopard into an empty jail cell. Is this not what we analysts also do? And is the psychoanalytic process not helped along at times by our sense of humor and our expectation that wonderful transformations may emerge from the absurd or the tragic (Levine 2003)? Do we not help our patients confront, cage, and tame the unruly things they discover?

I am repeatedly impressed by the way in which almost every patient entering psychoanalysis and psychotherapy experiences a similar predicament, and by how the issue reemerges at points when new areas of pain or conflict become apparent. And the courage-masochism experience is taking place not solely in our patients. Unlike the hapless Cary Grant, who, in high Hollywood 1930s madcap mode, was swept into Katharine Hepburn's sphere, we analysts know full well that we are going to be encountering untamed leopards of one sort or another. If analysis works, patients and analysts will always be getting into more than they originally bargained for. The psychoanalytic situation inevitably must evoke both courage and masochism in us as well.

This paper will introduce the subject of courage into the psychoanalytic discourse about masochism and will also demonstrate that ordinary ethical and axiological concerns can and should be

included in our psychoanalytic language and practice. We want our patients to be courageous enough to do the work of analysis, and it is disingenuous to pretend otherwise. As Olsson (1994) writes:

In our efforts to refrain from moralizing or being judgmental, sometimes in our therapeutic work we act as if the in-depth exploration of morality or helping the analysand to make judgements about their morality, its roots, and their rebellion about it, were off-limits for the analytic process. [p. 35]

We analysts, too, need to have what Balint (1957) termed “‘the courage of one’s own stupidity.’ This means the doctor feels free to be himself with his patient—that is, to use all his past experiences and present skills without much inhibition” (p. 305).

Why do analysts speak to each other so rarely about courage and similar positive values or qualities and about whether we talk about these with patients? I wonder whether there is a reluctance to speak about such “unscientific” things as values and about the ways in which psychoanalysis is a profoundly beautiful and moral endeavor. Analysts are also reluctant, I think, to make observations that may seem too supportive and complimentary to the patient (or to ourselves). However, it is equally important to interpret what is positive or progressive as what is negative and regressive. Defenses and resistances serve a positive need—self-protection. It is important for patients to understand that even the most inefficient, destructive, or masochistic defense must have represented the individual’s best and most courageous attempt at adaptation.

Likewise, we should interpret, when appropriate, what seems to be courageous—and we should be curious about the ways in which it also serves masochistic needs. At each stage of an analysis, it may be helpful to clarify to the patient the uncertainty in his or her mind about the ways in which taking a step deeper into the analytic relationship is both courageous and masochistic. This can open the door to exploration of conscious beliefs and how they relate to unconscious fantasies and assumptions. Considering the possibility that even a sadomasochistic enactment simultaneously

represents a courageous attempt to rework conflict or trauma will help us listen in a more balanced way to both manifest and latent material. I try to keep this in mind from the very first moments of a treatment.

A patient who had had a previous frustrating and demoralizing treatment was considering entering analysis with me. She asked me whether it could really help her. I answered that sometimes analysis is not helpful at all, but that it could also be transformative in ways that neither she nor I could imagine at that moment. My honesty included both the possibility that her masochism would be gratified and that her courage would pay off.

KOHUT'S CONTRIBUTIONS TO THE STUDY OF COURAGE

Kohut is one of the few psychoanalytic writers to have addressed the subject of courage at length. An examination of his thinking will highlight the question of whether we can consider courage to exist without accompanying masochism. In his essay "On Courage" (1985), Kohut relates courage to what he terms the *nuclear self*. He defines courage as "the ability to brave death and to tolerate destruction rather than betray the nucleus of one's psychological being, that is, one's ideals" (p. 6). To talk about ideals in Kohutian terms, though, is not to speak of the ego ideal and the superego, but rather to enter a discourse about the nuclear self: "the carrier of the derivatives of the grandiose-exhibitionistic self [and] . . . the self which has set its sights on values and ideals which are the descendents of the idealized parent imago" (p. 35). Kohut connects this notion of the nuclear self to his concept of *Tragic Man*, arguing that it is within the grasp of most people to achieve a "modicum of self-realization" (p. 48).

Kohut (1985) sets out to answer what it is that "allows (or compels)" (p. 5) some individuals to defend their beliefs to this ultimate degree. He selects as illustrations remarkable Germans who were killed as a result of their refusal to go along with Nazism. Heroic courage, he argues, involves the individual's capacity to ex-

perience and work through inner conflict of monumental dimensions (p. 15); the action thus reflects the individual's ideal(ism). Kohut makes a distinction between the "martyr-hero" and the "rational resister," based on the degree to which courage is "predominantly determined by the cognitive functions of [the] ego" (pp. 22-23).

Although some may argue that Kohut is better understood on his own terms, I am not certain that he truly addresses the question he himself raised when he asks whether there is a compulsion to behave heroically. What created the drive in *these* particular individuals to resist the Nazis: Could this possibly have been exclusively related to self-realization in a way that is entirely free of aggression?

Kohut (1981) describes the moment of death of one of these heroic German figures, Sophie Scholl,¹ who had a dream on the eve of her execution that she had managed to protect a baby from grave danger, but had lost her life in the process.

Her cheeks are flushed with vitality when she was executed. *This is not a hysterical fantasy of a masochistic nature.* This is someone alive for a cause that will live on; that baby was placed on the other side of a crevasse as she was falling. And she said, "It's all right, the baby will live on." So is this optimism? Maybe. [1981, p. 223, italics added]

I question Kohut's assertion and whether this remarkable woman's vitality may in fact represent a denial of the grim reality of the bodily death awaiting her. I am aware that I cannot enter *her* psyche. But nor can Kohut, and it is reasonable to assume that some masochistic element was being gratified simultaneously with the admirable refusal to compromise her principles. What is noteworthy, however, is that Kohut has raised the subject of masochism in his essay on courage.

¹ Although I cannot know what meaning, if any, this may have, I note that Kohut here refers to this woman as *Marie*, despite her identification as *Sophie Scholl* in his essay "On Courage" (1985).

As Coles (1965) and Novick and Novick (1987) point out, there is a relationship between feelings of omnipotence and acts of either courage or masochism. (I will discuss these authors' work later.) Perhaps Kohut believes that Sophie Scholl had so thoroughly worked through her anxiety that she could greet death with vitality and with certainty that it would be all right because the baby would survive; however, some manifestation of a struggle to relinquish self-preservative instincts would go farther to convince me that her act was characterized by courage as opposed to fearlessness (Rachman 1984). In any case, Kohut's assertion that there existed no component of masochistic fantasy in Scholl's act does not seem to me to be justified by his description of her appearance and her dream.

Nonetheless, it is Kohut's hypothesis that heroism involves so intense an identification with one's ideals that the life of the body carries a vastly reduced significance. For him, this marks the ultimate expression of the nuclear self. In this argument and in his larger metapsychology, Kohut's view of aggression as a breakdown product, as a result solely of empathic failure, is not without controversy. But even if we agree to accept this view, it is unlikely that anyone escapes childhood experiencing only such minimal empathic failures on the part of caregivers as to permit avoidance of the establishment of some form of aggression within the psyche. Such aggression may be turned against the self under certain environmental conditions. Can we go as far as Kohut does, to accept his view that there can exist mental states in which aggression plays no role whatsoever—and that there could exist a courageous state that would not simultaneously gratify some unconscious masochism?

COURAGE, MASOCHISM, AND THE PSYCHOANALYTIC DISCOURSE

Courage, while clearly understood as an inner quality of mind, is usually considered in terms of its social manifestations, from an objective perspective. We have come to associate courage as much

with its valued result as with the mental quality that fuels the action. It is interesting to note that the etymological root of *courage* is the Latin *cor*, heart.²

I understand *courage* to refer to a conscious decision to tolerate risk or pain for the purpose of achieving a higher goal. This is where the issue of values enters the picture, for we associate courage with aims that are generally agreed to be of moral value or good; we refer to it as a value because it is objectively valued. For analysts, it is the subjective understanding, rather than objective behavior, that determines our assessments.³

For example, if a man rushes into a burning house to rescue \$100,000 in cash from the flames, we would be more likely to consider this courageous if he plans to donate this money to charity than if he plans to use it to buy a Porsche for himself. Yet, per-

² A glance at past usages of *courage* reveals connections to both sexuality and aggression. An online version of *The Oxford English Dictionary* (2005) includes the following among its historical summary: "The heart as the seat of feeling, thought, etc.; spirit, mind, disposition, nature"; "What is in one's mind or thoughts, what one is thinking of or intending; intention, purpose; desire or inclination"; "Spirit, liveliness, lustiness, vigour, vital force or energy"; "Anger, wrath"; "Haughtiness, pride"; "Confidence, boldness"; "Sexual vigour and inclination; lust"; and "That quality of mind which shows itself in the facing of danger without fear or shrinking; bravery, boldness, valour." I thank Lisa Jarnot, M.F.A., for suggesting this reference to me.

³ I would like to comment here about the issue of analysts' making judgments and moral evaluations about patients. First of all, our very use of language involves evaluations. We use *this* word as opposed to *that* one when we speak to patients; we choose to comment on *this* association and not *that* one. These decisions that analysts make many times in every session involve evaluations about what is most important; we constantly make value judgments in this way. Further, these judgments, evaluations, or diagnostic assessments are inherent in our subjective, psychoanalytic listening. We wonder as we listen: What does this mean? We try out various hypotheses in our minds before sharing them with patients. I assume that my listening is infused with my values—even if those values are nothing more than what I would consider a benevolent valuing of health and self-knowledge. But I do not assume that I can know which other values or morals may be embedded in my responses. Thus, I believe it is better to be open about the fact that we make judgments, rather than to pretend that we are capable of listening without doing so. I know that I *do* evaluate, as I listen, whether actions and thoughts a patient reports to me might represent changes in a narcissistic state, acting out, resistances, and so forth.

haps the Porsche buyer is so narcissistically fragile that his very sense of self may be at stake without the car. Conversely, if we look at the well-known example of the impoverished man who robs a pharmacy to obtain vital medication for his dying wife, we could easily devise a scenario (for instance, guilt over extramarital affairs) that would render this action less clearly courageous or morally admirable. While psychoanalysts assume that manifest masochism is a derivative of deeper unconscious trends, this same consideration has only occasionally been accorded to the concept of courage. I am suggesting that we must find a way of expanding our psychoanalytic metapsychology and phenomenology to encompass concepts such as courage that are ordinarily considered to be part of the discourse of common language.⁴

Other analysts and clinicians besides Kohut have addressed the issue of courage. Coles (1965), for example, writes that considering the question of courage helped him see the people of the American South whom he studied "in some coherent psychological perspective" (p. 89). He also addresses the larger question of whether mental health professionals have adequately considered issues such as courage, pointing out that critics have characterized "bravery, sacrifice, heroism, and continuing good will" as "other psychological events" (Coles 1965, p. 86), somehow beyond the stuff of psychological suffering to which mental health professionals usually attend. "We are accused of being intent on unmasking the false and pretentiously 'moral,' and thereby overlooking the possibility of a genuinely ethical quality to man's thinking and behavior" (p. 86). I wonder whether this ethical element may be based in the capacity for empathy. If so, then courageous behavior, as well as its lack or its opposite, could be adequately accounted for by our psychoanalytic developmental theory (that is to say, insofar as *any*

⁴ Lest we analysts become uneasy about a seemingly too high-minded discussion of courage, we need only remind ourselves of the lustful and earthy links embodied in colloquial synonyms for *courageous*, such as *ballsy* and *gutsy*. Courage is linked to mind, heart, digestive system, and testicles.

human function can be adequately accounted for by rational understanding).

Anna Freud (1956) places the issue of courage in the context of the psychoanalytic discourse on the nature of anxiety:

Most analytic authors insist that, by the working of our mind, external danger is inevitably and automatically transformed into internal threats, i.e., that all fear is in the last resort anxiety with regard to id events. Personally, I find it difficult to subscribe to this sweeping statement. I believe in a sliding scale between external and internal threats and fears. What we call "courage" in ordinary language is, I believe, no more than the individual's ability to deal with external threats on their own ground and prevent the bulk of them from joining forces with the manifold dangers lurking in the id. [p. 431]

I would add here, however, that every external event or action would necessarily have significance to the individual, even if the event does not represent an enactment of an already existing internal conflict.

Fenichel (1945) points out the relationship between what appears to others as courage and the counterphobic attitude. And Coles (1965) captures the complexity of the issue:

Much of what might properly be called courage can be understood in the light of what we know about conflicted minds. Guilt and the need for punishment, the promptings of exhibitionistic needs, narcissistic trends which tell a person that he is immortal or indestructible, that even somehow evoke ecstasy under danger, all of these neurotic personality developments may be found as determinants of courageous behavior. [pp. 96-97]

Moore and Fine (1990) hold that the pleasure/displeasure of masochism is most often unconscious, except in cases of masochistic perversions (p. 116), and their definition also stresses that the specific goal of the suffering is a sexual one. Although I am in this

paper considering characterological and moral masochism, rather than the masochism found in specific perversions, it is in a sense spurious to make categorical distinctions; Freud (1924, p. 169) points out the connection between moral masochism and sexuality. Novick and Novick (1987) propose the following concise but comprehensive definition: "Masochism is the active pursuit of psychic or physical pain, suffering, or humiliation in the service of adaptation, defense, and instinctual gratification at oral, anal, and phallic levels" (p. 381).

The term *masochism* has entered common parlance, as I will discuss below; analysts, however, usually use the term to refer to an inferred psychological state—in other words, an understanding from the perspective of the patient's subjectivity (possibly on a metapsychological level) of the motivation of actions. (Sometimes, however, *masochism* requires no greater level of inference than does *courage*—for instance, in the case of those perversions that involve the enjoyment of pain.) As I have often remarked to patients, the curious thing is that courage does not necessarily feel very good in the moment of the act and the risk; conversely, masochistic acts may not always engender conscious displeasure (although they often do). Perhaps this is not curious, for masochism and courage may share an affective tone of suspenseful anxiety. There is a similarity in the conscious affect produced, for it is the presence of an element of risk that characterizes both the courageous and the masochistic act. How is one to distinguish "worthwhile risk" (Maleson 1984, p. 336) from masochistic strivings? One answer to this question is that in masochism, the painful state itself represents the aim, while in courage it represents the means to an end.

Loewenstein (1957) addresses a similar point:

Although it was an important discovery of psychoanalysis that masochism may lead an individual unconsciously to seek suffering and failure, this does not justify us to attribute every suffering or failure to masochistic strivings. Ex-

ternal reality is not a mere projection of the individual's instinctual drives. [p. 211]

Thinking about masochism colloquially rather than technically affords us another opportunity to be attuned to the way patients consciously understand their experiences and motivations. Many people label as masochistic, or as self-destructive, a self-initiated action that results in a painful outcome; there is a tendency to feel as though one has done it to oneself. Likewise, the courageous individual is not unconscious of risk or immune to its affective significance. The affective experience of courage, however, may feel as though one is subjecting oneself to punishment, even when one does the "right" thing—the avoidance of unpleasure remains a powerful motivational force even when we have (more or less) attained the reality principle in our mental functioning.

Courage can be seen as a superego quality (Brenner 1996) linked to the ego ideal, to the ambitions toward which one strives as well as to the desire to avoid punishment, the prohibitions internalized in the mind. Both the assessment of reality and the awareness of one's internal world are obviously critical elements in courageous acts, in that fear is related to both external and internal consequences of one's actions. The role of the superego in self-evaluation cannot be easily distinguished from the ego's function of self-observation (Stein 1966); thus, the superego is closely implicated in reality testing and in the assessment of risk. We must also distinguish fearlessness from courage (Rachman 1984).

While some observers may believe that the pain associated with masochism constitutes the goal of the behavior, Berliner (1940) suggests that, quite to the contrary, masochistic behavior may have its roots in desperate attempts to maintain a loving relationship with a sadistic object. Novick and Novick (1987, p. 377) suggest that beating fantasies may be an effort to invoke the desired (but in reality absent) strong father who can control the impulses toward destruction. (This is remarkably consistent with Lacan's notion of the Name of the Father, the paternal metaphor that eman-

cipates the child from maternal engulfment and permits triadic functioning.⁵) It is possible to imagine, therefore, a way in which there may be an element of courage and hope in all masochistic acts, in the sense in which Winnicott (1963) discovered hope in the antisocial symptom. Although Freud derived the concept of the death instinct from the repetition compulsion, perhaps there is a way to re-view repetition and masochism as representing hope and courage—just as I am suggesting that we increase our cynicism and seek the underlying masochism in courage.⁶

Ghent (1990), in his consideration of the relationship between masochism, submission, and surrender, points out that masochistic character and object relations may represent an attempt to repeat and thus integrate experience that was initially indigestible. I would understand this to mean an experience that was traumatic, that overwhelmed the capacities of the ego, that the child was not able to render into symbolic terms (that is, *symbolic* in the Lacanian sense; Ghent does not use this language). Relying heavily on

⁵ The main point here is that there is an attempt in the masochistic position, as described by Novick and Novick, to continue the process of development and the structuring of the mind. Lacan offers a different view of mental structure, seeing the registers of the imaginary, the symbolic, and the real as more broadly expansive than the categories of id, ego, and superego. For a summary of Lacanian concepts, see Levine 1996. I would like to stress that here, as well as in the clinical illustration, I do not intend my use of Lacanian theory to distract from the main subject of this paper. As the reader will note, I draw on a variety of theories, ranging from compromise formation through object relations to Lacanian. I believe that clinical work benefits when the analyst feels free to utilize whichever theory most aids understanding in a particular moment. As long as the analyst is comfortable in this, it should not lead to a disruptive or fragmented listening and interpretive stance.

⁶ Although Freud did not write at length about courage, he used the words *courage* or *courageous* sixty times in the *Standard Edition* (Parrish, Guttman, and Jones 1980). There is no occasion in which courage is mentioned in relation to masochism. However, the connection may not be too distant when Freud speaks of the *intellectual* courage involved in putting forth new ideas (insofar as an innovator can expect to receive the initial scorn and disbelief of colleagues). Issues of values and positive qualities were certainly alive in Freud's thinking. Olsson (1994) cites Freud's observation that "psycho-analytic treatment is founded on truthfulness" (Freud 1915, p. 164). I do not think we stretch Freud's meaning if we assume that he was aware of what Olsson (1994) later termed "the struggle and the challenge of truthfulness within the self" (p. 35).

Winnicott's concept of impingement and on his distinction between object relations and object usage, Ghent writes of surrender not in terms of loss but rather of gain, of opening oneself to the potential of one's true self (recall Kohut's nuclear self) and to external influences: "The intensity of the masochism is a living testimonial of the urgency with which some buried part of the personality is screaming to be exhumed" (p. 116). And later: "I am suggesting that some instances of masochism may be rooted in a deep quest for understanding, for undoing the isolation" (p. 127).

Ghent's paper is relevant not only for its specific conclusions, but also for its methodology. He is attempting, as I am, to speak psychoanalytically about topics not normally thought to be within the purview of our field, and to find kernels of healthy striving in masochism. Ghent also points to the masochism and surrender inherent in the work of the analyst (p. 133). Through our surrendering to the empathic experiencing of our patients' pain and to the many frankly painful experiences within the therapeutic relationship, we are able both to mitigate patients' suffering and to grow ourselves. Quoting Yeats, Ghent urges us to "tread softly" on patients' masochism and submissiveness, advice with which I concur.

I realize that, in a formal sense, I am mixing frames of reference when I maintain that if we analyze any instance of what, colloquially, we call courage, we will find an element of masochism, and if we analyze any instance of what, psychoanalytically, we call masochism, we will find an effort at courageous mastery. However, in my view, our psychoanalytic terminology is no more privileged in terms of objectivity than is the language of morals and values. When we speak about masochism, we use a construct to make sense of a behavior or of a mental state. And we do the same when we speak about courage. The difference between the two terms is that one, centuries old, has become part of ordinary language. We tend to think of *courage* less as an abstraction than as a simple label. But *masochism*, a concept we recognize as an abstraction, is as much a label as is courage; it is also just a word, with no referent that possesses a time-space reality. Masochism

simply addresses a more recent concept, and one whose referent may be less easily identifiable. But neither term, *courage* nor *masochism*, possesses the same potential for empirical verification as does a description of brown hair or a broken arm. I believe we must reconsider the extent to which our use of a purportedly neutral psychoanalytic language may in fact be much less objective, value-free, or scientific than we think (see, for instance, Barratt 1994 and Mitchell 1998).

A search of the literature has revealed but one article explicitly addressing the subject of courage and masochism. Prince (1974) identifies a number of facets of clinical work that demand a courageous attitude on the part of the therapist. I would argue, though, that it is as much masochism as courage that influences the willingness of some clinicians to endure the rigors of clinical work. While Prince eloquently describes the responsibility of the clinician to eschew the orthodox or clichéd behavior in favor of the creative and courageous clinical intervention, he relies on a definition of masochism so little explored as to dilute the impact of his thoughts. My own clinical experience has led me to agree with Prince that the creativity of the therapeutic decision does demand courage. I differ from him in that I would not necessarily characterize the *failure* to act creatively or courageously as masochistic, as a “flight,” as he does. What Prince defines as the analyst’s masochism (“a flight from individualized creative responses with an illusion of autonomy supported by a fetishistic attachment to putative analytic ideals,” p. 48) I might be inclined to categorize as *cowardice*.

There are many reasons why therapists may not make the sort of intervention that Prince describes: fear of disapproval, mediocrity, lack of creativity or mental giftedness, or the inability to think beyond one’s training or beyond a single theoretical orientation. These are not invariably synonymous with masochism, undesirable as these qualities may be in a clinician. If a therapist, on the other hand, is aware of what specific unconventional response the situation seems to demand, if that therapist is relatively certain that his or her judgment is free of inappropriate counter-

transference, and *then* if the therapist does not opt to take this step, I might tend to focus on the possible presence of sadism toward the patient as much as on the therapist's own masochism.⁷

Cowardice might function as a defense against this sadism. What Prince is describing may be better described as a failure to act with integrity than as masochism. My focus is different from Prince's, too, in that I am suggesting that the masochism *is* embedded in the clinician's decision to *be* creative, to take the risk, to act with integrity in accord with what that clinical situation appears to demand.

Prince also argues that "the core of psychotherapeutic courage is to face and deal with one's inner experiences of being a therapist" (p. 49); that "the capacity for empathy involves the courage to risk fluid boundaries" (p. 55); and that one aspect of our work that is most difficult to bear is uncertainty, specifically, the "courageous attitude that is produced by the necessity of the therapist having to endure being the target of the patient's transference" (p. 52). All these points are correct—but they are incomplete. For each of these demands upon the therapist or analyst will simultaneously involve a masochistic response as well. Sometimes, as when we must tolerate rage in the transference from a borderline patient, our masochism is quite conscious; we know that treating this kind of patient will entail this sort of experience.⁸ But *all* relationships of caring or love involve a degree of masochism, insofar as we are willing to sacrifice our own interests for those of the loved one.

CLINICAL APPLICATIONS

In almost every psychoanalysis and psychotherapy, I see the patient experience some degree of intertwined courage and masochism.

⁷ Rothstein (1995) goes as far as to tell patients reluctant to enter psychoanalysis that they are taking a masochistic position by denying themselves the best treatment possible. I believe that when clinicians decide not to confront a patient who is leaving treatment prematurely with the advantages of continuing, this may constitute masochism; when something may benefit clinicians (financially or emotionally), we may be reluctant to recognize and articulate the benefits to the patient.

⁸ In my paper on the aesthetics of psychoanalysis (Levine 2003), I described my way of thinking about these difficult episodes.

It occurs often at the beginning of therapy or analysis, as well as at junctures in the treatment when patients are at the brink of exploring material that will clearly be painful, or of deepening their trust in the analyst. It is particularly intense in patients who have histories of early trauma or poor object relationships with early caregivers. The most acute instances I have seen are when a patient comes to me after a previous, unsuccessful analysis or therapy. The following vignette is unusual only in that it demonstrates a moment of intertwined courage and masochism in the analyst as well as in the patient, and in that my intervention involved a clarification that was rather confrontational.

Case Vignette

A man in his late twenties sought analysis for anxiety and depression from which he had suffered for as long as he could remember. Fred was becoming increasingly aware that the series of jobs he had worked at since college left him with no career to speak of, and earning much less money than he would have liked at a time when he and his wife had decided to start a family.

The central fantasy Fred reported in the first weeks of analysis was an image of being in a dark and shut-off place, alone and frightened. Although there did exist a potential way to exit this place, the patient expressed the thought that perhaps he had been in this place so long that its familiarity discouraged him from even wanting to leave. I understood this to be a self-state fantasy which, I later came to believe, had predicted the specific manifestation of the courage-masochism predicament the analysis would stimulate. Counterbalancing this ominous image was the fact of Fred's excruciating discomfort with his state of mind most of the time; his desire to change was initially quite strong.

A few months into the analysis, Fred modified this fantasy. He reported that, contrary to his first description, the access to the potential exit was not clear. He added that he did not want me to disapprove if he decided he did not want to leave this place at all in the end. I commented to the patient that I was struck by

the complex position he wished me to fill in his mind, that he needed me both to want him to feel better—to be invested in his doing well—and simultaneously not to disapprove if he did not want to do better or did not have the courage to try to leave the place he described.

Fred became quite preoccupied with the issue of courage. He revealed that, for years, he had questioned whether he possessed this quality; my remark had been so painful that it practically felt as though I had betrayed him, he said. I think this pain resulted from my having articulated something Fred had been afraid to voice: the question of whether he was a coward. The patient and I were then able to speak quite directly about the familiarity of the terrible place as a resistance to his conscious wishes to feel better. As Fred mused about this, he wondered whether he wanted to work to make himself into any particular character type (he mentioned an often-caricatured politician), or whether he would “just like to be like Fred.”

In the following session, the patient commented that he did not quite understand what had happened, but that it felt as though the earth had shifted a bit. Although there had been times in his life when he had felt all right about himself, more or less, he said, he had never before thought of himself by name or seen possible value in being just himself. Fred added that this was a new and unfamiliar feeling.

My introduction of the issue of courage seemed to have functioned for the patient as a confrontation, a kind of challenge, and an acknowledgment of his long-held but unspoken concerns. As painful as this was for Fred, it was probably also an enormous relief to be able to acknowledge what amounted to a proverbial elephant in the room. What did my intervention do? What was the significance of the patient’s use of his own name? My hypothesis is that this patient wanted me to be the dyadic partner in what Lacan would call the register of the Imaginary, that world of wordless communication inhabited by mother and child. However, Fred also needed me to function as the Name of the Father, the paternal metaphor that disrupts the Imaginary and insists that the

child function in the social world, which is represented by the triad and is characterized by the use of language. Lacan terms this the Symbolic register. Thus, the father's (and the analyst's) aggressive interruption of the Imaginary is a developmentally necessary event (see, in this regard, Raphling 1992). By putting into words the impossible position he needed me to inhabit in his mind—that I should both want him to be better and not disapprove if he decided not to try to get better—I refused to gratify Fred's wish that I join him in the register of the Imaginary. He thus reported the profound but confusing change in his sense of self, which led him to think of himself by name—that is to say, in the Symbolic. In other words, when *I* demonstrated that I respected the Law, the necessity of the Symbolic register, so, too, could *he* make this shift. It is also possible that Fred's response represented a defense against considering whether I had condemned him as a coward.

How did I know that courage and masochism might be relevant to this patient when it was not a part of his manifest material? I think that I was sensitive to the possibility that that issue would arise from the moment he had originally revealed his fantasy.⁹ Fred was struggling to sort out whether he had the courage to commit himself to the analysis, which he believed had the potential to help him get out of the terrible place that he inhabited. The process of leaving, though, Fred saw as threatening, and, therefore, it represented a masochistic as well as a courageous solution. Note that it was after he experienced my interpretation as so hurtful that he reported the tentative change in the way he was thinking of himself. Perhaps, as painful as this was to him, there was something familiar about being in a dependent relationship with an object he imagined to be sadistic. It does seem clear that

⁹ Then, too, my mind outside my clinical hours was occupied at the time with the creation of this essay. I must acknowledge experiencing some guilt at the moment of the interpretation, even before the patient responded. I was not unaware that I might in fact be eliciting material for this paper, even as I was saying what I genuinely felt was appropriate and necessary in that moment. It could be that my guilt (over my sadistic "use" of Fred for my own needs) was the evoked partner of his possibly masochistic surrender to me (he did not respond to all interpretations in this fashion).

the courageous solution had become infused somehow with a degree of masochism, that the experience of some masochistic/sadistic element in the analytic relationship established the condition for him to experience some growth—a gesture toward the exit. In other words, the effectiveness of the intervention was progressive insofar as it clarified a previously unarticulated feeling—but regressive insofar as the familiarity of being treated sadistically established the condition for change.¹⁰ I did not interpret the enactment element to Fred, as it was not until this writing that I considered it. A reminder of Freud's (1919) comment about the fantasy of being beaten by one's father is apropos:

People who harbour phantasies of this kind develop a special sensitiveness and irritability towards anyone whom they can include in the class of fathers. They are easily offended by a person of this kind, and in that way (to their own sorrow and cost) bring about the realization of the imagined situation of being beaten by their father. [p. 195]

By inferring and interpreting the patient's conflict concerning courage—and, by implication, his fear that he would be able to get himself out of the frightening place—I was introducing the personal and social question of values into the analytic arena. I was stating the forbidden, that *I thought* it would be better if he had the courage to do this, to help himself, or to accept my help. It is clear from Fred's response that this question had been troubling him for some time.

Did my intervention constitute a breach of the nonjudgmental analytic stance? I had never heard another analyst describe an interpretation on this level of discourse (Raphling 1995).¹¹ It is cer-

¹⁰ This treatment took place in the mid-1990s, before Cooper (2000) wrote of "perverse support" (pp. 8-9) and Smith (2000) of "benign negative countertransference" (p. 95). Both authors illustrate interventions that, while not unempathic, jar or even provoke the patient into further self-observation.

¹¹ This is obviously a good rule of thumb to maintain, and I am not suggesting that we regularly tell patients what we think they ought to be doing. But I think we owe it to our patients to listen, as much as we are able, from *their* subjective perspective for the relevance of these seemingly objective issues.

tainly possible that this was a less daring interpretation than I imagined it to be. But what is germane to an understanding of this interaction is that I did, in fact, imagine it to be a courageous intervention, and one that might lead to condemnation by my analytic supervisor (Fred was my first control case). Part of what led me to expect condemnation was, no doubt, the sadism in my intervention, an expression of the anger I felt at the possibility of this patient's ending his treatment. Insofar as I imagined condemnation (and condemned myself), my act was certainly masochistic as well.

I wondered, then, whether this was the sort of remark analysts do not talk about, because it flies in the face of one of the cardinal rules of our training—to be nonjudgmental and value-neutral in our approach to patients. But not to make this interpretation would have felt like a betrayal of my responsibility, an avoidance of the exploration of courage and values that was central to an understanding of my patient's painful predicament. And this predicament involved *his* question about his own cowardice.

We analysts are not neutral insofar as we actively wish for our patients to get better; we hope to help them. In the interaction described in this vignette, I believe I clarified the patient's conflict about his courage and confronted his passivity or cowardice. I revealed how much I value courage (and my lack of neutrality in this regard), as well as my wish to help Fred. That my intervention felt courageous to me is, in a sense, beside the point. I believe that my interest in the subject of courage and masochism helped me understand a conflict that already existed in this patient; however, the acts of clarification and observation inevitably influenced the data.

CONCLUSIONS

Courage is a vital dimension to which analysts should be attuned in their own experience and in regard to their patients' experiences. Clarification and interpretation of conflicts related to courage and other values and virtues, such as integrity, are within the proper and necessary scope of psychoanalysis. Judicious revela-

tion of the analyst's own values may at times be appropriate, and, certainly, the analyst's values form a central part of the matrix of the helping relationship (Levine 2003), whether explicitly revealed or not. Some analysts may feel reluctant to introduce courage and other values into the analytic arena, believing that it is the role of the analyst to analyze, not to evaluate or to judge. However, we convey an evaluation, a form of judgment, whenever we share our observations of the patient—for instance, an observation about affects—with the patient, and patients depend on us for our honest willingness to look at all aspects, including the moral ones, of their lives.

It is particularly poignant to consider this topic at a time when psychoanalysis—and the psychoanalytic understanding of the mind—is under attack. Being (or becoming) an analyst nowadays is no longer an easy step along a royal road to success and respect from one's colleagues. It is a choice that itself embodies the conflict between, and concordance of, courage and masochism. And within psychoanalysis itself, we must negotiate theoretical and political disagreements among ourselves, even as we acknowledge the urgent need to convey to an increasingly skeptical public that our work is invaluable and irreplaceable.

Bollas (1987) argues that we have perhaps betrayed the most important of Freud's legacies in that we have not lived up to the standards of honesty and profound curiosity called for by Freud. He believes that we have not communicated the specific skills of using ourselves, along with our patients, as subject matter, in a way that has been persuasive to many in the "hard" sciences (as well as in the humanities). He notes both the courage (and possibly the masochism) of psychoanalytic pioneers:

What is it about a Winnicott, a Bion or a Lacan—beyond simply their genius—that is so inspiring these days? Why do we enjoy reading their works even if much of what is there to be read is elusive and strange? Can we simply say that such analytic writers appeal to us because they have acted out against a fundamental responsibility to remain psychoanalytically kosher, an acting out in which we slyly

participate by proxy? I think not. It is my view that people are drawn to the works of such people because in them they find a daring, a *courage to be idiomatic* and to stay with the private creations of their analytic experience and life—a profoundly Freudian accomplishment on their part. [p. 238, italics in original]

A final thought remains. While in *Bringing Up Baby* it is Cary Grant's external response that confronts Katharine Hepburn with the courageous and masochistic nature of her act, much of the time we face our own triumphs and disasters privately. Why is it that one so seldom hears people talk about the personal experience of courage, despite the abundance of situations that require this quality in all of us? Does courage feel to us like humility, such that the very act of saying that one possesses it may mean one does not? Or is it perhaps an unconscious recognition that, in doing so, we would be revealing a substrate of masochism? Perhaps, in appearing to have acted courageously, we know that we have also caught the wrong leopard.

REFERENCES

- Balint, M. (1957). *The Doctor, His Patient, and the Illness*. New York: Int. Univ. Press.
- Barratt, B. B. (1994). Critical notes on the psychoanalyst's theorizing. *J. Amer. Psychoanal. Assn.*, 42(3):697-725.
- Berliner, B. (1940). Libido and reality in masochism. *Psychoanal. Q.*, 9:322-333.
- Bollas, C. (1987). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. New York: Columbia Univ. Press.
- Brenner, I. (1996). On trauma, perversion, and "multiple personality." *J. Amer. Psychoanal. Assn.*, 44:785-814.
- Bringing Up Baby* (1938). Movie produced & directed by H. Hawks; story by H. Wilde; RKO Radio Pictures.
- Coles, R. (1965). On courage. *Contemp. Psychoanal.*, 1:85-98.
- Cooper, S. H. (2000). *Objects of Hope: Exploring Possibility and Limit in Psychoanalysis*. Hillsdale, NJ: Analytic Press.
- Fenichel, O. (1945). *The Psychoanalytic Theory of Neurosis*. New York/London: Norton.
- Freud, A. (1956). Comments on "A Mother's Observations." *Psychoanal. Study Child*, 11:427-433.

- Freud, S. (1915). Observations on transference-love. *S. E.*, 12.
- (1919). A child is being beaten: a contribution to the study of the origin of sexual perversions. *S. E.*, 17.
- (1924). The economic problem of masochism. *S. E.*, 19.
- Ghent, E. (1990). Masochism, submission, surrender—masochism as a perversion of surrender. *Contemp. Psychoanal.*, 26:108-136.
- Kohut, H. (1981). The psychoanalyst and the historian. In *Self Psychology and the Humanities*, ed. C. B. Strozier. New York/London: Norton, 1985, pp. 215-223.
- (1985). On courage. In *Self Psychology and the Humanities*, ed. C. B. Strozier. New York/London: Norton, pp. 5-50.
- Levine, S. S. (1996). *Useful Servants: Psychodynamic Approaches to Clinical Practice*. Northvale, NJ: Aronson.
- (2003). Beauty treatment: the aesthetics of the psychoanalytic process. *Psychoanal. Q.*, 72:987-1016.
- Loewenstein, R. (1957). A contribution to the psychoanalytic theory of masochism. *J. Amer. Psychoanal. Assn.*, 5:197-234.
- Maleson, F. G. (1984). The multiple meanings of masochism in psychoanalytic discourse. *J. Amer. Psychoanal. Assn.*, 32:325-356.
- Mitchell, S. A. (1998). The analyst's knowledge and authority. *Psychoanal. Q.*, 67(1):1-31.
- Moore, B. E. & Fine, B. D. (1990). *Psychoanalytic Terms and Concepts*. New Haven, CT/London: American Psychoanal. Assn. & Yale Univ. Press.
- Novick, J. & Novick, K. K. (1987). The essence of masochism. *Psychoanal. Study Child*, 42:353-384.
- Olsson, P. (1994). A psychoanalytic study of integrity, inner courage, and "good character." *Mind & Human Interaction*, 5(1):34-41.
- The Oxford English Dictionary* (2005). http://dictionary.oed.com/cgi/entry_main/00052295?query_type=word&queryword=courage&edition=2e&first=1&max_to_show=10&sort_type=alpha.
- Parrish, S. M., Guttman, S. A. & Jones, R. L., eds. (1980). *The Concordance to the Standard Edition of the Complete Works of Sigmund Freud*. Boston, MA: G. K. Hall & Co.
- Prince, R. M. (1974). Courage and masochism in psychotherapy. *Psychoanal. Rev.*, 71(1):47-61.
- Rachman, S. (1984). Fear and courage. *Behavior Therapy*, 15:109-120.
- Raphling, D. L. (1992). Some vicissitudes of aggression in the interpretive process. *Psychoanal. Q.*, 61:352-369.
- (1995). Interpretation and expectation: the anxiety of influence. *J. Amer. Psychoanal. Assn.*, 43:95-111.
- Rothstein, A. (1995). A perspective on analysts' evaluating, diagnosing, and prognosticating. Paper presented at Philadelphia Psychoanalytic Society, September.
- Smith, H. F. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J. Amer. Psychoanal. Assn.*, 48:95-128.

- Stein, M. H. (1966). Self observation, reality, and the superego. In *Psychoanalysis—A General Psychology: Essays in Honor of Heinz Hartmann*, ed. R. Loewenstein, L. Newman, M. Schur & A. Solnit. New York: Int. Univ. Press, pp. 275-297.
- Winnicott, D. W. (1963). Psychotherapy of character disorders. In *The Maturation Processes and the Facilitating Environment*. New York: Int. Univ. Press, 1965, pp. 203-216.

*121 Coulter Avenue
Ardmore, PA 19003*

e-mail: CathexisSL@msn.com

THE MISUNDERSTANDING (LE MALENTENDU)

BY JACQUES ANDRÉ, M.D.

The idea that misunderstanding is simply a problem in both the psychoanalytic situation, between analyst and patient, and in translation between one language and another, is turned on its head in this paper. Originally written in French, this paper addresses both Francophone and Anglophone psychoanalytic communities in the realization that misunderstanding is the ground from which we start in analysis. The author portrays two patients who illustrate that, even when analyst and patient speak the same language, the patient may speak in a style that the analyst must first learn to hear as a kind of dialect, to hear his own misunderstanding, in order for meaning to appear.

TRANSLATOR'S INTRODUCTION

Jacques André's paper presents *misunderstanding* as the place at which we start both clinically and when talking to each other as psychoanalysts. In reading this paper, we encounter the added complexity of talking across different psychoanalytic cultures. If we take our cue from one of the paper's key points—that the most dangerous situation for a psychoanalyst is to think he or she is speaking the same language as the patient—then, ironically, per-

Translation and introduction by Richard B. Simpson, M.D. This article was originally published in French as "Le malentendu" in *Revue Canadienne de Psychanalyse* (2005), 13:1-18.

haps we are in a better position here, knowing that we are dealing with the *étrangeté* or “foreigner-ness” that we find in each other.

One of the challenges of translating the paper was to retain its foreigner-ness and at the same time to find ways for the reader to enter into a strange place. I will describe some challenges that the paper presents to readers, starting with feedback from the peer review process. One very favorable review of the paper called it “deeply Lacanian.” Since language and its role in structuring our conceptions of meaning is central to this paper, my response is that one does not have to be Lacanian to be interested in language and different modes of signification. A colleague from Quebec with whom I shared this comment protested that the issue was not at all about “being Lacanian,” for in fact it was Freud who was interested in language, and Lacan who returned to Freud to read him through the lens of Saussure’s linguistics.

This brought me back to my own tendency—and among psychoanalysts, I may not be alone here—to identify myself or to identify others with a particular psychoanalytic theory or the person who expounded the theory. In this sense, identification as a force that acts to reduce differences and complexity might be contrasted with something else, something not easy to name, which accepts the expansion of differences and complexity and yet retains a nonhostile engagement with the other. Be that as it may, I would suggest that Jacques André follows in the tradition of psychoanalysts like Michel de M’Uzan in France and Hans Loewald in the United States, who did not identify themselves with a master figure and did not generate legions of de M’Uzanians or Loewaldians.

The questions that André raises in this paper have to do with psychoanalytic modes of listening. If Freud might be said to have listened for “switch-words”¹ in trains of associations, and Lacan lis-

¹ See Freud (1905): “Now, in a line of associations ambiguous words (or, as we call them, ‘switch-words’) act like points at a junction. If the points are switched across from the position in which they appear to lie in the dream, then we find ourselves on another set of rails; and along this second track run thoughts which we are in search of but which still lie concealed behind the dream” (p. 65n).

tened for signifiers (the smallest elements in the chain of what become significations), then, in this paper, André describes something occurring on another level: what he calls listening for the “dialect” that the patient speaks. By *dialect*, he is referring to the subject’s structuring of the very syntax that holds an individual’s speech together. He describes two patients for whom dialect or syntax itself, when it could eventually be heard as such, conveyed its own meaning.

The clinical material is presented in a way that strives to portray affect and signification as coextensive, and to render the two patients as flesh-and-blood people, not disembodied texts. In the process of describing the cases, André weaves theory, clinical material, and anecdote in allusive style that bespeaks a rich French intellectual tradition. Although this style contrasts with the “scientific” mode that psychoanalysts often take as an ideal, it aims to convey the experience of doing psychoanalysis, which is anything but a double-blind controlled trial—unless by this we mean that both participants are blind to the unconscious.

André, toward the end of the paper, speaks about what patients can learn during psychoanalysis:

Analysis has taught me that it can all be learned—not only learning to love and to hate, but also learning to speak, to walk (of course), and also to eat, to excrete, to breathe, to sleep . . . and perhaps even learning to be born.

In conclusion, I wish to add that I hope this paper will help us acquire one further kind of learning: learning to listen, when what is heard is heard anew—listening to the unconscious in its many forms of *étrangèreté*.

—Richard B. Simpson, M.D.

THE MISUNDERSTANDING (*LE MALENTENDU*)

Xsenia is silent. She arrived about ten minutes late, which is common for her. Her silence is also habitual, more prolonged, how-

ever, than usual. Everything is silent within the space of the session, except one voice. In the building, some renovation work is underway. We hear the workers, or rather one of them, just one. He speaks loud and hard for a long time, without ever being interrupted. He is probably speaking to one of his colleagues perched high on the scaffolding. Xsenia had previously been able to express her annoyance when a noise from the neighborhood has happened to break the serenity of the place, but nothing like that this time. The voice that resounds *forte* speaks alone in an unknown tongue, foreign to her and to me. Perhaps Berber? This guttural voice, coming from elsewhere, does not cause an intrusion; it does not upset anything, but takes possession of the atmosphere of the session, listened to, respected by Xsenia's silence. And by mine, as well. Until the voice unexpectedly stops, its disappearance as sudden as its appearance.

Xsenia says: "There is only one of them who speaks, because the other does not understand."

So also life and psychoanalysis begin. And, sometimes, it is the way both continue and even end. With no wise listener ever having received the message.

Entendre in French has the merit, or drawback, of condensing the meaning of *to hear* and *to understand*; whereas the English language maintains a distance between hearing and understanding. Knowing that I was writing for an audience that was both Anglophone and Francophone, I could have begun by skirting around this initial confusion and looking for a word that was shared, translatable without anything left over, a word that would have allowed us to understand each other, or at least allowed us to have that illusion. Our sense of something in common would have profited, but as for our psychoanalytic sense, that is less certain.

It is a fact of experience that, in the end, seeing a patient in analysis whose maternal tongue is different from that of one's own turns out to have more possibilities than restrictions—even if there are a few hitches while listening—as if the opening between the natural languages asks only to take on what is untranslatable from the dialect of the unconscious. I have also had the recipi-

cal experience, when I was the patient of an analyst whose maternal tongue was English. During a session where I did not have much to say and was beginning to get quite bored, I let her know that I was worried she was getting bored as well. She said: "*Comme si j'étais là pour votre . . . votre . . .*" ("As if I were here for your . . . your . . .") Caught lacking in her adopted language, she had reverted to her maternal tongue: "*Je ne suis pas là pour votre entertainment.*" ("I am not here for your *entertainment*.")

I came to her aid: "For your *rejouissances*?"² A bad translation, to be sure, a confusion of tongues but an exact transcription of the dialect of the unconscious and of what was at stake in the transference. The unconscious speaks without knowing and without an author. The first pitfall faced by analyst and patient in the course of the cure is the fact that, as is most often the case, both speak the same language: thus, the situation creates the illusion of a common ground shared by both protagonists, and the illusion of understanding, communication, and symmetry.

I remember a quip made by my colleague Jean Claude Lavie to the effect that an analysis could just as well have taken place were the patient Polish (or Berber)—implying (*sous-entendu*), that is, the analysis of a patient whose language would be completely unknown to the analyst. And my colleague added, "In fact, the patient is always a 'Polish' patient."

From this quip, I retain the way in which it underlines how each of us is inscribed in a singular way, like a dialect, in the common language. On the other hand, I disagree with my colleague's monadism, which borders on an autistic attitude. The *étrangèreté*³

² *Translator's Note:* The word *rejouissance* contains at the same time the idea of pleasure (enjoyment) and the double meaning of *jouissance*: *possession* (ownership) and *orgasme* (orgasm). Furthermore, there is a subject-object confusion in this exchange, which is brought out in the author's (the speaking patient's) translation of *entertainment* as *rejouissances*. The usual translation of *entertainment* might be *divertissement*. When the analyst says, "I am not here for your entertainment," and the patient speaks for her by saying, "For your *rejouissances*," he is enacting a speaking in her stead in which he raises the issue of whether she is there for *his* pleasure or he is there for *her* pleasure.

³ *Translator's Note:* *Étrangèreté* literally means *foreigner-ness*.

of the analysand's and the analyst's respective languages, of their dialects, is a given that analysis always runs the risk of ignoring or even forgetting. But this *étrangèreté*, the source of an asymmetry and misunderstanding essential to the psychoanalytic situation, has nothing to do with a dialogue of the deaf. This is true, first of all, because there is an analysis only if the analyst learns Polish (or Berber). And, second, it is true because *étrangèreté* signifies, rather, that no one knows—and especially not the analyst—where the meeting places, switch points, crossroads of languages, and areas of impact are located. We sometimes receive simple evidence, as occurs when the patient tells the analyst at what point a certain word uttered during a previous session hurt him (or did some good), while at the same time the analyst has, at best, only a faint memory of the word, if any at all.

But the evidence can be much more subtle. For example, Xsenia speaks of the change that has occurred in her clothing. I follow her, extend her comments, and confirm this difference in her way of dressing (*façon de s'habiller*). But she says: "No . . ."

A moment of suspense. My words here, suddenly "too Berber" or "too Polish," did not speak to her of herself; without doubt, she could have used them before, used them without inhabiting them, because that is what they are for—words ready-made in language, ready to wear, ready to speak. Each of us could slip into that place, allowing us to say nothing of ourselves.

"No, before I didn't have a way [*façon*: at the same time, both *way* and *fashion*] of dressing," says Xsenia.⁴

Nor did my saying "*s'habiller*" work any better, because it went too fast and definitely overlooked all the complexity that connects the body to what covers it.

It is not only the analyst's theoretical preconceptions that create an obstacle to an original way of listening to the patient. Indeed, it is much more difficult for the analyst to free himself from his accustomed way of inhabiting his natural language. Every analysis is a *minima* a work of de-interpretation: unlinking, decon-

⁴ *Translator's Note:* The words *way* and *fashion* appear in English in the original text of this article.

structing the explanations and the novels that each writes about his own life. As long as one stays at this level of analysis, the two protagonists can share the feeling (illusion?) of speaking the same language, and only the story changes. However, sometimes we find ourselves *before* or *beyond* the place where it seems that all language is an excess of language. Learning to speak goes beyond the work of interpretation when it becomes a matter of teaching language to speak about you. And for that to happen, there needs to be an undoing of previous understandings and a freeing of speech from its commonly accepted patterns.

Xsenia's phrase, "There is only one of them who speaks, the other does not understand," and its significance in the context of the transference, calls for translation, interpretation. And the material does not lack potential for understanding: on one side, leading to Xsenia's father and his silence, and, on the other, toward her mother, who kept asking the same questions without listening to the answers. But the threat is always to *understand*, to respond too quickly. This results in the analyst's suggesting a construction organized according to the principle of causality: "Because your father, because your mother . . ." It would be a construction that is not false, but that runs the risk of adding another screen to the screens that are already there, screens that contribute to the situation of nothing being heard—and thus of nothing changing.

The neurotic issue of freeing speech from its hindrances, its inhibitions, its bonds, was not foreign to Xsenia. But this conceals another, more primitive level, which we will pursue more particularly in the unconscious overdeterminations in her choice of work, a veritable *vocation*⁵—she is a speech therapist—and still more in the silences of the analysis. One can only liberate a speech that is already formed, already invented. Xsenia's undertaking as *infans* is located further upstream from this: it is to learn to speak. Perhaps even to learn voice, *phônē*, before it becomes word, *lexis*, before it is articulated in a diversity of significations that we are born into and are beyond us. At this level of the psyche, the enigmatic

⁵ *Vocation* is from the Latin *vocare*, to call, itself derived from *vox*, *vocis*, *voix* (voice).

message addressed by Xsenia to analysis itself could be formulated like this: listen to what my mother did not listen to, my silence.

Each time the analysis visits places where primitive forms of psychic life are generated, things are said, but not within the usual modes of the *talking cure*⁶ involving language—concealed meaning is revealed in the course of ambiguities, implicit phonetic confusion, the play of words, and words avoided. More precisely, things happen when the most ordinary and the simplest become the most foreign—when what is most common, to the point of being imperceptible, becomes the most surprising. When what works without saying does not work anymore. When the analytic event gives rise, less to a lifting of repression than to an irruption of the uncanny.

* * * * *

*You can't have an analysis between people who understand each other (get along) (s'entendent*⁷). Not the least valuable aspect of Ferenczi's work was to have proven, by pushing it to an absurd degree, that there could be no mutual analysis. For indeed, one of the royal roads taken by the resistance is to close openings to the unknown by striving to make the analyst into one's own likeness, working through identification to reduce otherness. For example, a patient who caught sight of the *Gaffiot* (the classic French-Latin dictionary) during one of our preliminary interviews started to speak to me regularly in Latin: "For once, I am dealing with a cultivated man," he said, "and I am making the most of it."

It is certainly impossible to put the difficulty exclusively on the patient's side. We know the difficulty the analyst has in being able to establish himself as such and in sustaining his own position when the patient presents himself as a "textbook case." It is even more difficult to psychically establish the analyst's position as the one who refuses "to know"—the condition for the possibility of (evenly) suspended attention—when the analysand speaks like a textbook.

⁶ *Translator's Note:* The words *talking cure* appear in English in the original article.

⁷ *S'entendre* condenses in French what English once again distinguishes in two registers: *to hear each other* and *to get along* (with each other).

A still more resistant obstacle occurs when understanding (*l'entente*) is sealed in a silence created secretly between the two protagonists in an unconsciously complicit way. Xsenia concludes our first meetings in the following way: "I wanted to have an analysis with a woman." In the face of this resolution and her manifestly opposite decision to undertake analysis with a man, I took this statement as a good sign of a space opening up that augured well for the future. Something of this essential wavering during the first meeting looked promising for the analytic nature of what would follow; but when this is really the case, when desire (the desire to undergo analysis with a woman)—prior to its clear expression—has the unconscious force of the *Wunsch*,⁸ how could things be otherwise? How would the choice of an analyst of a particular gender depart from what the id (*ça*) demands? Xsenia's "offer" to "have an analysis with a woman" served as a seduction, a seduction of the unconscious, of the unconscious, all the more efficient for occurring without an author.

There are numerous articles available today that try to explain treatment variations according to the sex of the analyst. As if it were known! (One knows only the gender.) As if the analyst had only one sex, as if each of the sexes itself was only one! Hole, slit, wound, chasm, abyss, nothing, all, closed doors, *Alien*, *Jaws*,⁹ dark continent—dark like the African forest, equatorial with the animal-human wildlife that populates it. Freud borrows Stanley's expression, the explorer of the "heart of darkness"—the feminine sex, the one that psychoanalysis frequents, is as polymorphous as the sexual of the *infantile*.¹⁰ In the silent complicity of our unconscious, Xsenia and I had been locked up behind the doors of a cloister, a walled-in, secluded femininity—between women, between mother and daughter—whose confines leave men distant by the side of the road.

⁸ *Translator's Note:* *Wunsch* means *wish* or *desire* in German.

⁹ The French translation of the film title *Jaws*—*Dents de la mer*—could only be literally translated in English as a condensation: teeth of the sea/teeth of the mother.

¹⁰ *Translator's Note:* *Le sexuel infantile*: here the accent is placed on what remains from childhood in adult sexuality.

The way in which I was able to disengage myself from this unconscious hold is itself a matter of misunderstanding. As is only appropriate in such cases, the foreigner-ness (*l'étrangèreté*) could be understood/heard only by making a detour through another ear. On several occasions, I felt like unburdening myself a bit to a colleague about this case, but it was without the usual success; I did not get back what ordinarily permits understanding and the ability to see things from another point of view.

Because certain interpretations have the beauty of a *Witz*,¹¹ the analyst might expect to get back an effect that would be in proportion to the effect experienced by the one who received the interpretation. Alas, this is far from always being what happens. Most remarkable are the cases where one has the feeling of gratifying the patient with a platitude that, however, makes its mark with a force of displacement that is never seen with a particular "word" that one has every reason to be proud of.

After I talked to a female colleague about Xsenia, the colleague said to me: "I don't *understand* what you are taking about." It would be difficult to say anything more ordinary, difficult etymologically to "understand" what "grabbed" me when such a common signifier emerged. What struck me then was that I had been talking to my colleague in a manner that made it impossible for her to understand me. But I did understand that now and for all those times before. "Not understanding" was certainly what I wished for, and it was what I was getting back from my interlocutors, as I had implied to them: you cannot understand . . . I alone . . . (can understand). This was to ensure that nothing would come to disturb the cloistered "between-the-two" transference connecting a mother and a daughter.

My own movement allows Xsenia to travel along the road in her particular manner. "You wouldn't be a transsexual?" she asked.

The inherent and fundamental asymmetry of the analytic situation is more the backdrop for this paper than its subject. Jean Laplanche (1999) has forcefully shown how the analytic set-up (*dis-*

¹¹ *Translator's Note:* *Witz* in German means *joke*, *wit*, or *witticism*, and in French, it can be translated as *un mot d'esprit*.

positif) marries the enigmatic lines of encounter between *infans* and adult—without, for that matter, being easily able to identify *infans* or patient, adult or analyst. However, it is possible that the analytic process is supported not only by this asymmetry, but also by the asymmetry of *feminine* and *masculine*. Without doubt, the statement that there is no analytic relation has more truth to it than that there is no sexual relation.¹²

This example has taken me away from my intended direction, since it deals with the conjugation of unconscious fantasies more than with common language as a screen. But it has the merit of showing another side of the difficulty: the fact that agreement and understanding of the protagonists in the analytic situation—unconscious or not—signals more of a hindrance to the analytic process than the mark of its dynamic. We are always more certain of this when the treatment takes a completely unexpected turn than when it starts to confirm what we have presupposed.

* * * * *

My goal is not to draw up a list of all the forms of misunderstanding that the analytic situation thrives on, but a particularly tricky, yet classical, obstacle does arise when the unconscious uses the face of complicity as a ruse. I hope rather to return closer to my point of departure by looking at those times when the movement of the analysis is confounded with the gesture of learning to speak, whenever primitive forms of psychic life are questioned through the way they secretly inscribe their terms, silently, as dialects in common language.

My patient Amalia and I share the same natural language. French is our common maternal tongue; this, at least, is the way the manifest situation can be depicted. “Learning to speak”—such a statement appears in her case all the more odd, since speaking

¹² *Translator's Note:* This is a reference to Lacan's (1969-1970) famous statement, “*Il n'y a pas de rapport sexuel*” (p. 134), which can be translated as “There is no sexual relation (relationship).” *Rapport* also means *report* and *ratio* in French, which gives the sense that sexual relations cannot be made into a rational number and cannot be written down in a report as though they were some form of recountable knowledge.

is her trade: she is a specialist in communications. I recall two instances in this treatment, two moments to do with language that were clearly distinguishable, yet, no doubt, there is a secret articulation between them. Negation, the construction of negation, is what is at stake psychically in the first of these moments. In the second, it is the past, the invention of the past, and more radically the invention of *time* that is at stake.

Amalia says: "As long I am speaking, I can think that you are *not* there."¹³ (*"Tant que je parle, je peux penser que vous êtes pas là."*) And she speaks all the time, no time left over. She surrounds herself, wraps herself in the words that she pronounces; the subtle body of language gives her a skin. She writes without punctuation; she speaks the same way. There is no last word, and I have no possibility of indicating the end of the session to her other than to interrupt her. She thinks, she speaks; the two gestures are traced one upon the other with no overlap. To say to her: "Say everything that comes to mind" would have been an incongruous invitation.

Each sentence takes for its object a word from the previous sentence, in order to clarify it, to limit and finally to state the right word (*le mot juste*), the word that is just a word, with no depth but itself—a word that, though listened to, could never be heard, if "to hear" is what begins and goes beyond the point where the spoken thing stops. And just as the claim of the fundamental rule to be fundamental is discredited, so its counterpart, evenly suspended listening, remains suspended in vain, for nothing. We can hardly imagine the constant work, the psychic intensity necessary to achieve insignificance. Speaking *in order* to say nothing, making language fail, emptying the word of its ambiguity How can you stop language from doing what it likes best—designating, referring, addressing itself to someone?

¹³ *Translator's Note:* "Not" is a way of rendering in writing what cannot be literally translated into English: the absence of *ne* in the French of Amalia's speech. As many readers will know, the usual negative form of a verb in French requires the structure *ne . . . [verb] . . . pas*. There are various forms of completion of the negative, e.g., *ne . . . plus*, which means *no longer*; but *ne* is the principal indicator of negation. Thus, the omission of *ne* in Amalia's words, but with the inclusion of the *pas*, gives a sense to the listener that something about negation is missing in her speech.

A slip never disturbs her pool of words. A *lapsus* only succeeds if under the surface language is formed in thick layers—the thickness of a semantic, a phonetic field. Only if thought is secret can one word divert another and surprise it.

Amalia communicates, but in a movement of mockery where communication communicates no more than itself. There is no doubt that she is competent in her work, where she holds a position of responsibility; she is entrusted with communication. The diabolic genius of the unconscious led her to choose one of the social and professional areas where words are the most vacuous.

The poet Yves Bonnefoy says of poetry that it is a protest against language, against the loss of the world that is at the heart of the experience of language. Amalia's words emphasize the rift that separates the word from the world, a rift that they both thrive on and sustain. Amalia takes the word to the word; the word is not the thing, and such is not its failure but its success, a success that dismisses the reference to the thing.

It is difficult, however, for Amalia to keep herself in equilibrium above this empty space, especially when the word becomes a *proper* one—her first name, for example. How not to be identified by what names you, how to avoid replying to what one is called? She averts the threat by not inhabiting her first name. When she writes a letter, a “personal” letter, she signs it not “Amalia,” but “Me.” There is no vanity at all in this gesture; this “me” is a long way from the “ME-I.” To be more precise, it must be understood “to the letter” of language (*au pied de la langue*) and its system. Like all deictics¹⁴—those little situational words that *refer to* and *point to*, without themselves having the least concrete denotation, and that have no other reference than the jurisdiction of discourse in the sentence that contains them—“me” is an empty form, free to use. “Me” is no one, and thus the annoyance each of

¹⁴ *Translator's Note:* Deictic is from the Greek *deiktikos*, from *deiktos*, meaning *capable of proof*. *Deiknynai* means *to show* and *ikos* means *showing or pointing out directly*. To give an example, in the sentence *I want him to come here now*, the words *I*, *here*, *him*, and *now* are deictic because the determination of their referents depends on who says that sentence, and where, when, and of whom it is said.

us may feel when faced with the pretense of a response to our question spoken on the intercom, "Who is it?" The reply is a "Me!" who takes himself for a Who.

"As long as I am talking, you are ~~not~~ there." (*Tant que je parle vous êtes pas là.*) "I had a lot of trouble coming today If I had ~~not~~ come, it would have been still harder tomorrow." (*J'ai eu beaucoup de mal à venir aujourd'hui Si j'étais pas venue ça aurait été encore plus dur demain.*)

Unfortunately, we always make grammatical errors; it is likely that this makes the analyst lose track of something that escapes him less easily on the level of signification: namely, the singular inscription of the individual in language, his style, his syntax included. It is easier for the ear to hold on to a displaced meaning, not to mention a *lapsus*, than to grant all of the weight owed to an unfortunate sequence of tenses or to an imperfect construction. "*Si j'étais pas venue*" and not "*si je n'étais pas venue*." Freud (1900) said of the dream that it is untranslatable into a language other than the one in which it was expressed (p. 99n), and one can say much the same about what is said during a session. The particularity in French of the negative form: *ne . . . pas* is not reproducible in English.

The distance between *je n'étais* and *j'étais* is all the less remarkable because it is in keeping with common usage. Like Amalia, like everybody, I myself—more often than not in conversation—erase the *ne* from the negative form. However, Amalia's unfailing consistency is not so commonplace. What is there in the in between of the transference that allows at a given moment, in the course of a given session, for this nonexistent (rather than absent) *ne* to have made sense—to the point of convincing me that one had to assign to "being nothing" ("*être rien*") or "not being" ("*être pas*") all its positive valence?

This "nothing" is not a negative magnitude; it does not stand in opposition; it has no contrariness, even less the qualities of an adversary. Its valence is less positive than neutral. Amalia says neither yes nor no; she says *nothing*. At least, that is what she tries to do.

From Plato's *The Sophist* (4th century B.C.E.) to Saussure's (1915) thinking on discontinuity ("in language, there is only the negative" [p. 38]), we know that negation is constitutive of the experience of language. From the separation between *word* and *world* to the relevant differences that allow phonemes to be distinguished, including the distinctions of signification, the negative is the mark of a loss at the heart of language, and at the same time it is what makes language possible. Language, like the object of love (and hate), would paradoxically not exist but for the loss upon which it is founded. The object, like the word, is born out of the distance from us that we have to resign ourselves to allow it to assume. Freud's tenderness as a grandfather became at least as important as his perspicacity as an analyst when he made this discovery for himself by observing his grandson playing and speaking the game of love and chance—of absence, *fort*, and reunion, *da*.

By "whiting out," as we say when using a typewriter, Amalia wipes out a lot more than the *ne*; she smooths out language to the point of blurring negativity and its determinations, a way of inventing the neuter for a syntax that does not have one. She speaks a language that she hopes is ungraspable rather than incomprehensible. When negation is absent from language to the point of threatening logic, as in the space of a nonexistent *ne*, there are some good reasons to think that love and something of its "too-much" state of confusion are not far away. Is it conceivable that one can have an intellectual mastery of language without ever actually having *experienced life*—experienced the losses of which language is the precipitate? Can one disinhabit language but nevertheless act as if one were there?

We are familiar with Georges Perec's accomplishment in writing a novel, *La disparition* (*A Void*),¹⁵ in which the vowel *e*, which seems indispensable (to any language), was completely absent. On a more personal level, Amalia's accomplishment is no less remarkable because, through her style, she wipes from her dialect the principal component of all natural languages, the negative.

¹⁵ Perec, G. (1969). *La disparition*. Paris: Gallimard, 1989. (*A Void* [1995], trans. G. Adair. New York: Harper Collins.)

A few years later, in another part of the history of the analysis, *ne* arrived—without my having ever put anything about it into words, for indeed to infringe directly on style carries great risks. Curiously, *ne* arrived as if it must learn to find its place, such a little word not knowing where to put itself, awkwardly clinging to *pas*: “*en ne pas prenant, en ne pas voulant . . .*”¹⁶ (in taking not, in wanting not). But this was another person speaking, learning to speak.

* * * * *

The second moment that I hope to evoke is inseparable from a period of the analysis that was both painful and grueling. After the invention of negation, the matter at issue was the invention of time.

Amalia says: “I could be dying there like a dog, its mouth gaping open [*crever la bouche ouverte*]—you wouldn’t do a thing.”

Much later, a few years of analysis further on, a memory of this phrase and the hopelessness of this moment returns, an evocation carrying the tangible trace of pain from long ago, but revealing at the same time the distance gained from it. The only possibility for this evocation is provided by memory, by the existence of memory, which is not a simple truism. Indeed, that something happens in no way guarantees its inscription in history, not because the thing may be forgotten—forgetting is a fellow traveller with memory, and both draw from the same vein—but because it may not have *passed by* (*passée*). This is because the past, this category of time without which there is neither memory nor history, is not psychically formed, as if the place for it had not been traced.

Amalia says that she probably needed to reach that point, to go to the very brink, and that she certainly would not have tolerated my “doing” something at that time. Do what, for example—make an interpretation? And yet, I did not refrain from doing so out of a lack of clues, since the cry of the young woman lying on

¹⁶ *Translator’s Note*: Amalia is here making a mistake in French syntax that cannot really be rendered in English. She should say “*en ne prenant pas*” and “*en ne voulant pas*.” Thus, it is her own invented syntax, her own style, to make *ne* cling to *pas*.

the couch in a state of helplessness made one think of the infant she had been: an infant pushing defiant anorexia to the point of risking her life, while the incompetent or indifferent parental eye went on not seeing, until a friend appreciated the danger of the situation.

What had allowed me to resist the temptation of words? Words that rush in to grasp, to understand . . . to feed, to pit their competence against the competency missing from an earlier time. This is not something easily put into theory, except as the intuition of the moment that makes one think of the creation of the event, of its present, as having more import than its translation—not doing, but just being.

From the good sense of St. Augustine (4th century a.d.) to the obvious in Husserl (1905), philosophical reflections about time agree most often on the same starting point: the idea that *intimate consciousness of time* belongs to a common heritage, that nothing is more *familiar* to man than the feeling of his own existence in time. Psychoanalytic questioning, beginning with Freud, has been built upon a related presupposition. Freud (1908) wrote, “Thus past, present and future are strung together, as it were, on the thread of a wish that runs through them” (p. 148), and Freud gave priority to the first in this triad, the time of the infant. Conversely, phenomenology and existential philosophies concerning intentionality and “being-for” assign precedence to the future as organizer of the arrow of time. But this debate in which past and future contend for primacy says nothing of the psychic genesis of time itself, the construction of its form or the elaboration of its continuity, prior to any dividing up of time into sequences.

If, *a minima*, being organized in time were only a question of social time, then a wristwatch and a day-timer would suffice. That kind of time does not require any *intimacy*. One of the greatest paradoxes of analysis is that speech addressed to a stranger (*étranger*) can *give birth* to the intimate, even before the question comes up about what is discovered while speaking. Like time, interiority is not an *a priori* form of psychic life.

“Since yesterday’s session, I thought . . . ,” “At the beginning, when I was coming here . . .”: outside of the circle of those famil-

iar with psychoanalysis, it is difficult to get across how much these few quite simple words, simply in their utterance, entail for certain individuals a particularly difficult labor—an improbable one, even, and in any case, never certain. When history, when historicity, is not a psychic category that is *already there* but emerges little by little in the waning of the treatment, it is as history of the transference that history makes itself heard (understood) so as to compose the past (*passé composé*) and invent the imperfect (*l'imparfait*).¹⁷

Never, it seems to me, does such a movement result from the lifting of infantile amnesia—which presupposes a past already formed—but always from the transformation of the mundane, objective present of the session into a *living present*—an expression more stolen than borrowed from Husserl (1905), since its meaning here is displaced. Can this transformation, its moment in time, be recounted? Can the narrative of the *present*, of its invention, be told?

Often, Amalia does not come to sessions. I wait for her, knowing from experience that she may arrive just a few minutes before the end, and even—as has happened on occasion—just when the session is over, in complete ignorance of the time of day or time of year (*temps*).¹⁸ When she does not come, she never calls: “If I call, the session doesn’t take place.”

The unexpected (*inattendu*) is the substance of Amalia’s analysis. She can say, “Since yesterday’s session . . .”—even when she did not have a session yesterday. She is not mistaken; the session certainly takes place both inside, where I am in charge of waiting (*attendre*) for her, and outside—wherever she is, whatever she is doing. The space/time of the session stamps something of the singular, the not-of-the-moment (*inactuel*) on top of what the world offers her at that particular moment.

¹⁷ *Translator’s Note:* There is a play on words here involving two forms of the past tense in French: the *passé composé*, which indicates an action complete in the past, and *l'imparfait*, which indicates continuous, unfinished action in the past.

¹⁸ *Temps* in French refers to both *time* and *weather*.

In order to describe the nascent present, perhaps we would have to invent a supplementary space/time: the absent. Language speaks truly; it has only one word to say: *present* or *presence*. The present is the *coincidence* of being and time. Only the psychic existence of an “in the presence of” gives to the present its potential consistency. Before getting to that point, for a long time, Amalia could not let herself add the reality of her being there to her psychic presence: “Present I run from you, absent I find you.”

The young hero of psychoanalytic mythology who is the infant with the spool can play with absence and separation, *fort/da*, far/there; he can defy each of them *only* because the paralogical statement, “my mother is present/absent”—a purely *unthinkable* statement—does not drive him crazy. (How is it possible *to be* and *not to be*?¹⁹) His game has the hints of victory over and revenge upon first, the far-off mother; then, his own weakness; and, finally, the madness of language.

Amalia is not there yet; she learns only to take her first steps, exploring from absence to absence her ability to survive. She leaves me with the unthinkable thought—or, better, she abandons it to me. She leaves it up to me, to say to myself while I wait for her: “She *is absent*.” For us, this is nothing like playing. I have no freedom to forget her or to invest in any other activity; I just wait for her.

There is a danger that the story of the journey, which leads from the absence of the present to a coinciding in the present, would always be missing one episode. “I could be dying there, like a dog, its mouth gaping open, you wouldn’t do a thing.” By its tension, by its harshness, does not such a statement as this illustrate what “living present” means? It is also probably as close as possible to, and not far from, what Winnicott (2000) tried to describe as *breakdown*. There are two aspects to this: from the patient’s side, it is a *breakdown*,²⁰ and from the analyst’s side, it is a

¹⁹ *Translator’s Note:* Both *to be* and *not to be* appear in English in the original version of this article.

²⁰ *Translator’s Note:* The word *breakdown* is in English in the original.

threat to the continuity of the analyst's being that turns him toward the *passage à l'acte*,²¹ which here could well be the act of interpretation.

As Amalia's analysis would testify to, après coup, there was a fecundity and aliveness in the anorexic moment when she made this statement, qualities that added to a set of impressions about her. And yet, to really understand/hear (*entendre*), to listen yet again to these few words, is conditional upon hearing them express the idea that: "I *could* be, you *would* do."²² The conditional tense is brother to the imperfect tense, a time/tense (*temps*) that marks more than any other the *existence* of the past—its movement, its life, and its duration. And the existence of the past assumes that the present, the meeting of being and time, has already taken place and, though we missed it, it has at least *possessed* us.

What happened next with Amalia belonged to *playing* in the analysis.²³ In language, the conditional tense remakes history; on a deeper level, it imagines history, creates it, detects in it the paradoxical nature of fiction and reminds us that fantasy precedes memory. Despair despairs about the past; it is surely always a matter of changing the past, or better still, of inventing it.

The violence and helplessness of this remembered moment, portrayed by Amalia's remark about dying like a dog, are admittedly far removed from the "Let's suppose that . . ." by which children announce the start of play. It is not certain, however, that this distance signifies a radical difference. Like playing in childhood, the transference is a deferred present; it repeats what has never taken place.

²¹ *Translator's Note:* *Passage à l'acte* is a term from French psychiatry that originally referred to violent acts, committed precipitously, in which the person committing the act is not driven by a fantasy that is acted out, but by a "thought-less" buildup of tension whose release can only occur through an act of violence. This is in contradistinction to *acting out* in which the subject's action sends a message to someone else and stands for an unconscious repressed idea. In contrast, the *act* in *passage à l'acte* bypasses mentalization and goes directly from a biological tension state to action as overt behavior. Here, the author appears to be using *passage à l'acte* not without irony.

²² *Translator's Note:* Both verbs here are in the conditional tense in French.

²³ *Translator's Note:* The original version uses the English word *playing*.

* * * * *

My views here are close to Winnicott's, and yet there is a difference. The constitution of the past, on which he puts the accent, seems to me a stage that has its own preliminaries. In order to compose the past, one must already *be* in time. And this initial psychic difficulty comes into its place as the present, the *in the presence* of that is the starting point of time. To be in the presence of an "other" is the way life begins, at least when this moment can be negotiated psychically. It is also the condition of possibility for analysis—the "*in praesentia*" of the transference—for its opening onto the unknown.

The reader will certainly notice that, by emphasizing negation, time, and the way psychic life can silently adapt to the erasure of both negation and time, I am staying closer to what Freud specified as the qualities of primary processes. The unconscious does not know about negation, nor does it know about time. Here I am specifying the unconscious in terms of a system based on hallucination, and one less characterized by desire than by its fulfillment, where dream and fantasy life give us images that are as routine as they are concrete.

In reasoning along a path of simple deduction, can we conclude that Amalia's psychic life is like the unconscious seen in broad daylight? There are numerous schizoid elements in her personality, and yet one would not entertain the idea of describing her as psychotic. And more than anything else, the way she lives her life, all in a blank (both *white* and *blank* ²⁴) way, could not be farther from the image of someone who has sated all their desires, like the psychotic who hallucinates what she wants.

The strong contrast between *something that is blanked out* and a *hallucination* is itself significant. If the idea of *Wunschverfüllung* (wish fulfillment) does not seem to fit, then let us think, on the other hand, of its reversal: the negative hallucination—everything blanked out, emptied, nullified. Note, moreover, that in the so-called negative hallucination, the adjective *negative* is barely satisfactory: the psychic gesture that erases with a "whiting out" (*coup*

²⁴ *Translator's Note:* *White* and *blank* appear in English in the original.

de blanc) has nothing to do with spitting out or denying. Blanking something out, making it disappear, is not simply objecting to something or destroying it. Denying opposes the object, while whitening out erases life, or at least neutralizes it.

Can we outline—and it would be paradoxical to be able to do it—the origin of this nonconstitution of the presence of time? Can we grasp the “construction” of a blank? Can we make history (*après coup*) out of what is outside history? Implicit in this threefold question is the coalescence of the two psychic dimensions of time and history. This is a proposition defended by Ricoeur (1984). There is nothing very original in defending the temporality of narrative, but on the other hand, to insist in a circular fashion on the “narrativity” of time is a much more penetrating argument, particularly from inside the analytic situation.

The first scene—“I could be dying there like a dog, its mouth gaping open”—this first scene presents (or rather *represents*) the birth of time as an instant of time, or even the birth of the event as what occurs. The second scene, which I will describe shortly, is not a scene; it is a moment, something that has duration. Here the birth of another constituent dimension of time gets represented: the period, that is to say, of time as having duration. Duration is no more a given for the psyche than is the present. In this second scene, or, more precisely, in this moment of duration of time, with Amalia both hopeless and despairing, elements of her treatment pushed paradox to its ultimate entrenched position: the embodiment in the transference of disembodiment, the presence in the transference of absence—a sort of negative hallucination of the analytic situation itself, or, more exactly, of its existence, of our existences.

And now the second scene starts—Amalia: “I have thought of leaving.” Leaving, dying (*partir, mourir*)—the rhyme is common, tired words having been so often paired together.²⁵ Except that Amalia does not *do* words; most often, she is not there, like today,

²⁵ For example, these words are paired in a proverb: *partir, c’est mourir un peu* (to leave is to die a little).

or at the last session. Will she come tomorrow? It has been like that for some weeks now, without our being able, her or me, either to signify the absence or to understand/hear the suffering.

Absent.²⁶ Strictly speaking, she is hardly absent, only when she is there. She speaks without succeeding in forming words, “drops of silence across the silence”; most of her presence comes from my waiting for her. And I do wait for her.

The best ally of life and analysis during this period was nocturnal. Dreams existed; she was not able to say more, except that something in her, each night, was dreaming. A life of the soul in deepest sleep, obscure, inaccessible, but a life—a life in her, if not “her own.”

One day, Amalia was there; she stopped not coming. The end of this period of time made no more sense than its beginning. A dream marked the event simply—an image that had escaped from the darkness: an expanse of water without borders or waves, a landscape of contours blurred by warm mist, all of it clouded only by the distant passing of a junk. It is less the absence of a figure that characterizes the navel of the dream than the presence of the unknown.

Things might have stayed like that—not without sense, but silent, completely silent, rather than badly heard (*mal entendues*). It happened that the dynamic of the transference brought to light what words did not reveal or lacked: changes in Amalia’s way of walking, a different air about her, another shape to her body, a face that livened up . . . the nonverbal part where one senses a fundamental change. But we must also conceive and be able to accept that something happens with no sign of its being located, a fortiori deciphered. There is no possibility, then, to reconstruct that of which one had no idea.

Believing in determinism will never abolish chance. Things could have remained silent, but it did not work out like that. So as to protect their daughter just before an important professional meeting, Amalia’s parents delayed telling her for twenty-four hours

²⁶ The meaning here is both *absent* and *absent-minded*.

about the death of a very dear friend of hers, who had been gravely ill for some months. The news was bad; Amalia had asked them about him. "He's okay, nothing's changed" had been their deceiving reply to her. The *après coup* was striking, depersonalizing. The one who had been living was dead. She did not hold it against her parents for lying, for their treachery; her thoughts followed a completely different path—into the abyss, thoughts of "white (*blanc*) on white (*blanc*)," death on life. In what dimension of time can one bring back (report on) the life of something that has no existence? Not a word, not even a "dialect," could likely name the lived experience of those twenty-four hours—and above all, not the word *lived*.

The chain of associations brought us back to the period of sporadic analysis, ethereal and long since passed. What was still only an indefinite time, a few weeks, got seized upon with the precision of the calendar: two months, very precisely the two months from February to April—an *uncounted* (*sans*) period of time—between two birthdays, one being only a potential birthday. The first was Amalia's birthday—or perhaps it would be better to call it the day her mother's pregnancy was interrupted. In order *to be born*, it is not enough to be expelled from the maternal belly. The other date, two months later, marks the birthday of the term of the pregnancy, the day that should have been her birthday—a dream of water—if she had not been premature. The two months *disembodied*, the two months blanked out (*en blanc*) were what did not exist, *not simply what had not been experienced*, but what had never taken place: these two months were carried to term by the transference—lived out in the transference. Two months of nonbeing (of being born),²⁷ two months of waiting for her, the wait for an infant that one is unaware exists; the analysis bringing to term what she had never been. It is easy to emphasize how important it is for the infant to be desired, but it is not enough just to be desired; it takes more than that to be waited for. The psychic possibility of

²⁷ In French, *naître* (to be born) and *ni être* (to not be) have the same sound.

waiting, so crucial in analysis, is far from being the most shared psychical thing in the world.

In the expression *primitive forms of psychic life*, the word *forms* is not the least important: it is to form that we owe the psyche. Analysis has taught me that it can all be learned—not only learning to love and to hate, but also learning to speak, to walk (of course), and also to eat, to excrete, to breathe, to sleep . . . and perhaps even learning to be born. Because everyone learns from an other (with an other)—an other heterogeneous to himself, split from himself by the unconscious; all of these apprenticeships can be troubled and can misfire, and so have to be redone. Amalia never knew very well how to stick her nose out of doors; she was no more at ease with the weather than with time.²⁸ It is to analysis that she owes the discovery of how to use an umbrella.

"Analysis," she says, "is for going into blind spots [*angles morts*]."

REFERENCES

- Freud, S. (1900). *The Interpretation of Dreams*. *S. E.*, 4/5.
 ——— (1905). Fragment of an analysis of a case of hysteria. *S. E.*, 7.
 ——— (1908). Creative writers and day-dreaming. *S. E.*, 9.
 Husserl, E. (1905). *Leçons sur la conscience intime du temps*. Paris: Presses Universitaires de France, 1964.
 Lacan, J. (1969-1970). *Le Séminaire, Livre XVII. L'envers de la psychanalyse, 1969-1970*, ed. J.-A. Miller. Paris: Seuil, 1991.
 Laplanche, J. (1999). *Entre seduction et inspiration: l'homme*. Paris: Presses Universitaires de France.
 Plato (4th century b.c.e.). *Theaetetus Sophist*. Cambridge, MA: Harvard Univ. Press, 1998.
 Ricoeur, P. (1984). *Temps et récit*. Paris: Seuil.
 Saussure, F. (1915). *Cours de linguistique générale*. Paris: Payot, 1962.
 St. Augustine (4th century a.d.). *The Confessions*. Oxford, England: Oxford Univ. Press, 1992.
 Winnicott, D. W. (2000). *La crainte de l'effondrement*, trans. J. Kalmanovitch & M. Gribinski. Paris: Gallimard. (Originally published in 1974 as "Fear of Breakdown," *Int. Rev. Psychoanal.*, 1:103-107.)

²⁸ *Translator's Note:* Here, *weather* and *time* were in English in the original.

*Jacques André, M.D.
18 rue Didot
75014 Paris, France*

e-mail: andre.jac@wanadoo.fr

*Richard B. Simpson, M.D.
1466 Bathurst Street, Suite 301
Toronto, Ontario M5R 3S3
Canada*

e-mail: richardbsimpson@rogers.com

BOOK REVIEWS

WINNICOTT: LIFE AND WORK. By F. Robert Rodman. Cambridge, MA: Perseus Publishing, 2003. 461 pp.

Pediatrician turned psychoanalyst, D. W. Winnicott (1896-1971) remains a seminal figure in psychoanalysis, and the late F. Robert Rodman was one of his most enthusiastic and knowledgeable advocates on the American scene. In books and papers, especially *The Spontaneous Gesture*,¹ an edited collection of Winnicott's letters, Rodman presented, applied, and elaborated the insights, theories, and technical innovations that this innovative British thinker brought to the analysis of children and adults. It is a fitting tribute to both men that Rodman's final book should be this eloquent biography, which examines Winnicott's contributions in the context of his personal development and the intellectual ferment that was taking place in the world of psychoanalysis during his lifetime.

In contrast to many young men of his generation, Winnicott did not see military service in the First World War. Instead, he attended medical school and shortly thereafter began professional life as a pediatrician, a role he continued to maintain in at least a consultative capacity throughout most of his career. His first analyst was James Strachey, who responded to Winnicott's interest in children and child analysis by encouraging him to investigate the work of Melanie Klein. This suggestion proved pivotal to Winnicott's career, even as it opened up a painful chapter in his early professional life. Following Strachey's advice, Winnicott sought out Klein, began as her student, spent several years (1935-1940) as her supervisee, requested that she become his second analyst—Klein refused and referred him instead to Joan Riviere, so that Winnicott could analyze her own son, Eric—became her colleague, took her

¹ Rodman, F. R., ed. (1987). *The Spontaneous Gesture: Selected Letters of D. W. Winnicott*. Cambridge, MA: Harvard Univ. Press.

theories seriously enough to address them in a number of papers, and, at one time, was even listed by her in the British Society as a "Kleinian" analyst (p. 114).

Much to his distress, however, Winnicott never received the approval and recognition that he sought for his innovative papers and original ideas from Klein, Riviere, or from others in their group. Rodman ascribes the problem to differences between them that followed from Winnicott's extensive contact with mothers and infants. The latter activity had persuaded Winnicott to place a greater emphasis than he felt Klein did on the real external world and its objects ("the facilitating environment") as factors in psychic development and as potential therapeutic factors in the analytic situation.

At the heart of their growing disagreements was Winnicott's conviction that the mother, as an actual external figure, was crucial to the development of the psyche of the child. Klein, by contrast, emphasized . . . the child's fantasy life that, in essence, determined the sort of mother the child had . . . Winnicott . . . saw it otherwise. [p. 8]

Thus, the Kleinians viewed Winnicott as breaking ranks, betraying their position or backsliding. Between the lines of Rodman's account of this pivotal episode lies the bitterness of the Controversial Discussions that still affected the British Society even in the 1950s and '60s. In such an atmosphere, the agreement to have separate but equal training tracks must have seemed a fragile arrangement, and any developments in theory or practice that diverged too widely from any of the groups' norms could well have been unwelcome and perceived as a threat. Rodman describes Winnicott's resolution of this painful conflict with the Kleinians as a turning point in Winnicott's analytic development and a reflection of his indomitably creative strivings to actualize his self—an example in action of the kind of character that would later give rise to his theory of the True Self.

While the Kleinians' reaction to his differences with their views caused Winnicott great distress, his emphasis on external reality

would ultimately win him wide acceptance in America. This popularity, however, would not broadly emerge until after his death, which followed by three years a disastrous appearance at the New York Psychoanalytic Society in 1968. There, he read what many now recognize as a classic paper, "The Use of an Object," for which he was soundly attacked by the American ego psychological establishment. It is ironic that the very group that attacked him in New York, ego psychologists strongly influenced by European analysts closely allied with Anna Freud, were also the ones who contributed to creating the very condition—concerns with external reality, ego development, and the application of normal child development to psychoanalysis—that made Winnicott's theories so conducive to an American audience.

Undoubtedly, Winnicott's work as a pediatrician and his observations of mother/infant pairs combined with his analytic clinical experience with children and adults to influence and inform his theory of "regression to dependence" and its "management." He believed that analysts need to allow, even encourage, at least some patients to regress to early states of dependence, so that the analyst can then meet the patient's "spontaneous gestures" with "management" via action—sometimes physically and concretely—and relationship, rather than interpretation. He saw these gestures as reflective of previously unmet "ego needs," which must be satisfied if the patient is to resume previously interrupted emotional development. Analogizing to normal child development, Winnicott believed that such relational interaction was an essential support for psychic maturation and ego development in the treatment of what we may think of today as narcissistic, borderline, and other primitive personality disorders.

There is, however, a darker side to Winnicott's advocating the management of the manifestations of severe pathology by action rather than interpretation, which Rodman does not directly discuss, but which nevertheless emerges from the facts that he presents. Given the data, it is difficult for this reviewer not to conclude that there is an uncertain delineation and a potentially slippery slope between Winnicott's proposals for "management," his

sometime failure to maintain the treatment frame, and overt boundary crossings and even violations. The latter become evident in Rodman's accounts of the complex and sometimes problematic treatments and relationships that developed between him and some of his more famous analysands, especially Marion Milner and Masud Khan. This "shadow story" comprises a more sobering side to Winnicott's innovative and even heroic attempts at treatment, and needs to be taken into consideration as a cautionary tale along with his many outstanding contributions.

From the facts of Rodman's biography, this side of the story may well begin with Winnicott's troubled and presumably unsatisfying relationship with his first wife, Alice Taylor. It was in 1923, shortly after their marriage began, that Winnicott sought analysis from Strachey for personal rather than professional reasons. (He would not begin analytic training until four years later.) His reasons for seeking treatment most likely included his inability to consummate his sexual relationship with Alice and his characterological needs to be "a good boy." (When he finally decided to leave Alice, some twenty-five years later, he made reference to their friends being "deeply distressed to find I'm not the ideal dear boy they thought I was" [pp. 67-68].)

Whether or to what extent their sexual difficulties originated with Winnicott, with Alice, or were generated by the couple remains unspecified. What is clear in Rodman's account, however, is that Alice was a disturbed woman, whom Winnicott must have needed to "manage" (to placate and protect) for a very long time—until, after beginning a relationship with Clare Britton, a colleague who would later become his second wife, this first marriage ended in divorce. Rodman does not explicitly raise the question or offer enough detail of their domestic arrangements and difficulties to allow definite conclusions to be drawn about the matter, but there is evidence for Alice's obvious disturbances. She "dabbled in art" (p. 56) and pottery; her work was described by friends as "awful" (p. 56). She believed that "the spirit of Lawrence of Arabia was communicating with her through a parrot" (p. 53)! And she could not be trusted behind the wheel of a car, as she often fell asleep or

ran through red lights (could there also have been a problem with substance abuse?), and she was described by one close acquaintance as mad ("dotty," p. 57). Thus, one cannot help but wonder how much their domestic relationship was an early prototype of what Winnicott would later apply to patients and call "management."

Alice also had a tendency to form intense "crushes" (p. 60) on people and was responsible for taking into their home a disturbed young woman named Susan, whom she met while "visiting" in a mental hospital, and who became the subject of Marion Milner's book, *The Hands of the Living God*.² According to Milner's account, quoted by Rodman, Alice "had become interested in Susan because she was so beautiful—'She looked like the Botticelli Venus rising from the waves'" (p. 133).

Winnicott's role in his wife's attempt to rescue this poor woman from electroshock therapy and mental illness became increasingly complex and convoluted. He agreed to take Susan into their home, referred her to and paid for her treatment with Marion Milner (whose ex-husband he had unsuccessfully analyzed), supervised Milner in Susan's treatment, and, once that treatment had begun, put himself forward as Milner's second analyst (her first had been Sylvia Payne)—conducting his analysis of Milner in the latter's consulting rooms rather than his own, while socializing with her as a colleague at the British Society!

In recounting at the end of her life her experience with Winnicott, Milner felt that she had had a powerful transference to him, but had not gotten much out of the analysis. She was painfully aware that her aggression remained unanalyzed, regretted being unable to refuse Winnicott's suggestion that he become her second analyst, and felt he had failed to help her with the effects of having had a depressed mother (pp. 136-137). It was only after a consultation with Clifford Scott, who "thought the arrangement a travesty of analysis and advised her to quit" (p. 136), that Milner freed herself from this unhelpful analytic bondage. That these arrange-

² Milner, M. (1969). *The Hands of the Living God*. New York: Int. Univ. Press.

ments—along with Winnicott's decision to take into their home the antisocial boy whom he mentioned in his paper, "Hate in the Countertransference"³—were made at the same time that Winnicott was conducting his affair with Clare and moving toward a decision to leave Alice serves as an unfortunate reminder of the susceptibility of analysts' judgment and actions to the regressive influence of severe life stress. It also leads one to think about the origins and therefore the wisdom of Winnicott's technical suggestions to intervene with actions that move the analytic relationship outside the usual analytic frame.

Similar problems with boundaries appear in the story of Winnicott's relationship with Masud Khan, in which Winnicott's roles as analyst to Khan and his first wife overlapped and conflicted with each other and with Khan's position as Winnicott's editor, colleague, defender, and friend. Although Rodman describes this chapter in Winnicott's life, he tends to give it rather short shrift and does not discuss its implications for our assessment of Winnicott's contributions. The details of the more problematic side of Winnicott's relationship with Khan are better described by Hopkins (1998),⁴ and hopefully will be treated in even greater detail in her forthcoming biography of Khan. Here, in defense of Winnicott, Rodman suggests that their complex relationship might be ascribed to Winnicott's heroic attempt to conduct a "research analysis" of someone who was untreatable by other means (p. 206), and that any negative attitude toward Winnicott's role in this matter might be seen as the fallout that may inevitably follow from "one's indignant response to the disturbed, self-aggrandizing, and self-destructive . . . [behavior of Khan coloring] one's attitude toward the person who had undertaken his treatment" (p. 206).

If there is a tendency in Rodman's writing to defend, identify with, and perhaps even idealize his subject, it does not constitute a major drawback to all that this volume contains. While the author's

³ Winnicott, D. W. (1947). Hate in the countertransference. *Int. J. Psychoanal.*, 30:69-75.

⁴ Hopkins, L. (1998). D. W. Winnicott's analysis of Masud Khan: a preliminary study of failures of object usage. *Contemp. Psychoanal.*, 34:5-47.

opinions may lean in the direction of lionizing Winnicott, we should remember that this is often the relationship that develops between biographer and subject. To Rodman's credit and to the advantage of us all, the facts of Winnicott's life and behavior are stated here in an open and candid way, so that readers may draw their own conclusions. This candor, and the clear and painstaking description of Winnicott's ideas and innovations, mark the strength of this book and insure its place as an important contribution to psychoanalytic scholarship.

HOWARD LEVINE (BROOKLINE, MA)

MISUNDERSTANDING FREUD. By Arnold Goldberg. New York: Other Press, 2004. 232 pp.

It was with a certain amount of misapprehension that I opened this book, since I had not always found myself in agreement with Arnold Goldberg in the past. As I read on, however, I found myself increasingly at ease and more and more in accord with what I was reading, although I cannot say that I agree with *everything* he espouses. Overall, however, it was a pleasure to read the book. Not only is it in its main essentials quite sensible, but it is also written in a style that is so lucid, laconic, elegant, and entertaining that it is eminently reader-friendly. I recommend it warmly.

Goldberg presents his argument clearly and relatively parsimoniously. Human beings, he indicates, are so complex, variable, and different from one another that it is self-deceptive to believe that any psychoanalytic point of view has all the answers or that it has completed its own development. If, as clinicians, we delude ourselves into believing that we know everything as we carry out our task of attempting to understand our patients and help them understand themselves, we might succeed in constructing an internally consistent set of beliefs about our patients (and ourselves), but it is likely to be off the mark. I quite agree with him.

The title Goldberg has chosen for his book is playful and whimsical. Freud never believed that he understood everything or that his conclusions were incontrovertible. He periodically referred to

his views as works in progress, subject to revision or replacement as new data came into view. At times, he even referred to key components of his theoretical constructions as his mythology. Those who rigidly adhere to what they believe to be *the correct* understanding of what Freud had to say about people and how to help them emotionally, Goldberg would maintain, are arrogantly deluding themselves.

Freudian fundamentalists are not his favorite people, and he still shakes in rage at the authoritarian teachers who enunciated what they characterized as *the correct understanding* and *the correct interpretation* when he was a candidate at the Chicago Psychoanalytic Institute. While I read this, I found myself recalling the time when, as a first-year candidate, I questioned a faculty member who, at a psychoanalytic society meeting, stated that one could not talk about “scrotal masturbation” because Freud had restricted the term *masturbation* in the male to manipulation of the penis. I noted to the presenter that apparently he was not aware that, later on in his paper, he had referred to “anal masturbation.” I was disappointed and dismayed when he did not accord me the courtesy of a reply.

As Goldberg puts it, with regard to understanding and misunderstanding Freud’s ideas:

The misunderstandings of Freud range from determining the *what* of his study, that is, the particular area that he talked and wrote about, to the *why* of his work . . . and on to the *how* of it At some time or other, everyone gets it a bit wrong. This is as it should be; if the field of inquiry that Freud outlined is of value it must be one where the effort to grow and to change is a constant struggle. Making sense of it all can only be a sometime thing, a momentary resting place until one point or other seems to not quite fit; otherwise one finds an almost automatic and ready explanation that can be applied to everything The claim of certainty is often but a case of successful persuasion. [pp. 4-5, italics in original]

Goldberg illustrates the existence of unconscious conflict by drawing upon a mundane experience of knocking over his coffee

cup and spilling its contents after hearing another coffee lover disparage the brew that they had just purchased from a coffee shop other than their usual one to (p. 9). Psychoanalysis, he emphasizes, studies the irrational, although different schools of thought contain different ideas about how to conduct that study, and none of them are completely wrong:

Although there may be a good deal of disagreement, it does seem to be the case that the differing schools of psychoanalysis help many people, and they seem to do so in roughly equal numbers. To be sure, one particular patient may not profit at all from one approach while doing quite well in another, but no school of treatment that survives can either claim one hundred percent effectiveness or be a complete bust. They all work. [pp. 16-17]

I do wonder about this, however. Do they all work equally well? And, if they all have something to offer, isn't the maximum gain to be made from integration and cross-fertilization rather than from territorial rivalry?

Goldberg, in an interesting segue, makes a strong case for resisting what he sees as the seductive but simplistic attraction of the burgeoning field of neuroscience. We cannot understand human feelings, he emphasizes, in the way we can understand how a piece of machinery—the brain—works. He strongly opposes efforts to explain emotional disorders in neurophysiological terms. He deftly employs an analogy that involves the futility of explaining the content viewed on a television set in terms of the electrical and technical mechanisms utilized to produce the picture on the screen. He sharply questions the explanatory usefulness of split-brain experiments and changes in PET scan patterns in people who seem to have changed after psychotherapy. He has a point, it seems to me, but I can't quite agree that we should ignore what neuroscience might provide in the way of expanding our understanding of the various dimensions of human existence, if we are to maximally appreciate what it is to be a human being.

In chapter 3, "From Understanding to Enactment to Interpretation," one of the most important chapters in the book, in my view,

Goldberg makes a plea for the pursuit of empathic, on-target understanding as the *sine qua non* of psychoanalytic treatment. "Psychoanalysts," he says, "regularly attribute a patient's failure to understand as evidence of resistance, and rarely consider that the failure may be a product of a mistake of their own" (p. 46). He maintains that "what psychoanalytic understanding is all about . . . demands both understanding another as well as the other feeling understood, not to mention considering the critical role played by misunderstanding" (p. 49). "The back-and-forth between analyst and patient," he states, "is a circle as each strives to interpret and understand the other" (p. 48).

I quite agree with Goldberg in this regard, although I find myself somewhat troubled by his depiction of all traditional, Freudian psychoanalysts as focusing only on what they presume to be in the patient's unconscious, without recognizing that there is a real (past and present) world outside the patient (that includes the analyst) impinging upon the patient in important ways. A *good* psychoanalyst does not need to narrow the field of observation in order to simplify his or her task. He or she does not have to avoid or deny aspects of either the internal *or* the external world.

Goldberg makes a thoughtful observation about the role of interpretation in psychoanalytic work:

Interpretation goes both ways and . . . each way may be distorted to some degree Analytic dialogue . . . is bi-directional As each strives to interpret and understand the other, the psychoanalyst presumes the existence of the unconscious and proceeds to find what he is looking for The patient presumes the existence of a transference figure and proceeds to search for it in a manner that resembles what the analyst is doing, but with one exception. The inevitable misunderstandings that emerge are clarified and removed by the interpretations of the analyst. [pp. 49-50]

Goldberg critiques the interpersonalist (Stephen Mitchell et al.) and the intersubjectivist (Daniel Stern et al.) schools of psycho-

analytic thought for their failure to appreciate and work with the unconscious: "Indeed they seem not to know what to do with it, because of its implication of unequal authority, with the analyst as the one who knows" (p. 54). Actually, it is inevitable, Goldberg maintains, that the analyst will tend to become aware of things emanating from the patient's unconscious before the patient does: "One cannot escape granting a privilege for the analyst by designating just what he knows that the patient does not. For psychoanalysis, this is the awareness of the unconscious, no matter how the technique may differ among schools" (p. 55). He acknowledges that much of what is "ameliorative or curative" (p. 57) in psychoanalytic treatment derives from the relationship between analysand and analyst, but he insists that the most essential ingredient in it, its *sine qua non*, is interpretative expansion of understanding of the unconscious.

He states clearly, furthermore, that interpretation of the unconscious is helpful to the patient only if it promotes understanding:

Interpretations of whatever sort that merely make a claim about one or another contents of the "unconscious" without the achievement of furthering understanding fall outside of the arena of activity that psychoanalysis attends to, since they are distinct from true understanding. [p. 68]

Goldberg's implication—that merely demonstrating the analyst's greater knowledge of what is unconscious in the patient is poor psychoanalytic technique—is well taken. Showing off to a patient can hardly be helpful. Humility, respect, and sincerity are necessary ingredients in the analytic process.

Goldberg distinguishes, furthermore, between two different aspects of what it is that promotes *understanding* in psychoanalytic work: "*interpretation* to increase conscious knowledge of what heretofore had been operating outside of consciousness vs. *empathy* as a way of understanding and thereby connecting one another" (p. 73, italics in the original). He raises questions about the

recent focus upon enactment as a more or less inevitable but undesirable psychoanalytic phenomenon. He emphasizes that understanding occurs as a product not only of verbal, but also of non-verbal, exchange between analysand and analyst. The key element, he maintains, is whether the actions are understood or not: "It seems that enactments are more likely to be defined (although perhaps erroneously) as behavior that is misunderstood rather than behavior that is understood" (p. 74).

When there is misunderstanding, Goldberg indicates, it can be because of failure to comprehend cognitively—a misinterpretation—or because of "empathic failure" causing "faulty connection" (p. 74). He distinguishes, that is, between "getting it wrong" and "not getting it." (I wonder if this might not be an apt way of describing the difference between "dumb spots" and "blind spots" in the analyst?) I cannot agree with him more.

Goldberg then makes a very important statement:

Moving from a state of misunderstanding to understanding in psychoanalysis, as opposed to the process in a host of other forms of resolving differences, demands concern with transference and countertransference and a recognition of the unconscious derivatives of misunderstanding When something goes wrong in our procedures, we tend to right them in order to attain our usual level of comfort Too often, all that is achieved is comfort for the analyst. Doubtless, most analysts do interpret with a personal conviction of understanding their patients, but there exists an added requirement in psychoanalytic discourse, and that is that the patient too must feel understood. Ultimately, this understanding is raised to a cognitive level by way of explanation. [pp. 84-85]

Chapter 5 contains a graphic illustration of the need for "listening to the music instead of to the words," if we are to recognize those instances when the *form* rather than the content tells the story—especially when we serve an important function for patients who need to assign to us the role of "a bit of psychic structure" that takes

us beyond the search to achieve cognitive understanding and make the unconscious conscious (p. 99). In chapter 8, "From Interpretation to a Place for the Mind," Goldberg addresses the complexity of the analytic field, which makes interpretation difficult, and precision and exactitude impossible:

The inexact interpretation is the foundation of psychoanalysis. It carries the necessary emotional charge of discontent that fuels a good analysis. Somewhere between the pole of total bewilderment about a patient and complete comprehension of him is the space of interpretative activity. [p. 117]

Because of this, Goldberg indicates, individual interpretations cannot have the impact that sustained, ongoing, collaborative work between analyst and analysand, as two, mutually respectful human beings, can have together:

Psychoanalysis gathers most, if not all, of its data from the . . . stance of sustained empathy, and the dedication to that form of total immersion in another's psyche regularly yields information that is both different in content as well as in form from momentary observations, however accurate the latter may be. [p. 130]

I find myself in complete agreement with Goldberg, so long as he defines empathy, as he seems to do in this work, as sustained, well-attuned, genuine collaboration between analyst and analysand, *in which the two partners in the enterprise are truly on the same page together as they work at exploring and elucidating the unconscious determinants of the problems that have been troubling the analysand*. It is gratifying to find Goldberg puncturing the myth, followed as gospel by some people who do not seem to me to understand what psychoanalysis is actually all about, that empathy consists of smiling at patients and seemingly building their self-confidence by affirming the validity of whatever they feel or say, regardless of considerations of intelligence and good sense.

Goldberg returns to the interpersonal and intersubjective models as he addresses the details of the interaction between analysand and analyst, only to reject them as inaccurate and off the mark. He favors:

. . . the selfobject model, which does not confine the mind and its meanings to one individual but rather extends the mind or the self to include others who function as part of that individual and her mind In the self psychological model, a self extends beyond an individual's skin, and the mind extends beyond an individual's skull Everything that goes on between patient and analyst is an amalgam of conscious, preconscious, and unconscious meaning There is no dividing line between enactment and neutrality, inasmuch as silence and immobility carry as much meaning, or unconscious content, as sound and fury. It is all action, and so nothing is meaningless. [pp. 134-135]

Here I become somewhat uneasy. I fear that Goldberg may be blurring the boundary between interacting with the patient in an analytic fashion that restricts itself to verbal exploration and elucidation, and acting out unconscious inclinations with the patient under the misapprehension that one is meeting the patient's need for strengthening of his or her self-appreciation and self-esteem. I have too often heard presentations at meetings that have described allowing patients to engage in self-destructive acts, with the rationale of not wanting to interfere with their self-expression and self-determination. To my way of thinking, that is doing something *to* the patient, not *for* the patient. If we are to truly get close to our patients, as we need to do if something meaningful is to take place in analysis, it is necessary to be vigilant about the ever-present danger of slipping over from being together in helping someone get out of trouble, into unwittingly getting into trouble together.

Goldberg raises bothersome but salient questions about the concepts of mental representation and psychic reality, which he believes create an artificial impression of a difference between inner and outer worlds that is more apparent than real. He quotes Glo-

bus¹ to the effect that the concept of mental representations can be discarded in favor of one in which input from the outside participates in an internal self-organizing process that “joins inside and outside and allows memory and reality to come together” in a “nonrepresentational concept [that] has us knowing reality directly and immediately with nothing in between . . . [in] . . . a theory of the mind that *includes* the world rather than one that takes it in” (p. 152, italics in the original). The interaction between patients and analysts, Goldberg asserts, “is a real connection with no need for an intermediate replica of reality” (p. 155).

I would agree with Goldberg that reifying the concepts of mental representation and of psychic reality so that internal, mental constructs of what exists out in the world are viewed as stable entities can misleadingly create a distorted view of what takes place within the analytic field. I do not see, however, how we can dispense with the concept of a mind that does not merely mechanically register what impinges upon it from the external world, but that *actively processes* and *inevitably distorts* input because of feelings and attitudes deriving from past experience and from internal desire.² It is impossible to have a totally dispassionate, objective perception of the world in which we live. How much more is Goldberg saying than that the analyst is a real, new object as well as a transference object? Child analysts in particular have been aware of that for a long time.

Goldberg states that “we need a theory of the mind that recognizes a view of the person as a self-organizing system in a dynamic exchange with the environment” (p. 157). But that impresses me as only another way of saying that we are social beings and that the developmental process extends throughout life. To believe

¹ Globus, G. (1995). *The Postmodern Brain*. Amsterdam, the Netherlands/Philadelphia, PA: John Benjamin.

² See the following three references by Piaget: (1) (1952). *The Origins of Intelligence in Children*. New York: Int. Univ. Press; (2) (1954). *The Construction of Reality in the Child*. New York: Basic Books; and (3) (1955). *The Language and Thought of the Child*. Cleveland, OH: Meridian. See also Silverman, M. A. (1971). The growth of logical thinking: Piaget's contribution to ego psychology. *Psychoanal. Q.*, 40:317-341.

otherwise would be to believe that once people reach adulthood, they can no longer change. Any adult who believed that would not engage in psychotherapy, either as a therapist or as a patient. There is no need to demolish the concept of mental representations, except to muster troops and gather ammunition in the interest of a polemic in favor of a self psychological approach over an ego psychological one. My own view is that each approach is extremely valuable and that integration will be more useful than competition.

In chapter 11, Goldberg addresses "Postmodern Psychoanalysis." He cautiously embraces the idea of transcending rigid and restrictive "rules" of psychoanalysis in favor of allowing for flexibility and uncertainty, while expressing opposition to those who abandon boundary restrictions to such an extent that structure dissolves into anarchy, and "wild analysis" prevails. He expresses himself in favor of moving "toward considering many of our rules (and the subsequent method) as devices that need have little or no overall validity" so that they "must be recast into particular moments of applicability; that is, the rules are local rather than general" (p. 164). I find myself in agreement with his opposition to formulaic analytic work. As Goldberg puts it, "one cannot operate according to a fixed set of rules and an expected analytic method, any more than one can operate with a totally flexible set of rules and an equally unpredictable method" (p. 167). The *sine qua non* of psychoanalysis is not blind adherence to a set of "rules," but an

. . . in-depth understanding that is conditioned by the complexities of the transference and the unconscious . . . Put simply, one is doing the right thing as long as one understands what one is doing. But that requires a situation in which everything is bracketed as a local narrative with local rules, and thus allowing everything to be scrutinized. [p. 169]

Goldberg is not unaware of the dangers involved, as illustrated by his attending to issues of honesty and the capacity for self-control in

patients and therapists alike. Cloaking wild analysis in the garb of “flexibility” is hardly the way to help our patients.

Goldberg laments the tendency by some patients—and some analysts—to overidealize psychoanalysis and what it can do. It can help people increase their understanding of the sources of their unhappiness and build emotional strength, but it cannot transform people into invulnerable supermen. He contends that, as psychoanalysts, we need to be clear that our patients differ from one another in the extent to which they are likely to benefit in analysis from gaining insight into the unconscious workings of their minds (as Freud stressed), and/or from repair of developmental deficits via interaction with an empathic, attuned other human being (as Kohut stressed).

The thesis that I wish to offer flows from my . . . conviction that one size does not fit all, that analysis means and does different things for and to different people, and that the straightjacket of our rules leads to a rigidity in the determination of our goals. Every patient has an individual mix of self-reflection coupled with empathic connections, and one is not to be prized over the other. [p. 181]

It is my impression that *Misunderstanding Freud* is a book well worth reading. Its most important contents, to my mind, are those that pertain to Goldberg’s definition of psychoanalytic empathy as a sensitive, on-target, on-the-same-page understanding of the patient’s expression of what the patient is struggling with emotionally, especially in interaction with the analyst, for the purpose of helping the patient expand his or her own self-understanding. I cannot agree with him more that it is a difficult task that cannot possibly be carried out perfectly, so that misunderstandings are inevitable and must be recognized and dealt with constructively. I also agree that every analysand is unique, that analysands require a variable proportion of insight-building, self-esteem-building, and building of psychological structure and equipment, and that formulaic and rigid application of psychoanalytic “rules” is not good psychoana-

lytic work. I might show a bit more caution, however, than he expresses himself about the danger of acting out unconscious conflicts (of analysand and analyst) with the patient.

Whatever disagreement with Goldberg that I find myself feeling pertains mainly to the polemical campaigning for self psychology over other approaches that creeps into the book periodically, despite Goldberg's laudable appeal for humility, respect for the observations of psychoanalysts concentrating on other parts of the elephant, and integration rather than territorial disputation. I am thankful to Goldberg for having offered this book to us, and I recommend it to psychoanalytic colleagues.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

CONFIDENTIALITY: ETHICAL PERSPECTIVES AND CLINICAL DILEMMAS. Edited by Charles Levin, Allannah Furlong, and Mary Kay O'Neil. Hillsdale, NJ/London: The Analytic Press, 2003. 345 pp.

We live in an era of proliferating intrusions on the privacy of personal information by the government, insurance companies, and other commercial enterprises. They utilize increasingly sophisticated devices for recording, storing, and transmitting data. In addition, electronic marauders, known as hackers, pride themselves on obtaining supposedly secure information. A counterforce to these intrusions is the increased attention to issues of privacy and confidentiality by professionals, both as individuals and through organizations. Certainly, psychoanalysts as well as other practitioners of psychotherapy have a large stake in maintaining the confidentiality of the information conveyed to them in the course of their work.

In recent years, several international panels and publications, including the book being reviewed, have addressed this topic. *Confidentiality: Ethical Perspectives and Clinical Dilemmas* is a compilation of twenty-one papers covering many aspects of confidentiality. In addition, the editors have provided a brief introduction, highlighting the main ideas, for each paper. Three-quarters of the papers were written by presenters at the International Psychoana-

lytical Association's Interregional Conference on Confidentiality and Society, held in Montreal in October 2000. The majority of the authors, however, wrote entirely original papers for this volume. The contributors are from the United States, Canada, and Great Britain. Most are analysts, but some represent the law, history, and philosophy.

In the first group of papers, several authors take up general considerations concerning confidentiality, including philosophical, ethical, and clinical issues. As the presentations unfold, it rapidly becomes evident that practically every issue offers the opportunity for multiple viewpoints. Jonathan Lear, both a philosopher and an analyst, sets the stage for discussion. He characterizes confidentiality as a virtue, one that should be developed in analysts. Without that virtue, analysts cannot properly proceed with their work. He declares, "*In psychoanalysis, confidentiality is not just one value to be weighed against competing values, it is constitutive of the process itself*" (p. 5, italics in original).

His position, however, is not as absolutist as it first seems. Lear recognizes the essential conflict between analytic confidentiality and the importance of transmitting knowledge. Trainees, supervisors, and colleagues need to exchange information with one another to further education and enrich understanding. But how is one to decide among competing and sometimes contradictory values? Lear supplies an appealing answer by turning to the ancient sage Aristotle, who advocated the development, by education and training, of the *phronimos*, "the person of overall good judgment, the practically wise person" (p. 11). Let us then ask a vexing question: How can such a person discern which judgment is indeed wise? Are there clear, conscious criteria for evaluating whether particular decisions are wise? Or does the *phronimos* rely on a carefully honed, largely unconscious, intuitive sense of wisdom?

In contrast to Lear, Allannah Furlong regards confidentiality as "a technical means, not a moral goal" (p. 41). She states that confidentiality has too often been reified into "an ethical ideal that has been pulled free from its therapeutic function and then enshrined as a moral precept owed in an absolute fashion to the patient" (p.

43). She advocates a flexible position. For example, she cites the legitimate need of an analyst to seek help from another analyst to untangle snarls in the transference-countertransference interaction. To summarize her position: *"The ethical criterion for disclosure becomes: will it further the analytic listening and thus the treatment, or is it for unrelated purposes which may disrupt this listening?"* (p. 47, italics in original).

The relative value of confidentiality and disclosure is crucial in considering the publication of case histories. The legitimate wish of patients to keep their histories, which may contain highly personal thoughts, feelings, fantasies, and intentions, within the walls of their analysts' offices must be weighed against the need to instruct trainees, inform colleagues, and advance knowledge. Of a number of possible solutions to this dilemma, the two most obvious are to obtain the informed consent of the patient and to disguise the clinical material adequately. Each of these methods, however, has its pitfalls, including muddying the waters of the transference and, one should add, of the countertransference. Although the authors in this volume explore these two methods, as well as a number of alternatives, they do not compare their merits and drawbacks with the directness and succinctness one might desire.¹

Conflicting responsibilities also arise in the training of analytic candidates. Should analysts treating candidates report on the progress of analyses as well as on types of behavior deemed unethical, illegal, or dangerous? Although the nonreporting policy is now widespread, the issue is really not resolved. Granting that the analyst's primary responsibility is to the analysand, is it ethical to remain silent at all costs to preserve the integrity of the analysis? As members of a profession, do analysts have responsibilities to their organizations (societies and institutes) and to society as a whole? Are analysts to say nothing if they believe that an analysand is a psychopath, a sexual predator, or a potential murderer? Or are they to do nothing about an incompetent or exploitative practitioner who is about to be released on the public?

¹ See, for example, Gabbard, G. O. (2000). Disguise or consent: problems and recommendations concerning the publication and presentation of clinical material. *Int. J. Psychoanal.*, 81:1071-1086.

Two different viewpoints are presented. Ronald Britton emphasizes that the candidate's analyst plays a part in the eventual "*at-testation*" (p. 110, italics in original) of the suitability of a candidate to be an analyst. Rather than relying on the various informal, secretive leaks of information that sometimes occur, he favors "*overt and strictly limited contact*" (p. 111, italics in original) between the training analyst and the institute. He believes that no ethical codes or regulations can deal adequately with the question of reporting. He concludes, "Principles seem to be better guides than procedures in these matters, and the simplest arrangements allow for the greatest flexibility" (p. 112).

On the other hand, Robert Michels believes that training analysts should not, *under any circumstances*, furnish reports on candidates who are in analysis with them. He contends that if reporting does occur, it reduces the training analysis to "a sham, a pretend analysis that was contaminated by a major conflict of interest" (p. 114). He is aware, of course, that serious behavioral and ethical problems may arise with trainees. His solution, in extreme cases, is to interrupt the analysis. He states that it is "appropriate, and ethical, to interrupt an analysis to prevent great evil or danger—murder, mass destruction, or child abuse" (p. 116). It is not at all clear, however, how interrupting an analysis would prevent harm to others. To be sure, it would free the institute of the burden of attesting to the competence and integrity of a candidate, but it would not prevent violent actions or less obvious forms of unethical or illegal behavior. That would require an additional step, such as reporting to a legal authority or the intended victim.

The issue of conflicting responsibilities is relevant not only within institutes but also in the larger community. Analysts and other practitioners of psychotherapy have been ordered by courts to produce records and to testify in cases in which patients are involved. Anne Hayman, a British analyst, contributes a vivid and moving account of her refusal, in 1965—namely, to comply with a subpoena to give evidence, as stated in her guarded language, "about someone alleged to have been a patient" (p. 294). She feared that she would be imprisoned if she did not reveal confidential in-

formation, although, according to her account, there are only two known cases, one in the United States and the other in Denmark, in which psychiatrists have actually been jailed for refusing to provide information about patients. Hayman consulted with five colleagues but found their advice confusing and unhelpful.

She maintains the same view now that she did in 1965: that absolute confidentiality is necessary for analysis. Later in her paper, however, she mentions an exception—"protecting someone from real danger" (p. 307). She makes the interesting point that the patient's giving consent for the release of information does not alter her view on maintaining confidentiality, since transference feelings may influence the patient's willingness to give consent.

In the United States, Karen Beyer, a social worker conducting psychotherapy, faced a similar situation. She was subpoenaed to produce her psychotherapy notes on the treatment of a female police officer who, in the course of duty, had shot and killed a man and subsequently entered psychotherapy with her. Beyer steadfastly refused to produce her notes; and, after a prolonged legal struggle, her position regarding the psychotherapist–patient privilege was upheld. This is the 1996 landmark case of *Jaffee v. Redmond*. On appeal, it was ultimately heard by the United States Supreme Court, which declared emphatically:

Because of the sensitive nature of the problems for which individuals consult psychotherapists, disclosure of confidential communications made during counseling sessions may cause embarrassment or disgrace. For this reason, the *mere possibility* of disclosure may impede development of the confidential relationship necessary for successful treatment. [p. 256, italics added]

In addition, the Court rejected the previously held notion of a judge's balancing the patient's need for privacy against the need for disclosure of evidence, stating that such balancing or its possibility would "eviscerate the effectiveness of the privilege" (p. 256).

In recent years, the American Psychoanalytic Association, the Canadian Psychoanalytic Society, and the International Psychoana-

lytical Association have made significant changes in their codes of ethics in regard to obeying legal authority. Whereas in the earlier versions of these codes, the unambiguous directive to analysts was to obey the law, subsequent versions permit them to act according to their own conscience, even though at times that may run contrary to the law.

This change is not just a theoretical issue but also a practical matter, about which candidates often inquire in ethics courses. For example, statutes in all fifty states require a physician or therapist to report child abuse. The therapist treating a parent who is abusing a child may believe that analysis or psychotherapy represents the best chance for helping both the child and the parent, and that breaching confidentiality by reporting the parent would seriously jeopardize or completely destroy the treatment. The choice not to report the parent to the appropriate authority, however, must be weighed against the ethical principle of obeying the law. Which course of action best serves the patient, the child, and society as a whole? What personal risks should a therapist undergo to preserve confidentiality?

I would like to add some personal opinions concerning the subject matter covered in this book, particularly in regard to clinical psychoanalytic work. The authors concentrate their efforts on a relatively small space within the range of interests and activities of practicing analysts and therapists, paying scant attention to some other meaningful areas. Receiving a subpoena is a rare event for most practitioners; publishing case material concerns an important but relatively small number; and dealing with aberrant candidates is, fortunately, an unusual occurrence. In comparison, one may consider the more frequent lapses in confidentiality found in analysts' commonplace activities—what I would term the "Psychopathology of Everyday Analytic Life." Gossip, careless conversation, and mindless dissemination of case reports all too often lead to inadvertent leaks of material and boundary violations. There are more breaches of confidentiality through such slips in behavior than in the more frequently mentioned realms of publication and supervision. Unfortunately, the analyst-authors in this volume

give insufficient notice to these seemingly mundane matters. On the other hand, a practicing lawyer, David Sundelson, delivers a scathing reproach—one might say, an indictment—of analysts' routine, nonchalant indifference and ignorance concerning issues of confidentiality.

Nevertheless, even if practitioners are careful, they may unwittingly experience breaks in confidentiality because of "invasion" by all sorts of intruders—overt ones, such as governmental agencies, health maintenance organizations, and insurance companies, and also covert ones, the hackers and commercial usurpers of information. We now live in an electronic universe. Hence, it is necessary to pay particular attention to the handling of e-mail, faxes, and cell phones, as well as the more traditional modes of transmission of data. These concerns should be examined in detail in ethics courses for candidates and seminars for analysts of every vintage.

I suggest that an empirical approach might add valuable data concerning some of the issues discussed in this book. For example, one might systematically study a series of cases of child abuse, comparing the outcomes associated with therapists who report the abuse and the outcomes found with therapists who bypass the law in favor of preserving the patient's privacy. In the long run, does a child benefit more by being protected by a public agency or by the parent's remaining in psychoanalysis or psychotherapy unfettered by disclosure?

Another possibility for research is in the area of publication of case reports in professional journals. It is usually assumed that publication of case histories is potentially harmful to patients, but is that necessarily so? Lipton, reporting on the reactions of three of his patients, found that two of them felt that the publication was helpful.² One of those patients, an entertainer, apparently had narcissistic and exhibitionistic needs gratified. The other one was a blind man who felt that it was important for people to learn the best ways to treat the blind.

² Lipton, E. L. (1991). The analyst's use of clinical data, and other issues of confidentiality. *J. Amer. Psychoanal. Assn.*, 39:967-985.

In a recent article, Kantrowitz discusses how the write-up of patients' histories and analyses may enhance their treatment.³ She conducted a survey of analysts who had published case histories in *Psychoanalytic Dialogues* and had their patients read the papers. These analysts believe that such discussions furthered the analytic work through increasing the awareness of both participants about a number of issues. As Kantrowitz rightly points out, this innovative technique needs to be studied further, particularly in regard to long-term effects. Still, it indicates how empirical studies may enlarge one's views about procedures connected with the publication of case material.

On the whole, *Confidentiality: Ethical Perspectives and Clinical Dilemmas* is a valuable book, directing us to topics that until recently have not received the attention they deserve. Most of the papers are highly informative and thought-provoking. As indicated earlier, however, I wish that more emphasis had been placed on the seemingly banal, yet critical, aspects of confidentiality in clinical practice.

With an intelligent, comprehensive introduction and brief explanatory notes preceding each chapter, the editors have attempted to create a coherent presentation, but they have succeeded only partially. As is often the case in multiauthored tomes, this book suffers, somewhat paradoxically, from both needless repetition and a diffuse quality. If there were fewer contributors, perhaps the overall presentation would have been crisper, more focused, and more engaging. Perhaps, too, there would have been less variability in the quality of the writing, which ranges from excellent to mediocre. Fortunately, the book has a fine index, aiding readers in tracking down material on the same subject in different chapters.

Despite some drawbacks, this book will serve as a useful resource for anyone who wishes detailed information and wide-ranging commentaries on the philosophical underpinnings, historical development, and clinical dilemmas of confidentiality.

ROBERT S. GRAYSON (NEW YORK)

³ Kantrowitz, J. L. (2005). Patients reading about themselves: a stimulus to psychoanalytic work. *Psychoanal. Q.*, 74:365-395.

TRANSFERENCE: SHIBBOLETH OR ALBATROSS? By Joseph Schachter. Hillsdale, NJ: The Analytic Press, 2002. 276 pp.

This is an intentionally provocative book. Its aim is to state what Schachter believes many serious-minded analysts secretly (or not so secretly) believe has been happening in the professional world of psychoanalysis: namely, that a search has been taking place for a new basis for our therapeutic efforts that will provide greater certainty about the validity of our work. The intention is to liberate the field to pursue its further destiny without being dragged down by erroneous past beliefs.

Schachter aims to change the “climate of opinion”¹ of psychoanalysis by demonstrating that the concept of transference as the causal underpinning of a presumably scientific theory of mental life is unsubstantiated by research or by logic. After an extensive and thoughtful review of hotly debated issues that have arisen during recent decades, he concludes that—along with the waning use of dream analysis; the abandonment of uncovering childhood determinants of present-day neurotic pathology; the de-emphasis of sexuality; and the conversion of a one-person orientation within psychoanalytic technique to a two-person, interactive viewpoint—transference, too, must be abandoned as a guide to what psychoanalysis should be. And if transference is to be discarded, then metapsychology is dead as well.

Schachter maintains that psychoanalysis has to make a paradigm shift, that there needs to be a new conception of what is mutative and therefore therapeutic in psychoanalytic treatment. He reaches back to Freud’s early aim of creating a scientific psychology out of a combination of clinical experience and models borrowed from late nineteenth-century biological and neurological science, which came to be recognized as representing false optimism and excessive ambition. Schachter believes that all that remains of the conceptual grounding for our therapeutic efforts are

¹ This is a quotation of Schachter’s from Auden’s (1940) poem in honor of Freud: “To us he is no more a person/now but a whole climate of opinion” (p. 230 of *Transference: Shibboleth or Albatross?*).

the dynamics of conscious and unconscious processes that, in the course of interaction over long periods of time between a patient and an analyst, create a dialogue that, if carried forth honestly, openly, and passionately, can produce an amelioration of suffering and maladaptation. He calls this new conceptualization *Habitual Relationship Patterns*, and defines it as “organizations of feelings and fantasies, conscious and unconscious, that shape our interactions with individuals we characterize in various ways—as authorities, underdogs, allies, critics” (p. 145). He adds, “The patient’s Habitual Relationship Pattern [in the analytic situation] will be influenced by the state of patient–analyst interaction *at that time*” (p. 145, italics added).

Concentrating attention on this pattern as it is expressed in the analytic interaction brings both patient and analyst as close as possible to the immediacy of the fundamental database of the analytic experience. Keeping theories in either the forefront or background of our attention, Schachter says, runs the risk, ultimately, of producing an atmosphere of misunderstanding, and compromises the changes that both patient and analyst feel are essential for success. In effect, a theory-focused analytic session is about something other than what is truly relevant to the patient. Schachter’s proposal, then, is to *replace* transference with a concept of Habitual Relationship Patterns, now active in the analyst’s mind, in order to carry out “defense analysis of the patient’s present unconscious. Examining the analyst’s conscious and unconscious feelings and fantasies about the patient provides clues to develop inferences about the patient’s contributions to the patient–analyst interaction in the here and now” (p. 13). It is nevertheless unclear what difference there may be between Habitual Relationship Patterns and transference, since both rely on the idea of a *persisting, dynamically active mental structure derived from past experiences*.

Schachter utilizes a concept of mental structure that posits a relatively unchanging organization of mental processes that nevertheless deemphasizes the causal effects of infantile instinctual life in producing it. But if an analyst believes that mental structures undergo development, and if the concept of development

rests on the idea of processes occurring over time, then where do these structures come from? Metapsychology is abandoned, and along with this excision goes the concept of transference.² Schachter allies himself with the relational school of psychoanalysis, in which the phenomena of what is encountered in the analytic relationship are created more or less *de novo* out of the unique interaction of the Habitual Relationship Patterns of patient and analyst. He utilizes a postmodern approach in which phenomena are viewed as essentially unhistorical and unrepeatable.

Schachter points out that the term *transference* is used idiosyncratically by many—perhaps all—psychoanalysts, and he does not exempt himself from this observation. Psychoanalytic theory, he contends, is not essentially a coordinated set of scientifically informed explanations; it is, rather, an *ideology* that serves to bind a group together and to provide reassurance in the face of difficulties arising in its application to ameliorating the lives of patients. It is a grand and elaborate defense against doubt and a chronic crisis of identity.

Although he does not explicitly say so, Schachter implies that the theory of transference and its parent, metapsychology, are not an expression of scientific thinking, but are akin to a religion (hence, an ideology) created for relief from uncertainty and the consolidation of a sense of identity. By adopting this point of view, Schachter allies himself with the now hoary tradition of theoretical skeptics who have suggested that the only theory of psychoanalysis that ought to exist is the clinical, and that metapsychological theory is a snare and a delusion.³ The fact that clinical theory and metapsychology are actually closely related but are described on different levels of abstraction is ignored.

² See Loewald, H. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 41:16-33. On p. 28, Loewald points out that the concept of transference was originally set forth by Freud as a part of his metapsychology, but Loewald emphasizes, as does Freud, the intimate connection of the abstract theoretical usage of the term *transference* to its clinical and therapeutic uses.

³ See, for example: Klein, G. S. (1976). *Psychoanalytic Theory: An Exploration of Essentials*. New York: Int. Univ. Press.

Schachter's criticism of psychoanalytic theoretical concepts leads to a form of intellectual nihilism, in which uncertainty becomes a motive for extreme theoretical skepticism. Quite a few analytic writers have attempted to place psychoanalysis on a firmer philosophy-of-science footing, and they do not appear to reject theorizing as a legitimate enterprise in psychoanalysis.⁴

Curiously, one of Schachter's prime arguments against the theory of transference is contained in his review of studies of psychotherapy outcomes, of the predictive value of case reports and personal biographies, and of comparisons of the effectiveness of different schools of psychotherapy. His conclusion is that the cumulative results of such studies render psychoanalytic theory "not proved." The use of such studies to "prove" or "disprove" the validity of a prediction based on a hypothesis (i.e., a theory) may well be questioned for psychoanalytic case studies; however, the methodologies that, on the one hand, require *categorization* combined with statistical analysis, and, on the other, *description*, may proceed from significantly different approaches to epistemology. It seems quite likely that the prediction of behavior is not an inherent *aim* of psychoanalytic theory, or even of its application to clinical treatment. Rather, the *identification of a change in mental functioning* is of greater significance in psychoanalysis, and the description of a change in mental functioning is resistant to a form of categorization that allows the application of mathematical or statistical analytic tools.

The definition of *transference* (a word that Schachter places in quotation marks throughout the book to convey his view of its dubiousness as a valid term for clinical theory) utilizes the con-

⁴ See, for example: (1) Hanly, C. (1999). On subjectivity and objectivity in psychoanalysis. *J. Amer. Psychoanal. Assn.*, 47:427-444; (2) Rubinstein, B. B. (1967). Explanation and mere description: a metascientific examination of certain aspects of the psychoanalytic theory of motivation. In *Motives and Thought: Psychoanalytic Essays in Honor of David Rapaport*, ed. R. R. Holt. New York: Int. Univ. Press; and (3) Rubinstein, B. B. (1976). On the possibility of a strictly clinical psychoanalytic theory: an essay in the philosophy of psychoanalysis. In *Psychology versus Metapsychology: Psychoanalytic Essays in Honor of George S. Klein*, ed. M. M. Gill & P. Holzman. New York: Int. Univ. Press.

cept of *nachträglichkeit*. This concept, employed quite early by Freud,⁵ states that, normally, perceptions are registered multiply at different periods of mental organization in the form of memory traces. The importance (cathexis) of an earlier memory is translated to a later one that now assumes a greater importance in mental life and is currently dynamically active in that period. When a memory, the content of which refers to an earlier period, appears in consciousness, it is *retrospectively* given importance *only* by virtue of the *later* edition. This is the manner in which screen memories attain their significance—they are *currently* relevant, although they may not have had the same form or significance during the earlier reference period.⁶

Schachter uses the principle of *nachträglichkeit* to postulate that an analytic patient's history is *not* predictive of his or her later neurosis. Early experiences are given significance *only* by virtue of the issues at play in the current situation. And the current situation is actually the experience of the analysis that is dictated by the specific interaction between an individual patient and an individual analyst. In this manner, another aspect of causal, genetic thinking in traditional psychoanalysis is undermined. Schachter's viewpoint, then, must devalue an essential idea within Freud's concept of psychoanalysis: i.e., that early experience is *determinative*, even though the significance of the experience appears to be irrelevant because its importance is expressed through derivatives.

By removing the determinative significance of early experience, Schachter also eliminates the theory of infantile sexuality and the Oedipus complex (chapter 3). By calling into question the employment of explanation through causality, the Oedipus complex becomes for Schachter a plausible and co-constructed story of the past that may indeed be therapeutic but has no predictive or substantive validity. It is the co-constructive activity of patient with analyst that is therapeutic, not the knowledge of the content of the story itself.

⁵ Freud, S. (1896). Letter to Fliess. *S. E.*, 1, pp. 233-239.

⁶ See also the discussion of the reconstruction of a traumatic experience in the Wolf Man case: Freud, S. (1918). From the history of an infantile neurosis. *S. E.*, 18.

Transference, then, in Schachter's critique, depends on Freud's conception of it as a false connection—as a *distortion* of reality. He maintains that, in fact, what we call transference is based on *real* conscious and unconscious characteristics of the analyst—there is nothing false about it. It constitutes a neurosis that is iatrogenic (pp. 51-54). Schachter seems to fall on the side of the argument that there is no significant dynamic *interaction* between what is unconscious (and connected to the past) and what is preconscious or conscious (and connected to what is current). He goes far beyond the concept of the past unconscious and the present unconscious as described by Joseph Sandler and Anne-Marie Sandler.⁷

Finally, in chapter 4, Schachter argues that the idea of transference phenomena relies on assumptions of cause and effect (the transference is an “effect”) that are untenable from the viewpoint of available evidence: “It is not possible to parcel out with any certitude the role of past experiences in causing the individual's current ‘transference.’ Nonetheless, many analysts believe that the joint creation of a plausible, explanatory narrative *is* therapeutic” (p. 70, *italics added*).

Schachter does not rely on empirical arguments alone: he also addresses the logic of psychoanalytic theorizing. He says that the phenomena of interest in psychoanalysis are *unconscious mental processes*, rather than behavioral or even symptomatic outcomes. The “causes” of these phenomena are perhaps entirely beyond the possibility of direct observation—they are inferred only by their effects, especially on the basis of language and the reports of perception of affects or their recognized behavioral manifestations. Schachter, therefore, maintains that transference is a concept based only on a tenaciously held assumption of cause and effect, one that is not logically or epistemologically possible. But this argument itself seems logically rather contradictory: if unconscious mental processes are assumed to have lasting structural properties, it is surely conceivable that some form of cause and effect is a tenable epistemological viewpoint for psychoanalysis.

⁷ Sandler, J. & Sandler, A.-M. (1994). The past unconscious and the present unconscious. *Psychoanal. Study Child*, 49:278-292.

Turning to the issue of infantile determinism as a support for the concept of transference, Schachter once more uses empirical studies to refute the idea. In the course of this denial, he creates a straw man in characterizing the concept of early determinants as *identical* reproductions of later outcomes, which leaves the analyst to focus exclusively upon dramatic sexual traumatization. He says:

Freud's sexual theory of the etiology of neurosis is undermined by the results of empirical follow-up studies Family environment explained considerably more of the variance in adult adjustment than childhood sexual abuse alone Lastly, change in the pattern of attachment over time is a function not only of the history of past attachments, but, importantly, of the current attachment relationship. [p. 89]

Schachter adds:

The patient's feelings and fantasies regarding the analyst can be described as unstable aperiodic behavior in a non-linear dynamic system. Chaos theory . . . renders impossible either prediction forward in time or backward in time, thereby foreclos[ing] any prediction of the earlier putative childhood cause of the present "transference." [p. 104]

Schachter believes that interpretation of the transference by reference to its presumed historical roots in the individual may indeed produce positive therapeutic effects, but only as a result of suggestion. Furthermore, "focusing on historical 'transference' interpretation may result in the analyst's failure to explore the role of suggestion and placebo effect" (pp. 123-124).

Consequently, on the basis of this criticism of psychoanalytic shibboleths, Schachter proposes a new theory of technique. He allies himself with Mitchell, who, he says, "eschews relying on a standard theory [of technique], such as traditional psychoanalytic theory, and proposes, alternatively, that each analyst utilize his or her own personal, value-based, covert, idiosyncratic theory" (p. 175).

Perhaps realizing that this point of view eliminates the distinction between psychoanalytic and other forms of treatment, Schachter goes on to say that:

The resulting dearth of rules facilitates more spontaneous reactions by the analyst, renders interactions more affect-laden, and provides them with greater presence. Although this may seem a less certain compass for the analyst to steer by than the structure of traditional theory, it avoids the complications of fitting a structured system to a particular dyad, and energizes the analyst to deal with ethical issues specific to the dyad What identifies such a treatment situation as psychoanalytic is that it is based on Freud's fundamental contribution, that of identifying the power of unconscious forces. [p. 175]

Schachter provides a clinical example of his method of psychoanalytic treatment, the case of Pat (chapter 11, pp. 176-198). What might be considered by more traditional analysts as marked boundary alterations (notably, the sharing of opinions and feelings with the patient) characterizes this analysis. Schachter concludes:

Pat's analysis is psychoanalytic in that there is an attempt at non-manipulative scrutiny of *both* my present unconscious as well as his, and of the interaction between them, in order to help him to modify his Habitual Relationship Patterns, including his defenses and his troublesome unconscious feelings and fantasies. That mutual examination shapes the treatment situation into an authentic joint psychoanalytic enterprise. [p. 198]⁸

It is in chapter 12, "Transference and the Posttermination Relationship," that the purpose of the entire elaborate argument against transference and its related concepts is to be found. Schachter maintains that the traditional injunction against personal and social interaction *after* the analysis has been terminated rests on a

⁸ See Sandler and Sandler's (1994) description of the *present unconscious* (referenced in footnote 7, p. 615).

“particular conception of the patient–analyst relationship, the one-person model of psychoanalytic treatment” (p. 218). This model, he argues, is what has produced the concept of transference—the distorted false connection that is treated in conventional analysis. What makes this structure, produced by the special characteristics of the analytic situation, distorted is the view that

. . . the patient is a sick person and the analyst a professional who provides a service. Curing the sick person is the only basis for the relationship. In that sense, neither are real persons; rather, each is an individual playing a role. When the sick individual has been cured, there is no reason for any further contact with the professional individual. In the two-person model, two real persons are working mutually to help the designated troubled person. It is [therefore] understandable that both may be interested in posttermination meetings and the possibility of extending their real relationship beyond the termination of treatment. [p. 218]

It is difficult for me to accept such an opinion. It rests on the acceptance of the two-person viewpoint, with the “troubled person” as a seemingly independent and differentiated individual. It also assumes that the “professional individual” is by definition a construct that has less “reality” than the analyst-as-person.

The posttermination relationship may develop into a personal friendship, but Schachter thinks that this will be a rare event, since both participants will then have to undertake “major changes” (p. 219). “The patient must abandon the comforting investiture of the analyst with benign authority and omniscience, and the analyst must relinquish the gratification of this investiture and become more self-disclosing” (p. 219).

A final suggestion about the intention behind this book is to be found in the concluding section. Schachter says: “I think the credibility of psychoanalysis . . . is based on its therapeutic efficacy. Those analysts who have successful, full practices are those skillful at helping patients, not those learned about psychoanalytic theory” (p. 229).

This view identifies the clinical efficacy of the therapeutic outcome as the sole criterion for making judgments about the quality of the analytic treatment. This is a problem that concerned Freud from the outset, namely, whether the “cure” is the product of suggestion or of change of the patient’s mental structure.⁹ It is misleading to make a final judgment about the efficacy of the analyst’s treatment based on the possibly spurious outcome of reported, or even of observed, “improvement.” Indeed, analysts tend to determine the point of termination based on theory—the theory of resolution of the transference, with its implication of structural change—rather than on either the patient’s report or on the analyst’s (possibly biased) observation of improvement. Such a determination represents a check on therapeutic ambition.¹⁰ Non-analytic forms of therapy are not guided by this admonitory consideration.

Schachter’s contention seems, actually, to endorse a less careful and respectful attitude by the analyst of the power of unconscious fantasy as it plays out in the analytic situation. From Schachter’s more *laissez-faire* viewpoint, the apparently *desirable* relaxation of vigilant “abstinence”¹¹ seems to blur the distinction between conscious and unconscious—a distinction that, as even Schachter concedes, is the very foundation of psychoanalysis. Furthermore, Schachter’s viewpoint may justifiably bring upon itself the label of “wild analysis,”¹² in which, under the guise of being modest and egalitarian toward the patient, the analyst is really arrogating for himself, consciously *and* unconsciously, the omniscient capacity to know automatically what is good for the patient and to act without any restraining theoretical frame of reference. Schachter explicitly disapproves of the analyst’s taking such a po-

⁹ See, for example: Freud, S. (1938). An outline of psycho-analysis, *S. E.*, 23. Schachter, on the one hand, seems in agreement with Freud about attempting to free psychoanalytic treatment from the effects of suggestion, but advocates, on the other hand, the sharing of experiences that clearly make use of suggestion.

¹⁰ See the discussions of this and other related issues in several places in: Freud, S. (1912). Recommendations to physicians practising psycho-analysis, *S. E.*, 12.

¹¹ See Freud, S. (1915). Observations on transference-love. *S. E.*, 12.

¹² See Freud, S. (1910). “Wild” psycho-analysis. *S. E.*, 11.

sition, but he himself nevertheless appears to have fallen victim to it.

In conclusion, while I find his arguments heuristically stimulating, I cannot agree with Schachter's critique of traditional psychoanalytic theory and practice or with the proposals he makes for changing them. Schachter's epistemological and ontological arguments, although seeming at first to have been thought through carefully and prudently, do not in the end convince me to reject traditional psychoanalytic theory construction and its associated therapeutic practice.

WILLIAM M. GREENSTADT (NEW YORK)

FREUD THE MAN: AN INTELLECTUAL BIOGRAPHY. By Lydia Flem. Translated by Susan Fairfield. New York: Other Press, 2003. 224 pp.

Freud's discoveries impinge on our lives in countless ways. They provide the framework of understanding for our daily work as psychoanalysts. They have saturated our points of view on all aspects of the culture in which we live. What was the man like who has left a global impress on our world? Had we known him, what sort of person would we have observed, and how and what might he have seen and felt about the world around him?

Lydia Flem's book carries us into the dailiness of Freud's world, as he experienced it and to the degree that he wrote about those everyday experiences, feelings and opinions, thoughts and reflections, daydreams and wishes. She has utilized volumes of correspondence from his adolescent letters to his friends Silberstein and Fluss, through the late letters to Romain Rolland, Arnold Zweig, and Marie Bonaparte, as they are quoted in various sources, such as those by Ernst Freud, Max Schur, and Ernest Jones. Flem has also drawn on family reminiscences. And she has drawn on a number of memories of Freud as mentioned in various memoirs by those who knew him.

Together, these sources form a very large body of material. Freud wrote letters from his early adolescence to his last days, in

all more than 20,000. Always, he was compelled to talk to some friend about his feelings, his excitements, his dreams. Of course, the classic letters to Fliess also contain his insights and disappointments at the time of his self-analysis—the genesis of psychoanalysis. But these letters, too, contain the everyday: his son Oliver's losing a tooth, as well as his admiration for the music of *Die Meistersinger* in its expression of the ideas behind the words, for example—alongside the most recent insight of his self-analysis. Flem has grouped this material under several chapter headings, and has identified common threads as well as typical ways of expression and of reaction that cohere in presenting Freud's consciousness, often indicating paths to deeper levels.

The book's first chapter, "Creation Day by Day," sets the scene of life in Vienna. Routine is orderly: patients beginning at 7:00 a.m.; the family meal at 1:00 p.m., with each child involved; an afternoon walk; a visit to the antique shop; more patients; and then, after dinner, letter-writing, often ten letters in the allotted hour; and, finally, from 11:00 p.m. until 2:00 a.m., composition—apparently under the pressure of an inner dictation.

The next chapter is "Through the Train Window." It begins with a letter from the 16-year-old Freud to his friend Fluss, describing with excitement a train trip from Frieberg to Vienna, all that he views through the window, and his fascination with a blonde girl with "short curly hair," for whom he watches at each station. Says Flem: "Writing duplicates the journey"; it is "memory in motion, work of the past" (p. 12). Throughout the chapter, Flem traces the notion of the journey, its omnipresence as a metaphor in Freud's writings, its image as free association, its symbolic range: from excitation through guilt to death. We know, of course, of his train phobia, and also of his love of travel. We can review the conquistador's conflicts and his efforts to solve them.

"The Archeologist" begins by illuminating Freud's desk collection of antiquities. Flem notes that Freud told H. D. (an American poet and patient) that a small Athena was his favorite. It was "a little bronze statue, helmeted, in a chiseled robe, upper body draped in an engraved peplum, one hand extended as if to hold a stick

or lance. She's perfect, Freud adds, except she has lost her lance" (p. 28). The chapter goes on to weave a fabric that centers around Freud's passionate pursuit of beauty in ancient objects. They must be perfect, but even with the help of the Kunsthistorische Museum, some counterfeits creep in. "Each collector is a substitute for Don Juan Tenorio," he writes to Fliess (p. 28). In this way, Freud's investment in the ancient past is traced, beginning with images of the Philipppson Bible, and continuing through letters, patients' memories, and scientific lectures. The picture of childhood events—as the parallel to the ancient past—is replaced by childhood fantasies driven by wishes, but the search for a tangible past goes on, bringing into being phylogenetic scenes. Yet in "Constructions in Analysis," Freud has to point out that, after all, uncovering the dead past has its limits as a metaphor; what is all important is what still lives in the transference.

The chapter interweaves superstitious fears of death with the viewing of forbidden places of the past: Rome, Pompeii, and the Acropolis, as Freud finally visits them with his brother Alexander. A quotation from the *Psychopathology of Everyday Life* brings in clear indications of the defensive function of his collection in regard to his destructive wishes. This chapter ends with the rescue of his little statuette of Athena by Marie Bonaparte, toward the end of his life, as he waits for permission to leave Vienna. And as he waits, he writes son Ernst of this rescue and of the loss of most of his collection.

The preceding description of the first three chapters is in no sense a summary. Flem is not interested here in a scholarly organization or the presentation of articulated theses; she is a psychoanalyst, and her chapters have the quality of relatively freely associated material connected to the themes she isolates from Freud's life. The multitudinous elements she quotes, only some of them familiar, take on the shape of the life of a mind.

In the next chapter, "The Conquistador: Athens, Rome, Jerusalem," the author interweaves these places and their meaning to Freud with the conflicting identifications with his father, and his father's story of humiliation by the anti-Semite. The difficulties

Freud had in arriving in Rome and Athens, in actuality (the “Disturbance of Memory on the Acropolis”), the intoxication of the graven images—these led at once to his intrinsic ambivalences in joining the university world of the gentile in Vienna and inheriting Western culture.

For Freud, Athens, Rome and Jerusalem are bound up with the ambiguous combination of his vengeful ambition and the Oedipal guilt it arouses in terms of both superiority to his father and the transgression of the Jewish heritage that it entails. [p. 52]

Freud remains a Jew while he writes to Abraham, “I think we as Jews, if we wish to join in, must develop a bit of masochism, be ready to suffer some wrong. Otherwise, there is no hitting it off” (p. 54). To his brothers of the B’nai B’rith, he writes in 1926 of his attraction to Judaism as parallel “to many dark emotional powers all the stronger the less they could be expressed in words” (p. 55), and, in a letter of 1936, he notes that his sense of being Jewish is made up of something “very slight . . . a miraculous thing . . . inaccessible to any analysis” (p. 55). His solution to his identity would seem to escape any enclosed space: Flem notes that “his works are his fatherland” (p. 72). These lines of thought continue in the chapter “The Man Without a Country.” About Zionism, Freud has a reserved sympathy. He writes to Arnold Zweig in 1932 of his fears that Palestine “is a strip of our Mother Earth” that is “tragically mad,” and “never produced anything but religions, sacred frenzies, presumptuous attempts to overcome the outer world of appearance by means of the inner world of wishful thinking” (p. 81).

These chapters enrich our perspective on Freud’s identifications: on his ambivalent attitude toward Vienna—his city of reality to which his father took him from the paradise of Frieberg, on his difficulties in traveling toward the abundant nurturing places of the Mediterranean, with their graven images where he can remain but briefly even after his self-analysis.

Just where those profoundly invested images began opens the chapter entitled “The Man of the Book.” It notes that Jacob,

Freud's father, gave him at age six the Philipppson Bible, filled with scenes of Rome, Greece, Israel, and Egypt, and that this book functioned as a primer for him. And, at the same age, an incident recorded in *The Interpretation of Dreams* occurred, in which Jacob encouraged the young Freud and his sister Anna to tear up, leaf by leaf, an academic's account, with its beautiful illustrations of a trip to Persia. The pleasures of transgression—visual, tactile, and sexual—are thus both forbidden and encouraged. The central position of the book for this avid writer, who is also both a devourer and a collector of books, is established by Flem in many illuminating contexts.

Freud's self-observation of the comings and goings of his own need to write are extensively documented. Here are some choice self-observations made to Ferenczi:

Self-criticism is not a pleasant gift, but next to my courage it is the best thing I have and it has exercised a strict selection in what I have published. Without it I could have given three times as much to the world. I treasure it all the more since hardly anyone credits me with it. [p. 103]

And to Marie Bonaparte, he wrote:

No one writes to achieve fame which anyhow is a very transitory matter or the illusion of immortality. Surely we write first of all to satisfy something within ourselves, not for other people. Of course when others recognize one's efforts it increases the inner gratification, but nevertheless we write in the first place for ourselves, following an inner impulse. [p. 114]

And to Lou Salome, just after finishing "Civilization and Its Discontents":

But what else can one do? One can't smoke and play cards all day long. I am no longer much good at walking, and most of what there is to read doesn't interest me any

more. So I write, and in that way the time passed quite pleasantly. [p. 114]

Flem shows us the excitement and exuberance that accompanied the flow from Freud's pen, but as well the somatic symptoms that could accompany his productions. In the following quotation from a letter to Ferenczi, in which Freud was speaking of "Totem and Taboo," there is an image of childbirth:

There are a great many things boiling in my head but they are very slow to come out . . . I feel as if I had intended only to start a little liaison and then discovered that at my time of life I have to marry a new wife. [p. 125]

But "The Moses of Michelangelo" feels to him, he tells Ferenczi, like a "love-child" (p. 125). Alternating moods were typical of Freud the writer, and he was accustomed to them. To Pfister, he wrote that:

Fantasizing and work are one and the same for me and nothing else is fun for me . . . I have a secret request: just no illness, no impairment of my capacity for achievement by physical suffering. Let us die in harness, as King Macbeth says. [p. 126]

Freud told Abraham that writing was for him a much-needed rest from analysis. But when his analytic work was reduced, as during the war, he could not use the spare time. He needed an absence of leisure. It is gripping to view these self-reflections and the daily life that went on as the works we know so well were germinated.

The last chapters of *Freud the Man: An Intellectual Biography* take up the varieties of love as they appear in Freud's life. In his fascination with "Delusions and Dreams in Jensen's *Gradiva*"—a paper in which, uniquely, he feels compelled to retell the whole story—Flem finds many of the adolescent dreams, yearnings, and self-prohibitions that permeated his infatuation with his friend Fluss's sister. These confessions, later so uncannily mirrored in

the novel, had been the subject of letters to Silberstein, some in a specially coded fantasy language. The beloved, always held at arm's length, has gone to Italy, where a year later, he finds himself studying the sex organs of eels in Trieste. As continues to be so in foreign places, Freud is fascinated by the beauties he sees, the "Italian goddesses." "The Latin world will remain for Freud a bewitching domain of overwhelming drives" (p. 154). As he writes to Silberstein, he spends his days and some nights hunting the sexual organs of eels in order to determine which phenotypical characteristics are sexual. Flem adds: "And to protect himself definitively from the allure of the fair sex, he notes that, since dissecting human beings is not allowed, he has nothing to do with them" (p. 154). As Freud would write forty years later in "A Special Type of Object Choice Made by Men," "Science is, after all, the most complete renunciation of the pleasure principle of which our mental activity is capable" (p. 156).

The central position of that other variety of love in Freud's life, friendship, is conspicuous from early times. It seems to begin in the "dog" conversations with Silberstein, with each assuming the identity of one of the two dog friends in *Don Quixote*: one the listener, the other the reciter of adventures. From the beginning, Freud is impatient for his correspondent's answer. About this particular friendship, he writes to his future wife, Martha, "We became friends at a time when one doesn't look upon friendship as a sport or an asset but when one needs a friend with whom to share things" (p. 182). And in all his work through the times of his rapport with Fliess and with Jung, Freud needs a friend, an other with whom to correspond. His scientific work is most often composed in this way, as a fictive dialogue. The Fliess letters testify to the intensity and the need underlying those friendships.

Indeed, Freud writes to Fliess, "There can be no substitute for the close contact with a friend which a particular—almost a feminine—side of me calls for" (p. 186). Theirs is a "love/passion" (p. 186), says Flem, but the rupture occurs, she speculates, due to the underlying feminine element when Fliess becomes outraged that Freud has not given him due credit in the theorization of bisexu-

ality. With Jung, the feminine element was removed, perhaps denied, and assigned to Ferenczi, of whom Freud writes to Jung, "He has been too passive and receptive, letting everything be done for him like a woman and I really haven't got enough homosexuality in me to accept him as one" (p. 186). But the break occurs with the Jung to whom Freud wrote, "If I am Moses, then you are Joshua," and with the heartbreak that accompanies it comes "The Moses of Michelangelo"—the Moses who mastered his anger at his betrayal by the people.¹ As Freud writes to Binswanger in regard to Jung: "I am completely indifferent. I withdrew my libido from him months ago . . . I can redistribute the quantity . . . in new places, such as you, Ferenczi, Rank, Sachs, Abraham, Jones, Brill, and others" (p. 189). As with his nephew John, Freud tried to possess the field.

As a sort of continuo, the presence in Freud's life of weekly meetings with friends, which began as early as university days, must be mentioned. They started as café meetings for conversation and card playing or chess with Bund members. And, later, there was his membership in the liberal B'nai B'rith association, and also the secret council of the analytic fraternity, each member of which received an intaglio from his collection. Finally, there were Freud's friendships—mostly epistolary—with writers such as the Zweigs, Arthur Schnitzler, Thomas Mann, and Romain Rolland. He loved and admired these creative artists, but they were also, as Flem comments, the objects of deep envy and jealousy.

As time goes on, Freud finds his "most harmonious, most faithful, most lasting friendships with women" (p. 190). He wrote to Martha during their courtship, "And you will understand me when I say that even for a beloved girl there is still one further step up: to that of friend" (p. 190). In some sense, claims Flem, Freud's ideal of abstraction, for which he renounces the world

¹ In his "*non vixit*" dream in "The Interpretation of Dreams," Freud discussed the genetic source of these broken, passionate friendships in love-hate relationships with his nephew John—a screen, Flem thinks, for his brother Julius, who died when Freud was two, after depriving him of his exclusive possession of his mother for six months.

of sensory perception, is mirrored in friendship, with its need for disembodiedness, which is especially highlighted in his friendships with women. The author surveys these and their deep meaning to Freud in some detail. The portraits hanging in his office are of Lou Andreas-Salome, Marie Bonaparte, and the singer Yvette Guilbert of Toulouse-Lautrec fame, whose voice he first heard in Paris at the suggestion of Madame Charcot in 1889. In regard to contemporary ideas of Freud's views of women, his remark in a letter to Lou Andreas-Salome is germane: "It is quite evident . . . how you anticipate and complement me each time, how you strive prophetically to unite my fragments into a structural whole" (p. 193).

The author's vivid detailing of these relationships is rewarding, and she interweaves it with reflections on the origin and meaning of friendship. Freud wrote very little about friendship in his scientific papers, and Flem summarizes the remarks made in the fourth chapter of *Group Psychology and the Analysis of the Ego* (1921). There he suggests two sources for friendship: On the one hand, sexual desire must always be present; it is aim-inhibited by internal resistances, but without the libido, friendship could not be present. On the other, there is the inhibition of genital sexuality that marks civilized life, and accompanying it is an increase in the psychic participation and idealization of the object. These approximations to satisfaction form firm and permanent attachments. Although often enough sublime, they are not true sublimations.

This book would need to be quoted in toto to give a picture of its vividness and scope. (Not mentioned here are the "Metaphor Man" and "The Shade of the Poet," chapters that point toward the debates over the nature of psychoanalysis.) There is one caveat: the book's subtitle. This is not an "intellectual biography"; it is a picture of Freud the human being as he appeared to himself and to those who knew him.

ISAIAH RUBIN (NEW YORK)

HARVESTING FREE ASSOCIATION. By Marita Torsti-Hagman.
Translated by Ellen Valle and Kristiina Jalas. London: Free Association Books, 2003. 174 pp.

The author of this book is a psychoanalyst who has worked in the very favorable environment of Finnish psychoanalysis. Originally published in Finnish and later translated into English and Swedish, this compilation of Torsti-Hagman's papers focuses on exploration of the unconscious through the psychoanalytic instrument of free association.

The front cover of the Swedish edition (2004), *Vid symboliserings källor* (*At the Sources of Symbolization*), depicts a Nordic landscape with a wild torrent that invites the reader to think of the sources of the river. The front cover of the English edition, *Harvesting Free Association* (2003), shows mature apples on a tree, ready to be picked; both pictures suggest a process and its origins. The English-edition cover appears to have been chosen to appeal to an international audience, with a consequent loss of some of its Nordic character. Also, several papers have been removed from the English edition, and others have been heavily edited; it appears that some of the wild torrent has been disciplined.

In the preface to the Swedish edition, Torsti-Hagman distances herself from ego psychology and object relational theories because, according to her, they overestimate the importance of the preconscious at the expense of the unconscious. She expresses this opinion in a more subtle fashion in the English edition.

Harvesting Free Association contains ten papers, several of which were previously published in the *Scandinavian Psychoanalytic Review* or in international psychoanalytic journals, although some were newly written for the book. The reader is invited to harvest the fruit of Torsti-Hagman's incisive thinking, derived from her long and rich clinical experience. Throughout the book, she stresses her belief that the only method that allows us to reach the unconscious is one that makes use of dream interpretation and free association. Her theoretical thinking is classical, and it has

been very much inspired by the work of Renata Gaddini and André Green. She offers an abundance of creative ideas, which are theoretically supported and amply illustrated by clinical material. For a reader who is situated in object relations theory, the book can appear somewhat archaic in its conceptualization and provocative in its neglect of object relations; however, its firm focus on the study of unconscious processes is stimulating and thought provoking.

Three papers address aspects of female psychology. In chapter 1, "On Motherhood," Torsti-Hagman deals with motherhood as a function of the inner-space and as a representation of integrated feminine inner-genitality. She suggests that motherhood can best be understood from the point of view of a woman's own libidinal development. Disturbances of the capacity for motherhood, she indicates, can be explained in terms of oral, anal/urethral, and phallic idealization of motherhood. Chapter 2, "The Feminine Self and Penis Envy," deals with the question of how the penis, as an object of envy, becomes integrated into femininity. Well-functioning penis envy, according to Torsti-Hagman, is an important aspect of femininity, both organizing and integrating it. She proposes the concept of *penis-femininity*, noting that one of its essential functions is to ensure that a woman is capable of critical selectiveness among the men who strive to enter her; this function serves to protect her integrity. In an appendix, entitled "The Feminine Self and Body Image," the author further explores the development of femininity and the female body image, including the way in which the female ideal of motherhood develops out of an inner-genital triangular relationship.

Another group of papers is devoted to a description of effective and failed processes of symbolization in the minds of both analyst and analysand, together with their impact on the analysis. In chapter 3, "Imitative Identity—A State of Non-Integration: An Hysteric Woman—A Case Illustration," Torsti-Hagman demonstrates how excessive traumatization during infancy can lead to lifelong defensive maneuvers aimed at remaining in a state of non-integration. Presenting elements from an analysis, she shows

how the symbolization process was paralyzed in a woman as a result of *integration-anxiety*.

Chapter 4, "The Therapist's Unconscious," contains both a review of the literature on this topic, and Torsti-Hagman's own reflections on the role of envy of the mother in leading one to attempt to become a better mother/analyst—only to succumb, out of rivalry, to overidealization of one's own psychoanalytic tools. She indicates, however, that self-discipline, self-analysis, and refining by the analyst of her work can tame envy of the mother, so that it can be used creatively.

Chapter 7, "André Green and the Dead Mother," is an introduction to the work of Green, whose thinking has influenced Torsti-Hagman's psychoanalytic ideas, although her theoretical approach differs somewhat from his. Torsti-Hagman delves into a deeper area, which she says opens up an even wider view of the mental world that Green explores. She situates herself in the realm of primary repression, where she thinks some of the first stages of the creation of the unconscious take place.

Chapter 8, "The Analyst's Attitude Towards the Unconscious and Its Effect on the Analytic Process," is a further statement of Torsti-Hagman's theoretical position. Here she identifies the goal of psychoanalysis as the reactivation of, and then the destruction of, the symbolization event; she describes the way in which the analyst must observe and explore the phenomenon of destroying symbolization.

In most of the chapters, the author's ideas are illustrated with case reports or vignettes from psychoanalytic sessions. Chapter 9, "At the Sources of the Symbolization Process: The Psychoanalyst as an Observer of Early Trauma," is based on her own mother-infant observations. Her assumption is that it should be possible to observe traces of very early traumatization in the earliest symbolizations, which show themselves in patterns of manual kinesthesia. Reporting the case of a baby whose adoptive mother was subjected to traumatic overstimulation, Torsti-Hagman shows that the baby's integrating and symbolizing capacity remained weak, leading to emotional disturbance. Chapter 10, "Obsessional Neu-

rosis and Free Association,” builds partly on mother–infant observation and partly on psychoanalytic vignettes. To Torsti-Hagman, the psychic structure of the obsessional neurotic is weak, with deficiencies resulting from fissures in sources of affect and thought.

Finally, there are two papers, “Quo Vadis Psychoanalysis?” and “A Psychoanalysis Which Seeks Popularity Is a Lost Psychoanalysis” (chapters 5 and 6), in which opinions of a more political nature are expressed. Torsti-Hagman is concerned that the International Psychoanalytical Association does not sufficiently support research aimed at exploring the study of the unconscious. She also stresses that psychoanalysis, because of its complexity, cannot hope for full acceptance by outsiders. Therefore, analysts should resist investigation of an evidence-based conception of treatment, as this model is totally inappropriate to psychoanalytic thinking. She also suggests that Freud’s work should be more thoroughly examined in order to silence those who today call his thinking old-fashioned.

Torsti-Hagman clearly follows the Freudian tradition. Throughout *Harvesting Free Association*, she identifies herself as a researcher into the unconscious—the phenomenon that forms the very heart of psychoanalysis. This reviewer suggests that the Finnish culture, in which psychoanalysis has remained free of the stultifying effect of demands for “evidence-based practice” (and where it is partially subsidized), has facilitated Torsti-Hagman’s devotion to psychoanalysis and her ability to provide us with this very welcome book.

GUDRUN BODIN (HILLERØD, DENMARK)

THERAPEUTIC ACTION: AN EARNEST PLEA FOR IRONY. By Jonathan Lear. New York: Other Press, 2003. 246 pp.

After having read this book several times, I am still in the process of trying to digest Lear's many ideas; he is a deep thinker whose mind never rests. Emphasizing inquiry and openness rather than indoctrination, he takes us back to the past in order to help us better comprehend therapeutic action today. He helps us understand yesterday primarily by way of a rich, spirited conversation

about Loewald's classic essay, "On the Therapeutic Action of Psychoanalysis." But his conversation does not stop there. He also joins Socrates, Kierkegaard, Loewald, and Freud in a conversation about irony (not to be misinterpreted as sarcasm) and therapeutic action. And then he brings Gray's ideas into the mix as he elaborates on Loewald's conversation with Freud. Tactfully and tastefully, Lear seasons his arguments with just a pinch of clinical material while he mines ideas that occur serendipitously to him, searching for their nuggets. His continuously shifting associations contain moments of stunning clarity, with insights that shake our assumptions about psychoanalysis and psychoanalytic theory.

Imagine how different the world would be today if government officials had heeded dire warnings years ago that the hurricane levees surrounding New Orleans could withstand an only relatively weak, "category-3" hurricane. Analogously, Lear issues a disturbing alert about "the disease of the current psychoanalytic profession" (p. 16). He argues that one of the symptoms of this disease is the institutional splitting expressed in analytic writing. Moreover, he argues that nowadays psychoanalysts do not know how to integrate theory into their clinical work; writing about analytic theory, among other things, is either altogether ignored or "has become so abstract and obscure that it becomes increasingly unclear what, if anything, this has to do with psychoanalysis as it is practiced in a clinical setting" (p. 16).

Throughout much of the book, the author contends that we psychoanalysts, for the most part, do not know how to communicate effectively with each other: "The terms with which we communicate, no matter what they are—'unconscious' or 'ego' or 'intersubjectivity' or 'object relations' or 'bad breast' or 'play of signifiers'—tend to lose their vibrancy as they are passed along in the community" (p. 34). Paradoxically, then, he seems to be saying that we have an esoteric language that even we do not understand. How can we talk to patients if we cannot talk to each other? This problem, as he sees it, stems, in large part from the dogmatic manner in which analysts wrote scientific papers in the 1930s and up until the 1960s. Rather than raising important questions, they

insisted on hard and fast answers or truths, in part “due to a distorted conception of scientific vigor” (p. 10), and we have all unconsciously identified, in part, with their rigid way of communicating.

Lear’s provocative style here is intended to rock the reader’s complacency about her work. I, for one, have been shaken by him and believe that we urgently need, among other things, a series of courses in our institutes on how to think about applying theory to our clinical work (instead of simply separating and splitting theory and technique classes), helping candidates raise meaningful questions about their work throughout the course of training. However, I also believe that Lear’s arguments would have been much more convincing if he had presented actual evidence in the book to support his criticism of analytic writing. Besides a few generalizations about intersubjectivists and a couple of punches at Lacan, his sweeping criticism is as abstract as the theoretical writing he ridicules.

What is more, without giving credit to analysts who do indeed know how to write and how to apply theory to clinical material, he creates the impression that just about all psychoanalysts these days suffer from the disease he describes. Except for Gray’s contributions, Lear does not cite the works of analysts who are now or have lately been in the process of challenging many of the hidden assumptions, abstractions, polarizations, abbreviated formulas, and jargon that we all take for granted. Boesky, for example, offers a fresh perspective when he argues that we need to spell out *what kinds of evidence* are suitable for the different levels of abstraction that characterize psychoanalytic theories.¹

Clearly, there is no lack of evidence in this book around Lear’s stunning interpretation of Loewald’s “On the Therapeutic Action of Psychoanalysis,” which, to my mind, is the centerpiece of this book. Lear brings out and expands on the paper’s vitally important philosophical underpinnings, and then folds this conceptualization into the overall structure of the paper. In this way, he gives Loewald’s concepts a bolder emphasis, thereby revealing the full

¹ Boesky, D. (2005). Psychoanalytic controversies contextualized. *J. Amer. Psychoanal. Assn.*, 53:836-861.

depth of Loewald's disagreement with traditional psychoanalysis. Moreover, by expanding on the essay's philosophical roots, he offers us multiple opportunities to benefit from the full significance of Loewald's ideas, which are as relevant today as they were in 1960 at the time of publication.

Thus, Lear goes beyond Loewald in the sense that Loewald never made obvious, in this particular essay, the powerful influence of the philosophical tradition on his thinking. At the same time, however, Lear respectfully reflects Loewald's fundamental belief that, for psychoanalysis to survive, it must engage in a lively interplay with philosophy. Without this, we may be inclined to think of psychoanalysis as a purely scientific endeavor, thereby taking theory too literally and becoming dogmatic in our work.

Lear argues convincingly that it was the philosopher in Loewald, in large part, that made him a psychoanalytic giant. In fact, this book crackles with all kinds of lively details that illustrate how profoundly and continuously Loewald thought about how to live and how to communicate. Loewald believed that to be a psychoanalyst, one must always be in the process of becoming one. He was a man of stunning humility. For example, long after he had distinguished himself in his analytic career, he returned to work after an illness and asked a colleague for referrals, saying, "You know, I'd like to keep my hand in. I think I'm beginning to get the hang of it" (p. 33).

More specifically, Lear argues that Socratic irony is the movement of thought that Loewald inspired by his way of living and by his way of communicating. Furthermore, he joins Kierkegaard and Loewald in a conversation about Socratic irony—which, he asserts emphatically, has nothing at all to do with the dictionary definition of irony. To expand on the concept of Socratic irony, Lear writes:

When he [Socrates] asks, "What is involved in becoming truly human?", he is asking what would be the highest development of ourselves, what is the most noble and fine in becoming a human being, and how can we in the deepest sense become ourselves? Socrates recognizes that liv-

ing with these questions—genuinely living with these questions as continually renewed questions—is a lifetime task. It is of the essence of Socratic irony that the question is a genuine question, which Socrates himself shares. From Socrates' point of view, if he thought he had the answer and only feigned ignorance, he would in fact have already given up on the project of becoming human. For living with the question is of the essence of becoming (being) human. [p. 75]

Lear adds a Kierkegaardian slant to this particular conceptualization of irony by expanding on the idea that "irony is made possible by a particular entanglement of life, pretense and language" (p. 70). Applying this perspective to psychoanalysis, for example, Lear goes on to say that it would be an illusion for us to think that we could become analysts simply upon graduation from our institutes. Graduation is but one of the *pretenses*, or external rituals, of becoming an analyst. He argues convincingly that we have to continually experience a tension between our *pretenses* and our *aspirations* in order to deepen ourselves as analysts. Aspirations then involve actively living with the question of what it is to be an analyst, and recognizing that this is an essential part of the process of becoming one.

I have mixed reactions to Lear's articulation of these concepts over and over again, and to his offering multiple ways of looking at this paradigm. On the one hand, I want to say to him, "Enough already—I get your point!" And, on the other hand, his repeatedly looking at the same concepts from different angles is paradoxically infectious and refreshing. I find myself thinking again and again about what he has to say; his ideas stick with me like a tune that I cannot get out of my mind. In this sense, I sometimes *think* I understand what he has to say, and then I am not sure that I do. (This is not simply an obsessive process going on in my mind. It also indicates that he has been successful in part by helping me continually question what I think I understand.)

Lear's way of redefining old terms with a new language is invigorating, encouraging me to rethink familiar terms, rather than

simply taking them for granted. For instance, he describes the components of psychoanalytic action, including interpretation, internalization, and the analyst's commitments, within the context of a conceptualization of irony. Using words that Socrates and Kierkegaard employed, such as *irony*, *pretense*, and *aspiration*, instead of psychoanalytic slang words like *defense* and *ego ideal*, he helps us think about familiar concepts as if for the first time.

All in all, Lear's exposition of Loewald is the most coherent that I have ever read. Unlike most of the rest of us, Lear is not so awed by Loewald that he is afraid to make genuine contact with the man and his work—and this includes offering an open-minded critique of his writing. However, it is not only what Lear says about Loewald, but also the manner in which he communicates it, that makes this book outstanding. Loewald was an iconoclast whose conservative manner of communicating blunted the full implication of his revolutionary ideas. Lear's writing is bolder and wittier; we can feel his presence in his writing.

And on top of all of that, we can feel Loewald's presence in this book. For example, after having cited a passage from Loewald in which Loewald challenged Freud's insistence on psychoanalysis as a purely scientific activity, Lear writes, "This passage is so wise, and its wisdom so moving, that we can easily overlook the argumentative strategy" (p. 62). And then he goes on to sharpen his focus on what he thinks Loewald had in mind when he made this particular argument. At other times, by doing just a dash of editing to Loewald's text (such as adding the word *subjective* a couple of times to a passage from the essay), Lear makes it much easier to grasp what Loewald was trying to say.

How is Lear able to get at Loewald's paper from the inside, both preserving and enhancing the integrity of Loewald's original ideas? Although there is no one answer to this question, it is quite impressive that Lear has been studying this paper for more than twenty years. Furthermore, the very first time he read it, he was so taken by it that he sought Loewald out to be his tutor and remained with him for six years. During the tutorial, Lear continually raised questions about the subject of therapeutic action.

What is more, Loewald's ideas have always had an almost magical effect on him, he notes. He writes that "every time I have gone back to that essay over the subsequent two decades, I have always felt it leap out to meet me" (p. 18). Although Lear does not specifically say so, I imagine that he was initially drawn to the essay in part because, as a deeply thoughtful philosopher himself, he felt an affinity with Loewald. Even after Loewald's death, Lear has continued to deepen his grasp of this essay.

All aspects of his relationship with Loewald then—including his conversations and identification with him, and then separation and gradual independence from him—have helped shape the way Lear thinks about therapeutic action. Some years after his tutorial, Lear went to visit Loewald when Loewald was dying. At that time, Loewald told Lear he had never wanted disciples. For about ten years afterward, Lear took Loewald's request quite literally; he thought that all he had to do was to "refrain from preaching a Loewaldian gospel" (p. 22). Then he realized that *not* being Loewaldian was much more difficult than he had imagined. And, after a long time, a dramatic change occurred in him: just as he was reading a passage from Kierkegaard, he experienced a flash of insight that shed a new light on all he had known about therapeutic action and about Loewald. At the same time, this insight put together most of what he had already come to understand about Loewald's work. It was this serendipitous flash of insight that motivated him to begin writing this book.

My difficulty with this book has to do with Lear's dismissiveness toward some psychoanalytic thinkers. As already noted, he tends to make sweeping criticisms about contemporary psychoanalytic approaches without enough evidence. This tendency is most troubling to me, and it is especially apparent in the instance when he takes a citation from Martin Stein's paper "Irony in Psychoanalysis" out of context. To argue that irony is different from sarcasm, Lear cites an isolated fragment from Stein's paper, contending that the example Stein used to illustrate irony is not irony but sarcasm (and here he is using the more superficial dictionary definition of *irony*). Although his view of this particular example is

correct, Lear does not give Stein the credit he deserves for the complexity with which he thought about irony throughout his paper as a whole. This is a particularly striking omission because Stein's paper, published almost twenty years before Lear's book, foreshadowed some of Lear's ideas about the crucial role of irony in psychoanalysis. Stein wrote that psychoanalysis should be seen as ironic (in the philosophical sense of Socratic irony) because, among other things, it deals with problems that cannot be resolved in an absolute sense.

Despite Lear's misinterpretations of contemporary psychoanalysis, he makes a valuable contribution to psychoanalytic thinking; his focus on Loewald brings the philosophical roots of psychoanalysis into bold relief. In going back to Loewald's essay and then reinvigorating it with a fresh perspective, Lear is able to breathe new life into Loewald's concepts. He writes so creatively that it sometimes seems to me as though I am reading Loewald for the very first time.

KATHERINE B. BURTON (BETHESDA, MD)

ANALYSTS IN THE TRENCHES. Edited by Bruce Sklarew, Stuart W. Twemlow, and Sallye M. Wilkinson. Hillsdale, NJ: The Analytic Press, 2004. 332 pp.

PLAYING HARD AT LIFE. By Etty Cohen. Hillsdale, NJ: The Analytic Press, 2003. 230 pp.

In the early, heady days of psychoanalysis, many of the participants in Freud's Wednesday night meetings were, as Louis Rose points out, dedicated young moralist intellectuals who were committed to the development of a cultural science that could be applied—by others—to the solution of major social problems.¹ For them, psychoanalysis was not merely a clinical tool, but a potentially subversive instrument directed toward the transformation of society for Utopian ends. The passage of time, the increasing medicalization of the profession, and the political and economic disruptions

¹ Rose, L. (1998). *The Freudian Calling*. Detroit, MI: Wayne State Univ. Press.

that came to remake the world all served to dilute this quasi-revolutionary zeal and to solidify the field's clinical preoccupation; still, the early social objectives survived in the work of Anna Freud and her colleagues and, in a different vein, that of such Marxian-influenced analysts as the young Wilhelm Reich.

Recent years have seen a resurgence of interest on the part of many psychoanalysts in applying the principles of their profession to the prevention or amelioration, if not the resolution, of such pervasive sociocultural issues as domestic violence, racism, school breakdown, and interethnic conflict. *Analysts in the Trenches* is a valuable compilation of papers by some of the leaders in this effort (including the editors), describing particular programs and the conceptual underpinnings that inspire and direct them. Underlying all is the matter of trauma and its deleterious impact on the healthy development of children and the adaptive functioning of persons of all ages.

Analysts in the Trenches enjoys the strengths and suffers the weaknesses of most multiauthored volumes. Most of the chapters are well written and graphic in their descriptions of the problems their authors have sought to address, and the experiences, both positive and negative, that they have encountered along the way. At the same time, there is, perhaps inevitably, a good deal of repetition and redundancy as the authors set forth very similar theoretical and practical concerns that confronted them as they designed and sought to execute their respective projects. Thus, for example, Steven Marans provides an extremely lucid and convincing account of the Yale Child Study Center's experience in working with the New Haven police force, providing seminars on development and actual on-the-job collaboration in dealing with juvenile and domestic violence. A few pages later, Howard and Joy Osofsky describe a very similar program in New Orleans, clearly framed on the Yale model—excellent in itself, but adding little to what we have already been told.

Perhaps the most compelling chapter is that by William Granatir, a retired analyst in Washington, DC, who volunteered his services and his psychoanalytic expertise to the school system in that

city, notorious for its disorder and poor educational performance. Granatir made heroic efforts both within the school system and with private and semipublic agencies, as consultant, group leader, therapist, and educator. His story is one of hopeful enthusiasm and self-education, but also of profound frustration. He found himself repeatedly defeated by the apathy or hostility of the educational establishment and, most of all, by the overwhelming deprivation and traumatization of the impoverished, predominantly African American students for whom the violent social pathology they faced every day made most of them inaccessible to both his efforts and those of the overwhelmed teachers who sought to educate them. His moving account of his experiences serves as a graphic demonstration of the folly—indeed, the injustice—of burdening the school systems with the onus of overcoming massive social problems that impair the learning potential of these unfortunate children.

All the contributors to this book emphasize the indispensably multidisciplinary character of their programs, and most acknowledge the uncertainty of the long-term results of their (often herculean) efforts. In their concluding chapter, Peter Fonagy and Anna Higgitt spell out in detail the contributions and limitations of psychoanalytically inspired developmental research to these interdisciplinary projects. In their words:

The psychoanalysts who initiated this field must accept that many developmental ideas, beyond those rooted in psychoanalysis, have come to have an influence If psychoanalysis is to continue to be relevant to the field of prevention, it has to prove itself *de novo* . . . if we are to ensure that the subjectivity of the individual is clearly and forcefully heard at the level of social policy. [p. 295]

* * * * *

Etty Cohen is a psychoanalytically trained social worker who gained experience with traumatized youths as a mental health officer in the Israel Defense Force. Since her move to the United

States, she appears to have concentrated her efforts as a clinician, at least for a time, on multiply traumatized, inner-city adolescent girls, many of whose parents, similarly afflicted, have suffered as well from advanced AIDS infection. Cohen describes in affecting detail (though somewhat repetitively) her valiant struggles to reach these profoundly troubled girls in a weekly group therapy setting, seeking to address their intense resistances, their fragile defenses against the fear of painful affects, and the complex transference-countertransference enactments that dominated the treatment process.

Cohen situates herself as a relational analyst, often comparing and contrasting her approach with what she understands as classical technique. She is particularly taken with Ferenczi's ideas about mutual participation in the psychoanalytic process. Unfortunately, she does not seem to recognize that "classical" rules about neutrality and limited self-exposure are intended for the treatment of adult neurotic patients in formal psychoanalysis, and do not apply to her work with these action-oriented, heartbreakingly love-starved, sexually promiscuous, abused, and abandoned children.

In a late chapter, Cohen comes to recognize that group therapy may not be useful for such patients—indeed, that no known technique or treatment setting is generally agreed to be effective, and that the intrepid psychotherapist who chooses to work with such adolescents is left to fly by the seat of his or her pants. Essentially, she comes down with the view that her empathic, emotional involvement with her patients, rather than any particular technical approach, was responsible for whatever improvement resulted from their two-year experience. Appropriately, her text includes a comprehensive list of references to the relevant literature.

The book is distinguished by Cohen's very detailed accounts of her interactions with her charges (and their mothers), and her freedom to acknowledge what she sees as possible technical errors or failures of empathy. Some of her patients did seem to have benefited from their experience with her, though all of them terminated their treatment unilaterally and prematurely (as ado-

lescents often do), and there are no long-term follow-up data to determine their ability to withstand the internal and external pressures to recapitulate their mothers' tragic fates.

* * * * *

Both of these books demonstrate the willingness—even eagerness—of some psychoanalysts and psychoanalytically trained therapists to step outside the confines of clinical convention and undertake groundbreaking efforts to apply their knowledge and skills to the problems that beset the world around them. In doing so, whatever their theoretical predilections, they resonate commendably with the history of the field—with the aims and intentions of some of the pioneers in Freud's early circle.

AARON H. ESMAN (NEW YORK)

ALBERTO GIACOMETTI: MYTH, MAGIC, AND THE MAN. By Laurie Wilson. New Haven, CT/London: Yale Univ. Press, 2003. 372 pp.

Although not as sensationally troubled as the homicidal Caravaggio or the suicidal van Gogh, the Swiss sculptor Alberto Giacometti possessed an impressive array of psychopathologies. Impotent, obsessive-compulsive—from childhood onward, he could only fall asleep after placing his shoes and socks in a certain manner—and a frequenter of prostitutes, Giacometti spent most of his life in a tiny, masochistically Spartan studio where he devoted as much time to destroying as creating his famous art works. Nor were his pathologies limited to his behavior. His sculpture, especially during his surrealist period, displayed a marked preoccupation with such perverse themes as androgyny, sadism, and castration. Combine this with Giacometti's hard-won artistic accomplishments, the glittering milieu of bohemian Paris, and the sculptor's apparent intimacy with every French cultural luminary from Picasso and Balthus to Sartre and Lacan, and one has all the ingredients for a lively, psychoanalytically informed biography.

Laurie Wilson, in her *Alberto Giacometti: Myth, Magic, and the Man*, not only delivers on the promise held out by her fascinating and enigmatic subject, but also raises the interdisciplinary approach to a new level. As an art historian and a practicing psychoanalyst, she brings an unusual authority to her task. Too often in this sort of book, the reader confronts either an analyst who cannot see the art for the symptoms or an art historian who deploys a fashionable theory with no grounding in personal or clinical experience. Wilson, by contrast, possesses the rare ability to bring together close examination of artistic particulars with wide-ranging interpretations. She can, in other words, look and think at the same time.

Not surprisingly for a psychobiographer, Wilson sheds new light on Giacometti's childhood. Although born in a remote valley in the Swiss Alps in 1901, the young Giacometti was raised in a surprisingly sophisticated household. His father, Giovanni, was an accomplished painter who had known Hodler and Segantini and would eventually gain considerable renown in his country. His loving support for his son's early interest in art obviously played a crucial role in Alberto's development. But what Wilson notices that others have overlooked is the less than happy consequences of Giovanni's insistence that his children pose for him. While long hours standing absolutely still under the paternal gaze would have been difficult enough, Giovanni also required Alberto and his siblings to pose in the nude. This would have been particularly mortifying during adolescence, when Alberto and his brother, Diego, were forced to pose with their younger sister, Ottilia. Equally oppressive would have been those times when Alberto and Diego had to remain for long periods in awkward and physically intimate positions for such works as *Two Boys Wrestling*.

As Wilson shows, the psychic legacy of these years of modeling was Alberto's intransigent passivity, which disguised rage and humiliation, and an unconscious conception of intimacy that required one to either control or slavishly submit. The act of seeing, moreover, became highly charged with both erotic and sadistic impulses. Alberto's inevitable identification with the aggressor

would manifest itself in his notoriously penetrating (in all senses of the word) gaze and in the endless hours and precise strictures he imposed on his own models.

The other unexamined aspect of Giacometti's childhood that Wilson usefully illuminates is the profound impact of a series of very significant births and deaths. The first incident occurred only eleven days after Alberto's birth. His father Giovanni's fellow artist and best friend, Cuno Amiet, suffered the loss of his stillborn son. To console the Amiets, who had no other children, Giovanni asked them to become Alberto's godparents. As the Amiets were never able to have children of their own, the death of this son and Alberto's role as their godson gained special importance. The second event involved the striking coincidence of the birth of Alberto's sister, Ottilia, which the three-year-old Giacometti probably witnessed, and the death soon after of his grandmother with the same name.

These experiences had far-reaching consequences for Alberto, not the least of which was his equation of birth and death. In his unconscious fantasy, his birth caused the Amiets' son to be stillborn, and Ottilia's birth killed his only grandmother, the other Ottilia. This fantasy led in turn to the conclusion that to penetrate and possibly impregnate a woman was extremely dangerous. Alberto's impotence was, in part, a response to this fear. But his childhood traumas also fueled his art and contributed to its rich combination of birth, death, and rebirth imagery.

After study with Bourdelle in the 1920s, Giacometti went on to create some of the most vividly provocative sculptures in the surrealist canon. The work of his only rival, Jean Arp, looks merely whimsical when one compares Arp's cheerful biomorphism with astringent creations by Giacometti such as *Point to the Eye*, *Woman with her Throat Cut*, and *Disagreeable Object* (a phallus with a prickly tip). The sexuality and aggression so evident in these works and in the texts that Giacometti wrote for surrealist publications would seem a treasure trove to the psychobiographer. The question immediately arises, however, of whether the Freud-saturated world of the surrealists forced Giacometti to exaggerate or invent his perverse wishes.

Where do Giacometti's own unconscious desires end and ancourant psychoanalytic themes begin? This may be an overvalued question, inasmuch as a surrealist artist's choice of motifs among the wide variety available to him or her is as potentially revealing as a Renaissance master's formal and iconographical decisions. But wherever Wilson confronts such methodological difficulties, her exhaustive knowledge of both the art and literature of the surrealist period allows her to deftly negotiate the pitfalls. And she is often most rewarding when showing that, contrary to the obvious Freudian interpretation, Giacometti's art was also informed by his intense, though more covert, interest in alchemy and the occult.

A good example of Wilson's nimble treatment of one of Giacometti's iconic surrealist works is her discussion of *Suspended Ball*. This sculpture consists of a rectangular metal cage in which a smooth ball is suspended over a crescent shape with its horns turned upward. The ball has a wedge cut into its side that looks as if it is the concave impression left by the crescent's sharp ridge. The juxtaposition of objects stimulates a variety of erotic and sadistic responses. The cleft globe can read as the female buttocks that the phallic crescent rubs against. Or the ball can represent the male figure mounting the supine, female arabesque. One also has the urge to move the orb across the hard-edged ridge so that, like the exposed eye in *The Andalusian Dog*, it becomes completely sliced.

Although Wilson does not deny the perverse elements of *Suspended Ball*, she explores its more positive and alchemical aspects. She demonstrates that Breton and other surrealists conversant with the occult would have seen the ball as a symbol of the sun, gold, and man, while the crescent served as an analogue of the moon, silver, and the female principle. This confrontation of opposites involved not only sexual tension, but also the promise of reconciliation and transcendence. As Wilson notes, if Giacometti could not "bring his own conflicting desires into a harmonious whole," he could use alchemical surrealism "to quiet his inner discord" (p. 111).

After the great surrealist sculptures of the 1930s, Giacometti entered into one of the most bizarre phases of his or any artist's career. For at least eight years, he could not start a figure without progressively whittling it down to sizes as small as three inches. Then, as often as not, he would destroy the sculpture and start the whole process over again. Instead of the gigantism that has afflicted sculptors from Leonardo to Richard Serra, Alberto suffered from an uncontrollable reductionism. In his own description of the phenomenon, he emphasizes his agonizing helplessness:

In 1940 to my great terror my statues began to diminish. It was a horrible catastrophe I wanted to make [a figure] . . . (about 80 centimeters from the ground). It became so small I could no longer put on any details All my sculpture ended up inexorably no larger than one centimeter. A touch of the thumb and whoops. No more statue. [p. 179]

What are the unconscious roots of this extraordinary compulsion? Wilson locates the psychic origins of Alberto's behavior in yet another tragic coincidence involving birth and death. In 1937, the Giacometti family was greatly excited by Ottilia's pregnancy and the promise of the first grandchild. But expectation turned to mourning when Ottilia died only a few hours after giving birth to her son, Silvio. As if this were not enough to resurrect Alberto's childhood traumas, Silvio's birth and Ottilia's death occurred on a date that was none other than the artist's birthday.

As Wilson points out, Ottilia's pregnancy had given Giacometti a chance to overcome his infantile fears and confront childbirth with mature optimism. The psychic link he had made between himself and the death of the Amiets' son would be broken, as would Ottilia's magical ties to their grandmother's demise. But when his sister died, just four years after their father Giovanni's death, he was retraumatized. Alberto's solution, Wilson argues, was to reassert control by making his sister the unavowed subject of his art. Instead of passively enduring birth and death, he was "obliged to create, destroy, and re-create" miniature images of Ottilia (p. 177).

Giacometti emerged from this creative funk only at the end of World War II. He had received a commission to make a portrait bust of the resistance hero Colonel Rol-Tanguy, and was proceeding in his usual halting manner. But one day in February 1946, he experienced an immense transformation in his attitude and abilities. He exultantly described his newfound powers in a letter to his mother:

Since Friday I know how to draw like never in my life, and since yesterday I know how to make sculpture, I made in one night the bust of the Colonel from memory I know how to do everything I want in drawing, sculpture, and painting This morning I jumped and cried for joy in the studio. [p. 196]

In the same letter, he ascribed his metamorphosis to a remarkable visual event that occurred while viewing a newsreel. The space conjured on the movie screen lost all of its illusory force, and actual space became miraculously enlivened:

The true revelation, the real impetus that made me want to represent what I see came to me in a movie theater. I was watching a newsreel. Suddenly I no longer knew just what it was that I saw on the screen. Instead of figures moving in three-dimensional space I saw only black and white specks shifting on a flat surface. They had lost all meaning. I looked at the person beside me, it was fantastic, and all at once by contrast he had assumed an enormous volume. All at once I became aware of the space in which we swim and which we never notice because we have grown used to it. I left. I discovered an unknown Blvd. Montparnasse, dreamlike. Everything was different. Space transformed the people trees and objects It was now essential for me to try to paint this space which I felt so strongly. At the same time, there was a total revalorization of reality to my eyes. [p. 198]

How could a trip to the movies lift inhibitions that had plagued the artist for years? Although Giacometti never specified the con-

tent of the newsreel and vigorously denied any connection between his art and the Holocaust, Wilson makes a persuasive case for depictions of the death camps as an unacknowledged source of his artistic revival. By early 1946, information about the extermination of the Jews had become ubiquitous. The Nuremberg trials were underway and newspapers carried full reports of the testimony. Newsreels containing documentary footage of the horrors of the Final Solution accompanied nearly every feature film, and it is quite likely that this was what Giacometti saw. His reaction, moreover, has all the earmarks of a drastic derealization of ugly truths that overwhelmed him. The all too lurid and terrifying images of corpses and ravaged bodies were reduced to harmless "black and white specks shifting on a flat surface."

But why would such grisly material ultimately offer inspiration? Wilson argues that Giacometti found redemption in the discovery that he had not, after all, acted on his aggressive and sadistic impulses. However cruel his fantasies, he was not a Nazi who starved, tortured, and gassed helpless Jews. As Wilson observes, this recognition of his relative innocence removed a great burden:

People who strive to be "good" often feel excessive guilt for their angry wishes, and in the face of mass murder they can feel remarkable relief . . . I believe that this realization released Giacometti from the guilt that had paralyzed him for so long. [p. 199]

This self-forgiveness led to the elation he felt on the streets of Montparnasse and the intoxicating sense that he had gained access to a vast new dimension of visual experience.

It is understandable that Giacometti did not want his signature postwar sculptures—the wiry and attenuated "filiform" figures—associated with victims of the Holocaust. Why limit their expressive power by tying them to a specific moment in history? Yet Wilson also links these works to the camps and, in particular, to the often deadly ill survivors that Giacometti observed in his own neighborhood. According to Wilson, these sickly visitors from hell triggered Giacometti's memory of his mother's battle with typhus

when he was ten years old. Annetta Giacometti had nearly died from the disease and was left skeletally thin, white-haired, and toothless at the age of forty. She had straddled the borderline between life and death, and it was this very quality that Giacometti strove to achieve years later in his filoform figures. They are emaciated—eaten away by existence—yet tall and erect, immobile but full of flickering visual movement, ghostly yet shaped out of thickly textured flesh. What had scared and confused the sensitive young boy was now transmuted into sculpture that the adult artist could control.

Wilson's interpretation of the filoform figures illustrates her reliance on the concept of *deferred action* or *nachträglichkeit*. This notion, which originated with Freud, assumes that the full impact and meaning of bewildering childhood traumas are "deferred" to later events that reawaken the earlier experiences. We see this not only in Alberto's response to Ottilia's death in childbirth and to the Holocaust survivors, but also in his reaction to the deaths of the Dutch archivist Peter van Meurs and to the Polish artist Tonio Potosching. The latter died of an illness in quarters close to Giacometti's studio, and his corpse was discovered by the artist.

The sight of Potosching's lifeless head with a fly buzzing in and out of his gaping mouth inspired Giacometti's *Head of a Man on a Rod* of 1947, as well as his essay "The Dream, the Sphinx, and the Death of T." Yet this freakish incident had been rehearsed years before with the death of the elderly Dutchman Peter van Meurs. Van Meurs had invited the 21-year-old Alberto to join him as his traveling companion on a trip to Italy. Their journey got no further than the Tyrolean Alps, where Alberto saw van Meurs sicken and die in his hotel room. This so frightened the artist that, for the rest of his life, he could not sleep without a light above his head.

Giacometti wrote and spoke extensively about van Meurs's and Potosching's deaths. They became part of a personal myth that he crafted with disarming self-awareness and incisive, dreamlike imagery. Such articulate and psychologically astute narratives are difficult for the psychobiographer to decipher, especially when

there are few alternative accounts. But Wilson has dug so deeply into the artist's private world that she can convincingly present these much storied episodes as the crystallizations of a long string of earlier tragedies. The precursor of Alberto's discovery of Potosching's corpse was not just the van Meurs incident, but also the crucial childhood losses that he could not then assimilate. As Wilson puts it:

In remembering and seeming to relive the deaths of van Meurs and Tonio, he was actually responding in a delayed way to the traumatic loss of close family members whose deaths had had a profound but inadmissible impact on him: from the time of the deaths of his grandparents in 1904 and 1913, and his mother's close brush with death in 1911, through the more recent loss of his father in 1933, and sister in 1937—Giacometti never publicly acknowledged any of these important events, nor did he adequately mourn them. [p. 216]

Wilson's excavation of levels of emotion that Giacometti, despite all his merciless self-examination, could not probe himself recalls the last line of Philip Roth's *Portnoy's Complaint* (1969).¹ After the hero performs a scabrous, relentless, and seemingly complete psychological undressing, his analyst simply replies, "now vee may perhaps to begin" (p. 274).

Wilson's accomplishment, however, involves much more than her intricate examination of death, trauma, and *nachträglichkeit*. She skillfully limns the women in Alberto's life, from his strong-willed mother, Annetta, to his frequently *louche* mistresses and his forbearing wife, Annette (even the artist knew that his wife's name was not a coincidence). Wilson also explores Giacometti's complex and enduring passion for Egyptian art and takes on the very tricky job of psychoanalyzing the sculptor's visual blocks, inhibitions, and breakthroughs.

But what distinguishes Wilson's effort as much as her daring plunges into Giacometti's psyche is her supple and evocative writ-

¹ Roth, P. (1969). *Portnoy's Complaint*. New York: Vintage Books, 1994.

ing. Although it is a rare achievement for most academics simply to deliver prose that is clear and jargon free, Wilson far surpasses that modest goal. She is particularly adept at capturing the elusive grace of Giacometti's filoform figures, which at first can seem formulaic and repetitive. Most important, she makes her psychoanalytic interpretations not merely an adjunct to, but an indispensable component of, our understanding of the artist's work.

Wilson's book comes at a welcome time when the humanities are shedding their poststructuralist belief in the "death of the author." With its superb scholarship, psychoanalytic acuity, and inherent drama, *Alberto Giacometti: Myth, Magic, and the Man* should take a central place among the new studies that scrutinize the limitless intersections of life and art.

BRADLEY COLLINS (NEW YORK)

WHERE DO WE FALL WHEN WE FALL IN LOVE? By Elisabeth Young-Bruehl. New York: Other Press, 2003. 340 pp.

Elisabeth Young-Bruehl's new book is a collection of thirteen essays on three subjects: cherishment psychology; sexual and gender identity; and character theory. Eight of the thirteen essays have been previously published and will be familiar to many readers. Most of the new material is devoted to character theory.

The title essay, "Where Do We Fall When We Fall in Love?," is Young-Bruehl's answer to the evolutionary psychologists who see falling in love, or infatuation, as an immersion in a tide of endogenous amphetamines. In their view, infatuation is an evolved mechanism for bonding couples together long enough to conceive children. The amphetamine bath is succeeded by an endorphin soak, which corresponds to an attachment phase that may or may not be lasting.

Young-Bruehl rejects this mechanistic account and articulates a view of falling in love and what follows that fits into her own (and Freud's early) instinct theory. As she reiterates several times in this collection, Young-Bruehl posits a dual instinct theory in which the sexual instincts are essentially narcissistic, while the ego instincts

are object-related from the very beginnings of life, and include the infant's expectation to be "sweetly and indulgently loved" (p. 9). Young-Bruehl thinks that "where we fall" when we fall in love is initially into a narcissistic state. Then, if development has been favorable, we can fall "past passion into an infant state of our own, in which we allow ourselves to be receptive, in which we expect love from another, who, as a real person, can give it" (p. 9).

As in her earlier book *Cherishment Psychology*, Young-Bruehl builds on the work of Japanese psychoanalyst Takeo Doi, who sees the expectation for receiving and giving sweet and indulgent love as the essential characteristic of the ego instincts. Since I was not familiar with Young-Bruehl's earlier work on cherishment psychology (or with Doi's work), I found this part of the book the most valuable. Indeed, these chapters illuminated work with a patient of mine who came in depressed after the death of a relative. This relative, although not terribly close to my patient, nevertheless stood for a part of the family that had provided my patient with the "sweet and indulgent love" lacking in her mother.

Although I disagree with Young-Bruehl in some respects (e.g., her demotion of aggression from a class of instincts or drive to the consequence of frustrated sexual or ego instincts), I think she makes a valuable contribution to psychoanalytic theory (and brings it into line with infant research) in reminding us that infants are object-related from the very beginning. In the essay entitled "A Visit to the Budapest School," she traces this view of infants to Ferenczi and the Budapest School. Of the three early centers of psychoanalytic study and practice—Vienna, Berlin, and Budapest—the influence of the last has been the most neglected, undoubtedly because of the falling out between Freud and Ferenczi over Ferenczi's technical experiments. Nevertheless, the roster of heirs to the Budapest School contains many distinguished names, including Bowlby, Winnicott, Fairbairn, Guntrip, Fonagy, Spitz, Mahler, Franz Alexander, and Clara Thompson.

The second group of essays, on sexuality and gender identity, may be the most familiar to many readers. In "Reflections on Women and Psychoanalysis," the author takes a "metahistorical tour" of

changing psychoanalytic views of women. Young-Bruehl starts from the premise that she and others are

. . . struggling to avoid all the pitfalls that come with thinking of Woman categorically, definitionally. What we do, rather, is think of all the fundamental psychoanalytically discovered ingredients of identity generally (and the subsets of sexual and gender identity particularly) “in the plural.” [p. 160]

She makes the valuable point that every time psychoanalysis has asserted strong differences between the sexes, with men being superior in their difference, two types of reaction have followed. The “reversal” arguments contend that there *are* differences between the sexes, but that women are superior and men envy them in their superiority. “Disavowal” arguments contend that the underlying similarities between the sexes are more significant than any alleged differences. Neither type of argument has been very successful, in Young-Bruehl’s view.

She goes on to show how, following Freud’s assertion of one particular difference between the sexes—the notion that women are more prone to hysteria, while men are more vulnerable to obsessional neurosis—there was a possibility for alternative ways of thinking about the development of neuroses in both sexes. But these more nuanced ways of thinking were closed off in the return of “difference theory.” She closes this chapter with a plea for psychoanalysts to study gender differences in response to dependency, which, for most of us, means, originally, dependency on a woman:

The question of difference becomes: In what ways do women and men of all sorts—all developmental courses, all characters, all pathologies—grow from the original (and historically influenced) condition of dependency, and what roles do sexual differences (also historically influenced and interpreted) play in those ways of development and become influenced, in turn, by those ways of development? [p. 177]

The third and final section of the book, on character theory and its applications, includes essays on violence, homophobias, characterology, and *amae* (the Japanese word for the expectation to be sweetly and indulgently loved) in ancient Greece. I agree with Young-Bruehl's contention in "The Characters of Violence" that it is a gross oversimplification to look for a single cause of violence rooted either in biology or in experience; however, I think she underestimates the contribution of evolutionary psychology to the understanding of violence.

In the essay entitled "Homophobias: a Diagnostic and Political Manual," Young-Bruehl applies her earlier thinking on prejudice to homophobias.¹ Thus, she delineates obsessional, hysterical, and narcissistic forms of homophobia, and suggests that the work of combating homophobias has to be directed at the roots of these prejudices in character pathologies and the social conditions that promote them. "Psychoanalysis and Characterology" is a tour de force on characterology in which Young-Bruehl makes interesting suggestions regarding the character types of those who posit dyadic, triadic, and four-part character typologies.

Throughout these thirteen essays, Young-Bruehl exhibits her gifts as philosopher, biographer, and psychoanalyst. Her thinking and writing are admirably clear, free of jargon, and accessible. This volume should be welcome reading for all who are interested in enriching their thinking with regard to attachment, sexuality and gender, and character.

BARBARA P. JONES (WASHINGTON, DC)

¹ See Young-Bruehl, E. (1996). *The Anatomy of Prejudices*. Cambridge, MA: Harvard Univ. Press.

ABSTRACTS

TRAUMA IN SOUTH AFRICA

Psycho-Analytic Psychotherapy in South Africa

Abstracted by Sandra C. Walker, M.D.

Many of the papers in *Psycho-Analytic Psychotherapy in South Africa*, the primary journal in South Africa that publishes articles on psychoanalysis, consciously explore the complex relationships between societal events in the external world and the development of the individual psyche. Apartheid, and South Africa's need to metabolize its effects, clearly shapes the context and much of the content of a number of the articles published in this journal over the last five years. As an African American recently graduated from an American psychoanalytic institute, I am particularly appreciative of attempts to illuminate the ways in which societal trauma shapes individual development across generations. In my experience, such formative dynamics are not often a focus of psychoanalytic education in the U.S., despite the historical realities of slavery, Jim Crow, and the immigration of many people displaced to America by war and social atrocities in many parts of the world. Therefore, I have chosen to abstract papers that elaborate on these themes that emerge in my clinical work with patients.¹

Volume IX, Number 1

2001

Memories, Healing, Reconciliation, and Forgiveness. Leonia Kurgan, pp. 1-10.

This paper is written from the personal perspective of the author, who describes herself as "a child Holocaust survivor, a refu-

¹ *Editor's Note:* Readers may wish to refer to *The Psychoanalytic Quarterly's* January 2006 Special Issue on "Race, Culture, and Ethnicity in the Consulting Room."

gee, and a forced emigrant compelled to leave Poland because I was Jewish and would have been murdered if I had stayed." As an undergraduate, she studied at the University of Cape Town. She now practices psychoanalysis in California. Her paper explores societal attempts to achieve reconciliation between groups that have been subjected to socially sanctioned violation and perpetrators of such acts of violation. To develop her ideas, she draws from South Africa's Truth and Reconciliation Commission, American slavery, and a 1999 Vienna conference promoting dialogue between children of Holocaust survivors and children of Nazis.

Kurgan sees social and individual healing as contingent upon the memory and integration of unbearable truth. Both society and the analytic situation have potential to function as an emotional container in which memory and integration can occur. South Africa's Truth Commission heard testimony from 20,000 black victims of apartheid atrocities and 8,000 white perpetrators who sought amnesty for committing politically motivated atrocities between 1960 and 1994. Previously untold stories were voiced; unbearable memories were retrieved. Although apology and forgiveness were not achieved in every case, the Commission laid claim to keeping South Africa's apartheid history in memory and to a beginning of collective responsibility for what occurred.

American slavery, now generations old as a legally sanctioned fact, did not have the benefit of a national, socially sanctioned Truth Commission. Kurgan draws on the story of an individual African American journalist, seeking to contain the shame inherent in her ancestry as a descendant of both black slave and white master, to illustrate the enduring, intrapsychic impacts of America's "peculiar institution."

The Vienna Conference, entitled "The Presence of the Absence," provided the basis for Kurgan's observations about the developmental impact of those atrocities that could not be spoken of on children of both Nazis and Jews. A study of twenty-eight Jewish Israeli and non-Jewish German families was presented at the conference. Children born to Nazi perpetrators before World War II

had to struggle with the paranoid feelings engendered by the inconsistency between their own memories of crimes they witnessed and their parents' denial that such events occurred. Children born after the war became depressed by their parents' defensive assertions that they would have committed the same acts had they been alive during wartime.

Children of Jewish victims and survivors struggled to make sense of fragments of stories about the past, and of the silence about events fraught with shame and humiliation that had censored the telling of the whole historical truth. Kurgan illustrates this idea with a vignette from her own history in which her mother spoke of her wartime experiences only in brief, flat, stereotypic sentences, unable fully to recall the experience of starvation. Thus, she withheld food from her children, who were anxious and uninterested in eating during flight from Poland to Romania, repeating what she was unable to remember. The study, described by Gabriele Rosenthal in *The Holocaust in Three Generations* (1998), postulates that the desire to face the truth about the past grows stronger over succeeding generations.

A Clinical Explication of André Green's Conceptualisation of "Absence" in Borderline Psychic Structure. Jacqueline Watts, pp. 33-45.

Jacqueline Watts, a clinical psychologist at the University of Witwatersrand, presents the case of a 30-year-old university student as illustrative of both Green's concept of *absence* as characteristic of borderline states and of its implications for therapeutic intervention. In preface, she locates Green's ideas in relation to other psychoanalytic ideas about the reality of the self.

Watts proposes that, for Freud, the reality principle dictated that an object either is or is not present, and a sense of "me" or "not me" is clear. Winnicott later introduced the concept of transitional experience in which an object can simultaneously be present and not be present. Winnicott located the origins of this tran-

sitional experience in the “good enough” psychological/physical holding of the infant by the mother. When the maternal hold is not “good enough,” a “false self,” adapting its desire to perceptions of the other, can develop.

Watts explains Green’s proposal that, in borderline states, the self is neither present nor absent. He calls this self-experience the *negative refusal choice*. Here, one is not present as an autonomous person able to share the presence, but separateness, of another; rather, one experiences a sense of presence when merged with another. Yet, this merger is also felt as an absence of self. The other becomes a threat to self-existence. Whereas for Winnicott, the false self preserves the self, for Green, the merged false self kills the true self. Reality is experienced as a tension between an absence of self and the death of self as merged with an object. For Green, and for Watts as illustrated in the case she presents, this tension is present in the struggles with closeness and withdrawal experienced in the treatment of borderline patients.

Watts’s paper, like several others published in *Psycho-Analytic Psychotherapy in South Africa*, does not attempt to understand the psychic experience of groups that are socially excluded. However, I found myself wondering if Green’s concept might help to illuminate—without implication for diagnostic categorization—the internal struggle against a sense of invisibility that some from socially marginalized groups may experience. I have in mind, as a potential example, the sense of invisibility of the black man in a historically white-dominated society that yet seems to appropriate black creativity as emblematic of its own vitality.

Volume IX, Number 2 2001

This issue and the first issue of 2002 include papers presented at a conference entitled “Widening Horizons,” which addressed aspects of psychoanalytic work in South Africa. The conference took place in Johannesburg in 2001, and followed a conference on “Change:

Psychoanalytic Perspectives" that took place in 1999 in Cape Town, under sponsorship of the International Psychoanalytical Association.

Abuse and Handicap: South Africa's Dangerous Legacy. Valerie Sinason, pp. 1-12.

Sinason, a London psychoanalyst and honorary consultant to the Cape Town Child Guidance Clinic, presented the conference plenary paper. She began by remarking on an observation made by Lilian Cingo that two-thirds of South Africans are mentally handicapped. Cingo is the director of South Africa's Phelophepa Health Train, which delivers health and mental health services from railroad cars traveling through the country. According to Sinason, Cingo was referring to the impact of trauma, political violence, and civic unrest, leading to high rates of illiteracy and shame. These in turn may shade into organic handicap. Violence, danger, unspeakable experience, and the emotional pain that comes from being "different" can increase the likelihood of mental and emotional handicap. Subsequently, the disability itself also becomes a family and personal trauma. People with handicaps may live with the unexpressed sense that others wish them dead. Intolerable experience can render a person stupefied.

Sinason cites the observation of South Africa's Goldstone Commission that in some of South Africa's townships, the majority of children have been witness to rape or murder, and many have themselves been abused. Therapists working with clients thus psychically injured can find the work stressful. She finds helpful the conceptualizations of Bettelheim regarding the destructive impacts of simultaneous internal and external trauma on children. Additionally, Klein's theories of projective identification and Bion's ideas about attacks on linking have proved helpful in understanding otherwise overwhelming client experiences. When therapists cannot bear empathic engagement with the actual external experience of the client, they risk invalidation of the client's experience and may trivialize the dissociative strategies that these individuals need to protect the psyche.

Sinason provides case material illustrating the interaction of intellectual disability, trauma, and abandonment in her work with a 40-year-old man and in a few other vignettes that illustrate for her the ways in which her visits to South Africa have helped enhance her ability to understand clients who might be thought resistant or untreatable. She has found that clients attempt psychic repair of trauma through reenactments in the therapeutic situation, in which gender, race, authority, and power have meaning.

On the Transgenerational Transmission of Trauma and Violence. Suzanne Maiello, pp. 13-31.

Suzanne Maiello, a psychoanalyst from Rome who has been an annual visitor to South Africa, begins her paper with the statement that all South Africans, regardless of race, and whether patient or therapist, have been affected by apartheid. Psychoanalysts and providers of mental health care in South Africa have to confront issues raised by present and past violence and trauma under apartheid. Such violence cannot be metabolized and rendered meaningful unless the therapist recognizes that they arise outside the intrapsychic field. Such recognition and acknowledgment of its adverse effect on the mind of the individual is the first step toward a deeper understanding of the impact of state-sanctioned violence. State violence cuts into and distorts the intrapsychic field that is the traditional concern of transference. When state violence is directed against a particular race, the victim has no escape. Therapist and patient share the same cultural context of violence.

In South African apartheid, paranoid-schizoid defenses of splitting along racial lines were apparent. Whites were able to preserve a sense of a "good object" group by projecting destructive fantasies into "bad object" groups of blacks and coloreds. Denial resulted in a long-standing fantasy of living in a "perfectly normal system," in which a vicious circle of fantasized and enacted persecution contributed to anxiety on the part of the perpetrators who defended against it by denigration of their victims. "How is it possible that everything felt so right at the time?" is a poignant question raised

by one representative of the apartheid establishment during testimony before the Truth and Reconciliation Commission.

Maiello explains that experiences of relationships are internalized from birth. Freud identified the internalization of sadomasochistic fantasies in his paper, "A Child is Being Beaten." Maiello cites Schwartz and Sinason in observing that in state-supported violence, legalized persecution leads to "internalized colonialism" in both perpetrator and victim. Such internalizations reverberate within these groups. As an example, Maiello cites South African clinician Maseko's observation that the segregation of apartheid is reflected in conflicts between the AmaZulu and AmaXhosa ethnic groups and in the high rates of child abuse within these communities.

Maiello also references the situation in Germany after the fall of the Berlin wall in 1989: "Pulling down the external wall did not have an immediate effect on the internal world of individuals, whose mental functioning in relation to the former enemy is still widely based on splitting and projection at the collective level." In a case vignette, she further illustrates the concept of internalization of transsubjective dimensions of reality.

Freud described how traumatic experience can penetrate a child's sense of safety, inhibit the development of basic trust, and leave the individual ego helpless, both during the traumatic event and thereafter. Further, overwhelming horror is expelled from thought, and emotion that links history and meaning is numbed. Maiello cites the work of Israeli psychoanalyst Yolanda Gampel and American Robert Pynoos to elaborate on how traumatic experience can fragment a sense of personal narrative and restrict psychological flexibility. Unconsciously, repetition of trauma is expected and can induce its reproduction, sometimes with roles of perpetrator and victim reversed.

Referring to Fraiberg's idea of "ghosts in the nursery," in which split-off and denied trauma from the parent's past is projected into the child, Maiello describes a mechanism of transgenerational transmission of trauma. She illustrates this idea with further clinical material from her work with a white woman whose mother had im-

migrated to South Africa from Eastern Europe in order to escape the Nazi pogroms. Her patient was the recipient of complex internalized perpetrator/victim relationships in a persecuted Jewish family that had become a respected part of the white apartheid establishment.

Additionally, Maiello notes that children develop unconscious identifications with their parents early on. If the parental generation is silent about its traumatic experience to protect itself and future generations from the pain of recalled atrocity, the trauma becomes unreal and cannot be transformed. Aspects of the trauma may, however, be enacted in ways of being or in symptoms. Gampel describes such transmissions as "radioactive identification."

Maeillo continues this paper with additional clinical material from the long analysis of a second-generation, Italian immigrant Jewish girl.

Volume X, Number 1
2002

Seven Intrapsychic Dimensions of Violence. Duncan Cartwright, pp. 25-58.

Violence, when addressed at all in my psychoanalytic education, was more vividly encountered in my clinical work with "widening scope" patients with sadomasochistic psychological organization. Rarely was violence, per se, a topic of didactic consideration. Thus, I found Cartwright's exploration of theoretical considerations of actual acts of violence from a psychoanalytic perspective of particular interest.

Only recently have intrapsychic factors associated with violent behavior been systematically addressed in psychoanalytic literature. Psychoanalytic authors have begun to explore definitions of and distinctions among different forms of violence, such as self-preservative, sadomasochistic, affective, or those that fuel predatory acts. Cartwright observes that a fuller understanding of the nature of violence must also include other factors, such as the experience of trauma, external factors, defensive organization, and the

capacity for mental representation. Violent acts, for Cartwright, depend on the coincidence of these factors in a particular way at a given time. This article reviews the psychoanalytic literature on actual physical violence, defined as "the physical show, or actualization, of aggression, leading to the destruction or damage of an external object."

Cartwright identifies the following seven intrapsychic dimensions of violence: (1) the nature and quality of the object world, (2) representational capacity and the body, (3) brutalization of the self: trauma and loss, (4) sexuality, (5) the role of phantasy/fantasy, (6) defensive organization, and (7) interaction with the external situation.

Briefly, in considering the object world of perpetrators of violence, Cartwright cites authors such as Meloy and Hering, who suggest that primitive object relations may be a factor even in objectless acts of violence, such as rage reactions. Citing Biven and Bollas, he notes that perversions of object relations are apparent in sadistic violence in which the object is dehumanized and/or the suffering of the victim is experienced as enlivening the perpetrator. Biven also points out that trauma may disrupt the development of a sense of mastery of the object world, leading to a diversion away from human contact and to aggressiveness toward deanimated objects as a form of stimulation.

For some perpetrators, violence may represent an attempt to overcome a pathological, symbiotic attachment with a primal object, such as a mother. Cartwright sites the work of a number of writers (e.g., Perelberg, Meloy, Fonagy, and Glasser) to illuminate the impact of narcissistic, overprotective yet overgratifying mothering on the development of the child's self and object representations. In these situations, the child must choose between withdrawal from or aggression toward an obliterating maternal object. These dynamics are reflected in Shengold's idea of soul murder. Attachment theorists since Bowlby have also addressed the importance of disorders of extreme attachment and difficulty in psychological separation from the mother as important to the understanding of defensive violence.

The role of the father in creating the internal capacity for symbolization and superego development is also elaborated. The paternal object can break a pathological symbiosis between child and mother. Perelberg and others have observed the absence of a coherent introjection of the father in persons who have committed violent acts. Fonagy and Target have argued that aggression and envy of the father, who is a witness to the mother's pathological attachment to the child, may also be a precipitant of violence. In addition to these preoedipal considerations, violence may stem from oedipal motivations such as rivalry, revenge, or jealousy. The superego, derived from internalization of parental values, may be variable in violent individuals—absent in psychopaths or overly restrictive in perpetrators of explosive acts of violence.

Cartwright notes that several psychoanalytic writers have related the capacity for violence to an inability to mentalize. When there is no coherent internal representation of the object world, there is confusion between the mental and the physical. Freud recognized the relationship between touch and the internal experience linking object and drives. Subsequently, other psychoanalytic theorists, including Bion and Fonagy, have elaborated on the interaction between physical interaction with people in the object world and the ability to reflect on one's own internal state and that of another. In the absence of this reflective capacity, physical action may replace mentation, making inhibition of aggressive acts very difficult. Additionally, when parents lack this reflective capacity, the child may be destructively aggressive.

In violent individuals, the incapacity to mentalize may not pervade the entire personality. Rather, parts of the personality may remain unsymbolized, or the capacity for mentalization may be overwhelmed in a particular circumstance. In premeditated violence, however, the capacity for symbolization and mentalization may become obsessive, with the mentalization itself providing primitive, meaningless, excitement.

Acute or cumulative trauma and loss may contribute to a tendency toward violence. The victim may act in identification with the aggressor. The identification may be defensive or may become an enduring, characteristic affirmation of identity.

For Kernberg, Cartwright explains, an early traumatic experience with a bad maternal object can lead to violence aimed at destroying the bad object and restoring a good mother. However, the perpetrator may become trapped in identifications with both the damaged self and the persecutory mother.

Shengold, says Cartwright, observes that some violent people have experienced not trauma but overindulgence and overstimulation, however. This overstimulation creates an appetite for intense (but meaningless) affective states that can be transformed into narcissistic rage.

Cartwright draws on the thinking of writers such as Joseph in distinguishing between mature sexuality and sexualization as a determinant of violence. Sexualization—the erotization of parts of the mind or body—can be a defense against thinking and against painful experience. For the sadist, painful experience is sexualized. Some perpetrators of violence may, however, engage in violent acts in order to ward off sexual excitement that they experience as dangerous. Social and cultural, as well as internal, values around masculinity may support violence in defense of phallic power.

In discussing the role of phantasy/fantasy in violent behavior, Cartwright cites theorists who assert that violence is associated with conscious or unconscious narratives. Hyatt-Williams makes a distinction between unconscious phantasy and conscious fantasy. Cartwright sees conscious, perverse fantasy at work in sadistic violence; but the conscious fantasy may subsume a destructive unconscious phantasy.

Writers following soon after Freud emphasized unconscious oedipal phantasies, e.g., of castration or mutilation directed at parents, or phantasies of sexual inadequacy in connection with acts of violence. More recently, writers have extended these ideas by including phantasies relating to preserving the self from the engulfing or attacking preoedipal mother. Per Cartwright, Glasser emphasizes a core complex of phantasies involving longing for fusion with the object, while simultaneously fearing the resulting annihilation of self. Violence may occur when psychological defenses collapse and the ego is left with unmanageable affect. Men-

ninger et al. developed this idea as *episodic dyscontrol*. However, defenses may themselves lead to violent behavior. While repression may keep forbidden impulses under control, action defenses of splitting and projective identification may employ violence in an attempt to ward off attacking objects or to rid the psyche of painful affect. Klein's concept of systems of defense and object relations as working together to ward off intolerable affect is helpful in understanding the interplay of these factors.

Borderline and narcissistic psychic organization are often found in perpetrators of violence. The presence of paranoid or psychotic splitting and some impairment in reality testing can render the personality subject to violent overreaction to benign stimuli. Finally, the internal world of the perpetrator cannot be considered in isolation from the external world. This reality is often ignored in psychoanalytic discourse. Howells and Hollin have noted that most violent acts have external precipitants. The external world may cause an alteration in the individual's internal world, or the individual may manipulate elements in the external world to serve an internal purpose. In some pathological states, the perpetrator may experience the external world as representing elements of the internal phantasy. Understanding the external precipitants of violence can help to identify the relationship between the victim and the perpetrator in the perpetrator's mind. The role of the victim in precipitating an attack also needs to be considered; psychic boundaries between the perpetrator and the victim can become confused.

These seven dimensions of violence as articulated by Cartwright have significant clinical and forensic implications for the treatment of violent individuals.

When Objects Attack in Reality: Psychodynamic Contributions to Formulations of the Impact and Treatment of Traumatic Stress Incidences: Part I. Gillian Eagle and Jackie Watts, pp. 1-24.

Eagle and Watts are clinical psychologists in private practice and are affiliated with the University of Witwatersrand. Eagle also has extensive experience in many nongovernmental organizations.

As an African American of middle age working with patients who have experienced American racism, as a psychoanalyst working with patients deeply affected by violence, and as a psychiatrist working in community settings with patients whose addictions oftentimes represent an attempt to dissociate from the emotional impacts of violence and loss, I read these papers with particular interest.

This paper and its second part, published in the subsequent issue of *Psycho-Analytic Psychotherapy in South Africa* (see the following entry in these abstracts), explore the contributions of psychodynamic perspectives to the treatment of cases of acute and chronic traumatic stress as they present in a South African context. The authors also seek to integrate classical Freudian concepts (drive theory, preoccupation with survival, the structural model of the personality, and the role of the ego in coping with anxiety) with concepts drawn from object relations theory (developmental history, the internal world, and the processes of introjection and projection in engaging the external world) in understanding the effects of both acute and chronic trauma. They do this in the context of a contemporary society in which exposure to actual violence is widespread.

The first paper puts exposure to violence in the South African context and addresses ways that psychodynamic formulations can inform therapeutic interventions. The authors reference 1996 data highlighting the seriousness of South Africa's crime problem: "an average of 52 murders a day, a rape committed on average every 30 minutes, a car stolen every 9 minutes and an armed robbery committed every 11 minutes." Black South Africans make up a significant portion of persons needing therapeutic help after experiencing direct violence. The authors review some of the literature on the pathogenic role of trauma, beginning with Freud's emphasis on the nature and intensity of the stimulus, strength of the ego, the role of prior and subsequent life experiences, and efficacy of the stimulus barrier. They point to debates regarding the relative importance of the nature of the stressor, as opposed to the charac-

teristics of the recipient of violence. The authors take the position that, in treating persons who have experienced trauma, clinicians need to be open both to considerations of the nature of the trauma, and to the ways in which individuals construct its meaning. Theoretical overemphasis on the victim's unconscious motives with respect to the experience of violence may overpathologize the victim. Yet, it is also naive to dismiss the impact of unconscious factors in understanding the responses of victims to the violence perpetrated upon them.

Human-inflicted trauma, particularly trauma that employs gratuitous and degrading violence, is more likely than trauma from natural disasters to cause post-traumatic stress disorders, according to the American Psychiatric Association's DSM-IV and other sources cited in this article. In Africa, however, natural disasters may be seen in androcentric terms, such as the withdrawal of protection of ancestral spirits, understandable from an object relational perspective.

In South Africa, most therapeutic interventions with traumatized persons are brief and are provided in the context of nongovernmental organizations. The authors believe that psychodynamic formulations are important enrichments to these trauma-related services. They offer examples from both Freudian and object relational perspectives.

Freud addressed the disturbances seen in people suffering actual violent attacks in *Beyond the Pleasure Principle* (1920). He recognized that in some people, the experience of unexpected, overwhelming violence seemed to derail the ego's capacity for maintaining homeostasis in the face of aversive stimuli. Garland, in *Understanding Trauma: A Psychoanalytic Approach* (1999), notes that victims of violence may lose the ability to distinguish between a potential threat and an actual threat. Signal anxiety becomes automatic anxiety such that, for example, the body odor of a colleague can trigger a panic attack in the survivor of a rape during which the odor of the attacker was overpowering.

The authors draw on the work of Horowitz and Rangel, among others, in elaborating extensions of ego psychological thinking

about the impacts of trauma on the minds of the victim. They describe the traumatic state as one characterized by helplessness that can be brief, transitory, or complete and long lasting. In the traumatic state, victims may vacillate between feelings of traumatic intrusion and psychic numbing. Therapy can assist in what Horowitz terms *optimal dosing* of intrusive recall and defensive numbing, aimed at helping the traumatized person manage anxiety.

The ego may at times have trouble distinguishing between past and present. Where Freud saw the psychic repetition and reliving of trauma as an attempt at passive to active defense, Garland extends the idea of the repetition compulsion as "an unconscious attempt to get the original event into conscious life." Lifton reconceptualizes the idea of repetition compulsion as a kind of attempt at retrospective mastery of the traumatic situation through enactment.

The authors see in Freud's "Mourning and Melancholia" (1917) and the *Ego and the Id* (1923) an awareness of the internalization of object relations that paves the way for later considerations of the role of object relatedness in trauma. For the trauma victim, the external world may be experienced as filled with attacking objects, objects that fail to protect, and objects that abandon. Eagle and Watts believe that all psychoanalytic theories hold the internalization of stable and dependable object relations as important. Also important is the preservation of the representation of the good object.

Winnicott developed the idea of the transitional space in which a child can develop internal and external representations of object stability. Eagle and Watts see Nazi and apartheid ideologies as symbolic frameworks that attack psychic integrity and threaten the internalized good object representations. Elaborating on Bion's ideas about symbolization (alpha function) and experience (beta function), the authors hypothesize that corrupt symbolic frameworks can interfere with the transformation of bizarre experience (trauma) into symbolization (thought). Traumatic experience is thus concretely expelled through dissociation, flashbacks, acting out, or aggression.

The authors summarize their principles for the treatment of trauma in reality in nine points as follows:

- Optimal dosing of traumatic stimuli
- Restoration and reinforcement of healthy ego boundaries
- Recognition of repetition-related symptoms as attempts at retrospective mastery
- Sensitivity to failed enactments
- Awareness of cognitive constriction
- Restoration of the capacity to think
- Restoration of the good object
- Psychological accompanying of survivors through traumatic accounts of their experience
- Provision of an actively experienced containing relationship

Both Winnicott and Bion addressed the idea of containment (providing a sense of safety and psychological space) as important to the development of the capacity for thought, symbolization, and the ability to bear intolerable affect. The capacity of the therapist to provide containment in the form of a safe setting open to the account of traumatic experience, of reflection on that experience and of verbal naming of the experience, facilitates the trauma victim's ability to metabolize the trauma and restore his capacity for good object representation. The therapist may need to be more active than is customary in classical psychoanalytic settings and may need to tolerate what self psychologists have called an idealizing transference.

The authors conclude the paper by discussing the reality of multiple traumatization and of secondary victimization by the criminal justice system. Therapists working in South Africa encounter—as do therapists working with certain populations in America—victims of multiple traumas. Therapy in such cases may be complex, longer term, and require exploration of each incident.

Victims of violence, the authors hypothesize, can be additionally traumatized by failures of the criminal justice system to act as a safe, reliable container. Insensitivity, inaction, failure to collect evidence, and valuing a law officer's safety over the victim's can all function as breaches in the social framework that supports good object representations. Angry transferences to the criminal justice system—and to treatment centers and therapists—can ensue. These transferences may exert strong pressures on therapists to take action by intervening in the victim's behalf outside the treatment setting.

**Volume X, Number 2
2002**

When Objects Attack in Reality: Psychodynamic Contributions to Formulations of the Impact and Treatment of Traumatic Stress Incidences: Part II. Gillian Eagle and Jackie Watts, pp. 1-10.

This paper both extends and repeats material presented in the first of this two-part article (see preceding entry in these abstracts). Eagle and Watts begin the second in this pair of papers by observing that contemporary mass communications bring violence vicariously into our lives every day. This awareness of violence shapes the social matrix in which we develop psychologically. They consider trauma broadly: as a consequence of discrete acts of violence, prolonged or repetitive acts of violence, or of entrenched, institutionalized violence and discrimination against a target group. All forms of violence, they assert, impinge on the internal object relations of both perpetrator and victim. Through acts of violence, the psyches of attacker and victim interact to form new self and other representations.

A violent attack is both an external and an intrapsychic event. Projections, projective identifications, and forced introjections of violence occur between and among the participants and contribute to a new area of experience involving threats of destruction or loss of good object representations.

The authors describe Kirshner's ideas about the interaction of social violence and intrapsychic functioning. Violation of symbolic social laws can lead to confusion about symbolic categories. For example, incest may result in confusion about distinctions between parent and child. The negation of the status of an individual can lead to depersonalization. Massive trauma or catastrophic loss can be destructive to an individual's capacity to assimilate and articulate the experience. Attacks against community leaders can disrupt the sense of community stability. For Kirshner, the authors note, the psychic disruptions caused by violence lead to new object representations and meanings: "Aggression is love, I am an object, life is without meaning, racism is good."

Violence can also lead to a regression in defensive function to more archaic modes, such as splitting, projective identification, or fusion, thus weakening the capacity of the ego. It can also activate manic defenses as a means of protecting good object representations. In the clinical situation, what Grinberg has called *counter projective identification* can occur. Here psychological boundaries between the clinician and the patient become blurred, and awareness of distinctions between the reactions of the one and of the other are lost. This resembles the "psychic spillage" that may occur between perpetrator and victim in the moment of attack, as the psychic content of the experience becomes too violent or too destructive to contain. For the attacker, a violent act releases dread and urgency that is worked out in the exchange with the victim. The victim experiences the attacker's feelings of helplessness and anxiety. The attacker is thus unburdened, and the victim becomes the psychic container for the attacker's projections. Eagle and Watts assert that this exchange forces both to adopt new pathological object representations.

Citing Bollas, the authors discuss the concept of *object stealing*, suggesting that the attacker's envy of the good parts of the victim motivates the violent extraction of the victim's self representation, which leaves the victim empty of thought. Eagle and Watts suggest that the validity of this concept needs more testing. A clinical vignette illustrative of this concept concludes the paper.

Volume XII, Number 2
2004

Critiques of Projective Identification: A Critical Evaluation.

Gavin Ivey, pp. 1-20.

Gavin Ivey, a member of the psychology faculty at the University of Witwatersrand, has written this paper to address both the importance of Klein's concept of projective identification and objections to it. He also proposes a more precise definition of the concept and considers several alternative explanations for the clinical phenomena that the concept addresses.

Ivey explains that Klein considered projective identification to be both a primitive defense mechanism and a form of aggressive object relating. The idea has gained popularity because it does not involve a metatheory based on instinct, and it has lent itself to reformulation as a theory of unconscious communication. The concept has changed the way psychoanalysts think about the unconscious.

Grotstein has suggested that projective identification "demonstrates the existence of the unconscious as an 'alter ego' in a way that Freud had inadequately or incompletely envisioned." Further, according to Steiner, the self is no longer seen as a unitary structure, but rather is achieved "through the regaining and integration of lost and dispersed elements." Thus, the idea of projective identification shifts the aim of psychoanalytic treatment from making the unconscious conscious to helping the patient regain and integrate split-off or projected parts of the self. It also suggests that the unconscious is recognized not just in what people think about each other, but also in what they do to one another.

Critics of the concept of projective identification, such as Knapp, Ogden, and Meissner, have suggested that it is too vague and introduces more confusion than clarity into psychoanalytic theory. Others, such as Harris, have described it as "metaphysical magic" with "thought projectiles flying through interpersonal space, psychic structures jumping between minds and bodies." Grotstein, says Ivey, counters this objection by noting that it con-

fuses "a mental process in psychic reality with a mechanical process in physical reality." Sandler further clarified that the "parts of the self put into the object are put into the phantasy object, the 'internal' object, not the external object." Bion observed that projective identification is experienced in the psychoanalytic situation when the analyst "feels he is being manipulated into playing a part in the patient's phantasy." This results in the analyst's experiencing feeling states that don't seem to belong to him, a quality that distinguishes projective identification from projection.

How this occurs is not adequately addressed in the literature, says Ivey. He discusses the mechanism of projective identification in the context of clinical material presented in the paper. He then reformulates a definition of projective identification as follows:

Projective identification is a dual intra- and inter-subjective phenomenon whereby, for various unconscious motives, some aspects of one's person/self, based on early interactions with primary caretakers, is split off in phantasy and located inside some internal figure/representation, thereby identifying the figure with the disowned aspect of the self. Because the projector relates transferentially to other people as though they are internal figures, the projector behaves towards these others in a manner that puts interpersonal pressure on them to respond in a manner consistent with the projected self-aspect.

Projective identification has been criticized for giving the impression that the therapist's countertransference is the patient's creation and for allowing the defensive analyst to blame the patient for his own uncomfortable feelings. Ivey proposes that projective identification is an "amalgam . . . of what the patient unconsciously wishes to put into the analyst and what the analyst unconsciously discovers is already there." Ogden, says Ivey, carries this notion into his concept of the "subjugating third." When "the projected aspects of the patient's subjective life encounter the therapist's receptive subjectivity, a third intersubjective reality is created."

Other critics of projective identification have asserted that it does not differ from projection. Ivey reviews the literature with

respect to distinctions between these two concepts. While he sees them as having some validity, he does not believe that they justify abandonment of the concept of projective identification. He finds more compelling the arguments of critics who offer alternative explanations for phenomena explained by projective identification. One such alternative explanation is Sandler's concept of *role responsiveness*, in which the patient unconsciously provokes the therapist into unconscious enactment of a role deriving from the patient's childhood experience. Ivey believes that his revised definition of projective identification captures the nature of the interaction Sandler has identified, however.

Another alternative explanation is Porder's model, in which the patient induces strong emotions in the analyst (as opposed to projecting these emotions into the analyst). Ivey calls this the *interpersonal induction model*, and sees it as identical to Sandler's idea of role responsiveness. For Ivey, neither of these models accounts for the patient's phantasies of "locating mental and body contents in the person of the therapist," nor do they account for the patient's sense of emptiness and internal impoverishment. The interpersonal induction model does not imply a theory of cure, whereas projective identification implies, says Ivey, that the therapist's reception and processing of the patient's projections of aspects of himself is an essential therapeutic element.

A final alternative explanation addressed by Ivey is Weiss's idea of passive-into-active testing. For Weiss, "The patient who turns passive into active reproduces in his relationship with the analyst parental behaviour that he had experienced as traumatic: that is, he identifies with a parent and does to the analyst those traumatizing things a parent had previously done to him." In doing this, the patient unconsciously demonstrates the traumatic experience and tests the therapist's tolerance of these experiences. This interaction is a reenactment of trauma for the purpose of cure. Ivey sees Weiss's idea as more limited than projective identification and incapable of accounting for phenomena not already explained by the projective identification concept.

Ivey concludes with the observation that projective identification is an essential concept for the analysis of unconscious inter-subjective and interactional fields.

**Volume XIII, Number 1
2005**

The Relationship Between Deficit and Defence: An Exploration of the Ideas of Anne Alvarez. Arlene Joffe, pp. 1-18.

This paper is one of two in this issue that address the question of whether a symptom represents a defense or expresses a patient's need. The author is a psychoanalytic psychotherapist practicing in Pretoria.

Joffe states that Alvarez has introduced the idea that some defenses may represent the internalization of objects that are defective in their psychological containment function. Joffe believes that this idea can be extended to include the notion of interaction between deficit and defense. Psychological deficits may give rise to defenses that in turn aggravate the deficit.

Bion considered the mother as the container of her child's anxieties. In order to internalize this containment function, the child must first experience the satisfaction of her need and the accompanying sense of recognition of her own existence. Developmentally, this must occur before the child can tolerate recognition of the separate reality of the mother and bear her absence.

For Alvarez, says Joffe, paranoid-schizoid defenses can be seen as part of a developmental phase in which the good object representation is split off and protected when the environment fails to meet the child's needs. This relieves the child's anxiety. Idealization also serves the function of preserving a good object long enough for its internalization to be accomplished. Severely disturbed children may not have developed the ego integration necessary for the deployment of pathological defenses.

Additionally, as primitive defenses develop, further development may be inhibited. For example, if an individual attacks the links between thoughts that give them meaning, he becomes incapable of reflective and symbolic thought. Similarly, if a person has

not experienced, and thus has not been able to internalize, the mother's ability to link thoughts and affects, the person's capacity for thought is defective.

The infant whose mother cannot contain the infant's anxieties becomes a child who cannot contain his painful feelings. Such a child, as Winnicott believed, can use disintegration of thought as a defense against a sense of un-integration. In so doing, such a child can further alienate himself from available objects. Alvarez has suggested that deficits and defenses are invariably mixed. Joffe illustrates these ideas with clinical material from her work with a boy with severe impairment in his capacity to symbolize.

Joffe also discusses the defenses that Fraiberg observed in severely abused and neglected babies. These included avoidance and complete immobilization ("freezing"). These defenses prevented the babies from getting the contact they needed from their mothers; however, they were often able to make contact with a father or a clinician. Joffe proposes that, in the absence of an alternative object, the defensive behaviors employed by these babies with regard to their mothers might harden into more generalized defense mechanisms and create a developmental deficit. Joffe cites Reid and Tustin in suggesting that autism is related to this kind of deficit. (This, from my perspective, does not give adequate regard to biological deficits identified in persons with autism.)

Alvarez draws heavily on the concepts of projective identification, containment, and reclamation in developing an understanding of severely withdrawn, depressed, or disturbed children. Such children may have to experience feelings in an object before they can locate feelings inside themselves. When her mother is very depressed or unresponsive, the child cannot project aspects of herself to be contained and modified in the mother's mind. In the most ill children, there may be no sense of self until the child is able to find or reclaim a sense of aliveness in someone else. Joffe illustrates this idea through clinical material from her work with an autistic-seeming three-year-old girl.

She also uses this case material to illustrate *adhesive identification*. Meltzer and Bick introduced the concept of this defense.

Lacking a sense of self, the child clings to the mother to avoid the anxiety of a sense of separation. The child feels that she exists when she is stuck to, and the same as, the mother. Joffe sees this as a developmental step toward a sense of self. Her small patient's adhesive identification to a depressed mother contributed to the child's developmental deficit that could only be overcome by providing a responsive object in the person of the therapist. For Joffe, Alvarez has opened the door to thinking respectfully about the patient's need to find an object in any way that he can, and about how the patient's use of the object may prevent further development.

A separate article in this issue explores the use of erotic transference not as a defense against feelings of need, but as a bridge toward a meaningful self-object relationship with the therapist.

Volume XIII, Number 2
2005

And What about the Nanny? An Introductory Review of the Psychoanalytic Literature. Sarron Goldman, pp. 78-105.

This paper arose from recognition that in South Africa, the presence of the black nanny is frequently felt in case material. However, the literature on the role of the nanny in the psychological development of the child is sparse. Although the nanny may be the child's psychological parent, the temporary nature of her role may contribute to a lack of interest in her influence. With so many middle-class children around the world receiving care from nannies, this omission needs to be corrected.

Goldman cites Bowlby's observation that Freud came to recognize the significance of the infant-mother relationship late in his career. Bowlby attributes this to the fact that many of Freud's patients, like Freud himself, were raised by nannies. Goldman finds Freud's relative silence on the significance of the nanny curious, given the role of his nanny in his own life. She sees a blind spot in Freud's reflective thinking when it came to Monica Zajic, although he described her, and her appearance in his dreams during his

self-analysis, in his letters to Fleiss. Zajic was Freud's nanny until he was two and a half years old. Freud's mother, he wrote, had described Zajic thus:

She was always taking you to church. When you came home, you used to preach and tell us all how God conducted His affairs. At the time, I was in bed when Anna was being born She turned out to be a thief, and all the shiny Kreuzers and Zehners and toys that had been given you were found among her things. Your brother Philipp went himself to fetch the policeman and she got ten months!

Freud did acknowledge the influence of his nanny in a recurring screen memory in which he was crying because he could not find his mother. His brother Philipp opened a cupboard, but his mother was not there. He cried until she came through the cupboard, looking "slim and beautiful." Freud concluded that the memory related to his mother's absence during the birth of his sister. Goldman cites subsequent authors, such as Hardin, who see a conflation of the nanny and the mother in this memory, in which the affect of sadness over the loss of the nanny, whom he had described as having provided him with the "means for living and surviving," was obscured. Other authors, including Gedo and Blum, however, see Freud's attachment to the nanny as a displacement of his feelings for his mother.

Goldman sees other influences of Freud's experience with his nanny, a Catholic domestic worker who instructed him in "sexual matters," as well as in the religion of Rome. Goldman speculates that this is unconsciously manifest in Freud's hysterical anxiety about entering the city of Rome. She cites other authors who see in Freud's development of the theory of the Oedipus complex an attempt to disavow both his wishes with regard to the mother surrogate, and his awareness of the "intrusion of desire for servants in the lives of the servant-keeping classes."

Not until World War II did psychoanalytic thought focus on the role of substitute mothers. In England, wartime events provided

theorists at the Tavistock (Melanie Klein) and the Hampstead (Anna Freud) Clinics with many opportunities to observe the effects of substitute parents. Many children were separated from their parents during the war and cared for in nurseries. Anna Freud and Dorothy Burlingham organized some of these nurseries, where children seemed to spontaneously identify a specific mother substitute among the young girls who served as nannies. According to Goldman, in writings based on observation of children in these nurseries, Anna Freud did not add much to the theoretical understanding of the impact of nannies.

Giessman, says Goldman, observed that Anna Freud's own nanny, Josephine, had an impact on Anna's sense of herself as special in Josephine's eyes. Anna's own experience with her nanny may have influenced her interest in the idea of the "psychological parent."

Hellman, a psychoanalyst who worked in the Hampstead Clinic, developed ideas about the triangulation that can occur between a child, his nanny, and his mother. Mothers frequently hold ambivalent feelings toward the nanny and may relate differently toward the child, depending on whether or not the nanny is present. The nanny and the child may keep secrets from the mother. The child may exploit the mother's ambivalence and play the mother and nanny against each other. The nanny inevitably abandons the child and may thus bear the brunt of the child's hatred for both her and the mother.

Bowlby's work in attachment theory had its origins in observation of World War II orphans. Attachment, according to Bowlby, occurs between an infant and a single primary caretaker, and persists throughout the life cycle. The influence of other caretakers is, in Bowlby's view, marginal. Deprived of a primary psychological caregiver, usually a mother, a child can experience psychological damage. Bowlby's work has been cited both to support the role of the mother as the best provider of care for the child and to advance the professionalism of child-care. Bowlby did not oppose the idea of live-in nannies, and recognized that they could become the child's true mother figure, supplanting the parents.

Since the 1970s, more empirical research on nonparental care has emerged. This research, says Goldman, does not support the idea that a child must have only one primary caregiver in order to thrive. A meta-analysis of fifty-nine studies of maternal versus non-maternal care showed no real developmental differences between children receiving care from their mothers and those receiving nonmaternal care.

Today, in first-world countries, nonmaternal care is commonplace. Hardin, a Canadian psychoanalyst, observed that, over a five-year period, one-third of his new patients had nonmaternal primary caretakers. Goldman believes that this percentage is higher among white South Africans.

The nanny or female servant appears in several of Freud's case histories: Little Hans, the Rat Man, the Wolf Man, and Leonardo. Helene Deutsch has written about her own error in replacing her two-year-old son's nanny with a stranger. While Fenichel, Marmor, Winnicott, and Bollas wrote about cases in which the patient's relationship with a nanny had significance, they did not do so from a theoretical perspective. Sachs, writing in *The Psychoanalytic Quarterly* in 1971, may have been the first to give systematic consideration to the role of the maid in the child's development.

However, Hardin—perhaps more than any other analytic writer—has given detailed accounts of his patients' experiences with their nannies. Patients with early "primary surrogate mothering" often have screen memories in which the nanny is hidden in the image of the mother. What he calls "surrogate mother transferences" appear in the course of analysis and illustrate the "primordial importance" of the nanny. The fact that the presence of the nanny is often screened in memories, dreams, and the transference is due, according to Hardin, to several factors. The nanny is often lost early in the child's life; she is frequently replaced by the mother who was previously absent; and what may emerge in the transference is a longing to regain the closeness to the early primary caregiver and to expunge the profound experience of her loss. The loss of the nanny may be layered on top of the even earlier experience of the loss of the mother, leading to substitution by the nanny.

The child's experience of the loss of the nanny can be catastrophic and can lead to a fear of closeness with others, Hardin continues. The loss of the nanny is one of the most frequently occurring experiences of loss in childhood. Children may be unable to mourn this loss, and parents may be unaware of or deny the significance of the loss to the child.

In South Africa, domestic employment is the single largest source of work for black women. Hardin notes that, given this reality, the impact of their presence on the development of the South African children in their charge should be further explored.