

LOVE AND OTHER MONSTERS: AN INTRODUCTION

BY HENRY F. SMITH, M.D.

This is the third in a series of papers (and the second by Lawrence Friedman¹) that were written for oral presentation and, following peer review, considered significant enough in form and content to be published as they were delivered. In it Friedman cites four “monsters” of psychoanalysis that have, alas, been tamed over time. Each monster was conceived out of an unlikely amalgam of ingredients: the first monster was the procedure, a “lumpy fusion” of examination, diagnosis, and treatment manipulation; the second, the “odd coupling” of force and meaning, cause and motive; the third, the analyst as a “thoroughly ambiguous figure”; and the fourth, the “flickering reality of past in the present.” All four monsters have been dissected over the years, their organs dispersed, reducing each to only one or another of its parts because the combination proved too uncomfortable for the analyst. You will recognize in this paper Friedman’s provocative—some would say outrageous—speaking style. Be prepared to feel challenged, even assaulted. Almost everyone will find something to disagree with.

Take love, for example, featured in Friedman’s fourth monster. Is it true that the analyst’s love is an illusion and the patient’s love “merely virtual”? Let’s have another look. In his paper on transference love, Freud (1915) famously waffled on whether love in analysis was as genuine as any other love. You remember:

First, the argument *against*:

Against the genuineness of this love we advance the fact that it exhibits not a single new feature arising

¹ See also Friedman 2005.

from the present situation, but is entirely composed of repetitions and copies of earlier reactions, including infantile ones. [p. 167]

And then the argument *for*:

Can we truly say that the state of being in love which becomes manifest in analytic treatment is not a real one? . . . It is true that the love consists of new editions of old traits and that it repeats infantile reactions. But this is the essential character of every state of being in love. [p. 168]

And then the qualifier:

Transference-love has perhaps a degree less of freedom than the love which appears in ordinary life and is called normal; it displays its dependence on the infantile pattern more clearly and is less adaptable and capable of modification; but that is all and not what is essential. [p. 168]

And then the conclusion:

We have no right to dispute that the state of being in love which makes its appearance in the course of analytic treatment has the character of a "genuine love." [p. 168]

And then another qualifier:

Nevertheless, transference-love is characterized by certain features which ensure it a special position It is provoked by the analytic situation . . . intensified by the resistance . . . lacking to a high degree in a regard for reality, is less sensible, less concerned about consequences and more blind in its valuation of the loved person than we are prepared to admit in the case of normal love. [pp. 168-169]

And then the conclusion, once more:

We should not forget, however, that these departures from the norm constitute precisely what is essential about being in love. [p. 169]

Just prior to these musings, Freud has advised the analyst to treat the patient's love as "something unreal" (p. 166)—that is, to treat it *as if* it were virtual, to use Friedman's term. I emphasize *as if* because Freud seems to be arguing here that it is *not* unreal but must be treated as such. He does not say with Friedman that "the analyst feels transference love to be virtual." It takes effort to make it feel that way.

Friedman works his way out of this apparent contradiction with an explanation of what he means by *virtual*. He says transference love is virtual because analysis "exposes" the fact that "the past [is] inside the present." Of course, as Freud has just told us, the past being in the present does not distinguish love in analysis from any other; so it is the exposure, Larry says, that makes it feel virtual. But still, I wonder.

Might the whole business be even more difficult than Friedman makes it out to be? Might it hinge on something Freud emphasizes but Friedman does not: the *genuineness* of the love? While there are surely as many varieties of love in analysis as outside of it (including its absence), Freud is persuaded that analytic love is genuine, both transference love and countertransference love. (The latter is already a given since Freud takes such pains to tell the analyst to keep it "in check" [p. 164].) But if love in analysis is genuine *and it is to be analyzed* (which is fundamentally what I think Freud means by "treat it as something unreal"), this truly is a situation for which there is "no model in life" (p. 166). And it is not only an uncomfortable spot for the analyst, who must hold in mind two totally contradictory tasks, but a potentially explosive one, as psychoanalytic history testifies.

I suggest, however, that this contradiction is precisely what makes the treatment work. To be effective, the analyst must be fully engaged and fully the analyst. So if all affects in analysis, including love, are as genuine as any other, we could precipitate a fifth monster out of Friedman's original four, the passionate monster with the voice of reason; and we could then identify the many wounds inflicted on this particular monster over the years, as uncomfortable analysts have tried to tame it by draining the passion from the

work before it emerges from the beast. In this light, Friedman's complacent analyst who says "I only analyze" may be courageously trying to keep his or her eye on the ball despite the genuine affects flooding the field. As everyone knows, restraint of impulse is a slender reed.

I do not mean to reduce Friedman's paper to a discourse on love. It is that, but it is so much more. As you can see, his theme is no less than the history of psychoanalytic technique itself, and he emerges a champion of what was unique and essential to the enterprise before common sense took over. While Friedman has often invoked common sense himself when analysis has lost its way in theoretical muddles, he shows us at the end where his own passions lie: "The monster may rise again."

But before getting to this point, he gives us a glimpse of analysis through the portal of what he calls Freud's "innocent eyes." I suggest that it is precisely this quality that makes Larry himself such an effective observer of the psychoanalytic scene. Like the proverbial visitor from Mars (yet another lovable monster), he watches us as if for the first time, and it is his own capacity to do that—his own "innocent eyes"—that allows us to see ourselves as never before.

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17 Hammond Street
Cambridge, MA 02138-1915

e-mail: henryfsmith@gmail.com

WHAT IS PSYCHOANALYSIS?

BY LAWRENCE FRIEDMAN, M.D.

Although we are now less inclined to argue about whose treatment is entitled to be called psychoanalysis, we will understand current debates better if we revisualize what originally made psychoanalysis different from other treatments. At its birth, psychoanalysis twisted the common-sense treatments it grew out of into very peculiar shapes. In reaction to that extreme peculiarity, a process of normalizing began almost immediately and continues to this day. This process is illustrated by tracing the rise and fall of peculiarities in four aspects: medical procedure, the analyst's vision, the analyst's role, and the sense of time.

Good evening, friends! How do I know you're my friends? Look at my title. In the year 2004, who but friends would come to a talk entitled "What Is Psychoanalysis?" You might as well have signed up for "Is There Life After Death?" What is psychoanalysis—indeed! A tired, old, useless question is what it is, right? We don't fuss like that any more. You thought, "Have you no sense of decency, Larry, at long last? Have you left no sense of decency?" "This is psychoanalysis!" "That's not psychoanalysis!" Oh, not once again, after a century of yapping dogfights.

Who cares what's psychoanalysis? What difference does it make? The patent expired long ago, and the label doesn't sell anyway. What counts for each of us is what we like and value in what we're

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doing. We say: "I like the intimate contact," "I like helping people understand themselves and expand their meanings," "I like seeing people achieve their goals," "I like discovering unconscious fantasies," "I like radical honesty, or empathy, or finding how the brain secretes a mind," "I like philosophizing about the human condition." For each of our likes, there's an interesting theoretical elaboration these days, and that's what psychoanalysis is for each of us. No more ancestor worship. We try to stay compatible with science as it moves forward, and for the rest, we do what we find value in doing. End of subject.

And yet . . . and yet . . . what a shame if something special, strange, and unnatural, something weird and different from other human doings, just disappeared before we fathomed what it meant and what it could do.

So, while many of our colleagues are remodeling treatment from the ground up—reasoning it out, or doing what works, or putting it together from pieces of neurobiology and infant observation—all of them worthwhile, and indeed necessary, projects—I propose we ferret out what was special in the old psychoanalysis, what was strange, weird, unique, and ask not "How can we make it more reasonable?," but "What sensible idea can we wring from its original weirdness?"

To view the full freakishness of psychoanalysis, I suggest we look backward in time—watch the unnatural monster stir the tranquil tarn of reasonable procedure, watch it rise up and twist itself into bizarre rules. And then watch its torque relax, watch its unnatural shape unwind, and see the monster sink reassuringly back into the peaceful, green foam of common sense.

What I'll narrate is, in effect, four amateur monster movies. They are four extremely out-of-focus camera angles on psychoanalytic treatment as it first lurched into its famous eccentricity. They share a common plot, of course; it's just one monster. You must prepare yourself for loads of redundancy, as the various snapshots capture the same features over and over again. And above all, please don't confuse monsters with demons. Monsters should be approached with tenderness and fond appreciation. A monster is

the solitary representative of an endangered species. Listening to what follows, you might occasionally think of the shy, beloved Nessie in her deep Loch Ness.

You will notice that I mostly avoid technical terms. The whole purpose of analytic terms was to dress the scaly monster in a business suit. Unusual terms make the monster look (professionally) normal. Conversely; normal terms show how unnatural the monster is, and that is my purpose. Mind you, I'm not one of Strachey's ungrateful detractors. My aim is not to reclaim Freud for common sense, but, on the contrary, to light up the early unnaturalness of psychoanalytic treatment and its subsequent normalization.

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My first story is about a venerable medical triad.

Psychoanalysis emerged from an age-old, three-stage, medical procedure that you're all familiar with. The protoanalyst of *Studies on Hysteria* (Breuer and Freud 1893-1895) first examined his patient, then diagnosed her illness, and then treated her. You know what I mean: The patient was interrogated, a traumatic memory was discovered, and a treatment manipulation was carried out that might consist of inserting the memory into the patient's awareness. Nothing strange about that, no sneaky twists or turns, no funny posturing; the physician was a physician and looked like one.

Now watch what happened as psychoanalysis took on its special shape: These three procedures all morphed into one single thing—one odd, nearly indescribable new thing. The examination, the diagnosis, and the treatment, now almost indistinguishable, were tightly fused together for an indefinite term. No formal examination was conducted. The examining collapsed into the diagnosing (by which I mean that the disorder might be defined as the sum of the treatment reactions). And, apart from a few gross categories, the diagnosing, in turn, was totally identified with the treatment, since all the treatment amounted to was a leisurely tracing of causes and connections.

And what, you may ask, had become of the treatment manipulation? Ah, that! That was not even to be mentioned any more. Some-

thing strange had happened to it. Where the physician's manipulation used to be, there we find, instead, references to the patient's transference and regression. These diagnostic labels neatly concealed the analyst's own seductive procedure, including the tempting freedom he allows, and his continuous, selfless attention, which, to primates like us, effectively signals love.

Insofar as responsibility for this seductive effect was acknowledged at all, it was studiously attributed to the background setup (which got credit for "permitting" "regression"). An analyst would not be an analyst if he actually *intended* that manipulative effect; the treatment specifically depends on his *not* intending it. The old medical manipulation had escaped from the analyst's now-innocent hands and fluttered up into the office draperies, so to speak. Indeed, manipulation was so thoroughly cloaked in the examination that even you modern free thinkers listening to this are shocked to hear me talk about manipulation and seduction. Although a few writers knew better (including Freud, in some places [1925, pp. 40-41], and Macalpine [1950]), analysts were asked to think that the only proper manipulation was the patient's own action on himself.

As a result, analysts were required to be professionally responsible for something they didn't think they were doing. They had been hired to cure, but had somehow packed their treatment tools into what looked like a diagnostic test. "I only analyze," they would say complacently. And, ideally, that was, indeed, supposed to be their sole interest. Things were beginning to seem a lot queerer than they used to. The ordinary man would say, "Well, now that I know what's wrong with me, how does that help? When does the treatment begin?" (Indeed, general psychotherapists actually hear that question more often than they'd like.) It's a tribute to the power of cultural custom that this weird, apparently non-treatment treatment came to seem halfway normal in the twentieth century. And it is no surprise that it started coming apart almost at once, freeing each cramped ingredient to pursue its own renormalization.

The first element to break out of the amalgam was the manipulation (guided by a measure of diagnosis). No longer content

to hide, manipulation came out of the closet in the straightforward form of after-parenting, or after-education—a term unwisely made available by Freud himself (1916, p. 312), and pursued first by Carl Jung (1930, p. 33), and then by three great Hungarians and a lovable Englishman.¹

Another early proponent was the much maligned Franz Alexander, who first suggested a superego-ectomy (Alexander 1925, pp. 25ff.), but later (in effect) settled for a small transplant (Alexander 1956). (By this figure of speech, I do not mean to perpetuate the misunderstanding that Alexander advocated coddling patients.) In a harsher fashion, Herman Nunberg (1928) thought implicit threats (of withdrawal of the analyst's interest) were necessary, while more recently, John Gedo (1979) has been frank enough to open the package in broad daylight and select appropriate manipulation for certain conditions. David Raphling (1996, 2002) valued the subtle directiveness of all analytic treatments, and Irwin Hoffman (1998) turned unapologetically to intermittent manipulation.

Psychoanalysis has understandably shunned studies of manipulation, but in view of the fact that human interaction is intrinsically manipulative, this innocence comes at a price. Of course, the historical and essential thrust of psychoanalysis has been to minimize

¹ The Hungarians I refer to are Imre Hermann, Sándor Ferenczi, and Michael Balint. A short account of the remarkable Hungarian tradition and how it differed from contemporary Vienna-Berlin and English psychoanalysis is provided by Balint (1937), who also offers a rare glimpse of Hermann's ethologically oriented psychoanalytic theorizing. The Hungarians thought that infants exhibit a primary need for attachment and non-erotic object craving (as discussed in Ferenczi 1933), an idea later picked up by John Bowlby (1969) and carried forward by current attachment theorists. The lovable Englishman I mention is, of course, Donald W. Winnicott, whose work is widely familiar today (for example, Winnicott 1954, 1960).

The practical outcome of this tradition was to encourage therapeutic efforts to re-grow patients in a favorable analytic environment, a rationale cautiously introduced by Ferenczi and Rank (1925), and less cautiously elaborated by Ferenczi (1988) in his brave and honest experiments. (It is interesting to observe how analysts, whatever their approach, always address themselves to the local, respectability-conferring theory. Thus, Winnicott talks to, with, and against the reigning Kleinians, but seems to have engaged only in parallel play with his blood brother, Michael Balint. I do not attribute this solely to a wish for originality.)

manipulation, but the very effort to block normal, interactive manipulation has got to involve a manipulation of its own. Indeed, just because it is so essentially preoccupied with manipulation (in a negative sort of way), psychoanalysis is in the best position to deepen our understanding of manipulation beyond the simple, dramatic schematisms of common sense. But that project would have to bypass fearful debates about whether manipulation is evil, and whether analysis is free of it. The challenge should be neither avoided nor abbreviated, but exploited, as it was by Ferenczi in his 1912 analysis of suggestion, much appreciated by Freud.

Non-Freudian psychotherapists, such as the ingenious Leston Havens (1986), Milton Erickson,² and many clever family therapists, have experimented fruitfully with manipulation. Within our own circles, you are all familiar with forms of after-parenting inspired by new infant observation and legitimized by the neurophysiology of implicit memory and procedural knowledge. And, at our extreme fringe, professional extractors of abuse memories enjoy the simplicity of honest (i.e., direct) work. Whatever you may think of these procedures, they are procedures, and that's what a person normally expects from a treater.

Next to peel away from the amalgam was the diagnosing. Diagnosing today is liberated to run its own treatment, as the pure act of understanding. Diagnosing—that is, figuring things out—was always the most conspicuous element of the amalgam. It was the package wrapping, to mix my metaphor. Being a mutual activity, the pure act of understanding reduces the inequality between analyst and patient that is so onerous for modern practitioners. And the work of understanding is always welcomed by both par-

² Milton Erickson was a fascinating figure in the history of psychotherapy. I know his later work chiefly through its influence on a school of manipulative family therapists, of whom Jay Haley (1963) is a good representative. Haley offers a cynical but highly profitable scrutiny of the manipulative elements in psychoanalysis. Erickson's videotapes demonstrate a subtle, nondirective and intriguing form of "hypnotism" (which Erickson redefined in terms of interactive motivations and suggestions). As in all such masterful demonstrations, Erickson's effectiveness is enhanced by his persona—in this case, even by physical handicaps that included, as I recall, a barely audible speaking voice that subjects had to strain to hear. (For a brief biographical note on Erickson, see Gorton 2005.)

ties as a declarable, matter-of-fact activity to counterbalance the uncomfortable fogginess of what is going on—the is-it-offered-or-is-it-not uncertainty about the is-it-personal-or-is-it-professional relationship (which was the manipulation that had been stuffed into the psychoanalytic package).

The natural and most welcome path to normalcy, therefore, is to let diagnosing shake off those appendages—the examination and manipulation—and reclaim its ordinary purity as the plain and simple act of understanding, unadorned by technical constraint. Psychoanalytic theories may sport some pretty fancy concepts, but there is nothing at all strange about trying hard to understand someone by whatever means, and many analysts today have isolated that one normal element (understanding) from the unnatural amalgam. So normal is this element that even some traditional analysts who engage in a more specialized pursuit, declining to use just any old means to understand patients, still can't bring themselves to say flat out that there's something else going on besides understanding. Trying to hold their own against those who recommend self-disclosure or a frank exchange that facilitates the patient's understanding, they may say something like, "The reason you can't do just *anything* to facilitate understanding is that psychoanalysis is only interested in certain kinds of understanding (including, for example, understanding a negative transference)." Thus, even these old-fashioned types may feel obliged to go along with the common-sense view that trying hard to understand someone is what it's all about.

This relapse into normalcy is itself a thoroughly normal phenomenon. Quirkiness is hard to sustain, especially when it carries a hint of deviousness. To hobble the sensible, praiseworthy, egalitarian—and, above all, straightforward—pursuit of understanding with those old technical taboos and restraints seems utterly senseless to today's more normal practitioner. Why would an understander ever let arbitrary injunctions stand in the way of *any* good-faith effort to understand a patient? The old rules needlessly mystify a perfectly clear task; they bar many ways of examining the patient; they fuss up the cooperative work of diagnosis, and they clog it with a lot of pretentious hocus-pocus. We all yearn for normalcy. What psycho-

analyst isn't happiest saying, "I don't believe in technique: I just try to understand my patients"?

So now we have scrutinized the bizarre monster's lumpy fusion of *examination*, *diagnosis*, and *treatment*, and we have observed its subsequent devolution into normal parts.

And I turn to my second monster sighting.

– II –

While the psychoanalytic monster was doing something strange to the triad of examination, diagnosis, and treatment, something strange was also happening to the analyst's vision. He had begun with a perfectly ordinary image of the bits and pieces that make up the mind. He could see that some of those pieces gave trouble. A noxious memory was stuck in the mind and couldn't be regurgitated. It would be located and extracted by straight-thinking catharsis technicians who had a sharp eye for foreign bodies. But then, as psychoanalysis took its wild turn, the analyst's vision began to waver; it blurred and jumped around vertiginously. Now he thought he saw bits and pieces of mind that weren't bits and pieces. Somehow it was the whole mind itself—a person, not something stuck in a person—and yet also—how could it be?—still bits and pieces.

For example, there was the bit called resistance. It was a distinct bit, active against other bits, but it was also the patient's unsavory, little ways, and all his desperate wanting; it was the whole patient in a particular act—the act, alas, of fighting the analyst (Freud 1912, p. 108). Or consider the ego. A pretty important bit, you'll agree. But Freud (1937, pp. 240-241), at least, never forgot that it was just a way of considering a whole person; it was a person in his aspect of adaptation, and elaborators of Freud's theory, such as Waelder, Hartmann, and Loewald, made that clear.³

³ These three theorists picked up the "whole-mind" (person) thread of psychoanalytic theory—an original thread that had been relatively neglected while mental parts (the mechanistic aspects of mind) were elaborated. One sees this holistic project in the overall shape and direction of these theorists' *oeuvre*; representative examples might be Waelder (1930), Hartmann (1939, 1958), and Loewald (1960). Some contemporary analysts regard this theoretical direction as—to put

The analyst sees a whole patient, whose acts are meaningful and intentional, but he also continues to see a blind organism whose objective parts interact with deterministic, causal force. The rest of the world, in contrast, sees things just one way or the other: the bench scientist sees a human organism; friends and neighbors see a scheming person. Psychoanalysts see both at once, and that makes them very, very weird indeed.

And, as I said, weird is hard to sustain. It tires and yields to normalcy. Vision clears. Vertigo steadies. Nowadays, some analysts look straight at persons—who, being, after all, not things but persons—are plainly creating unlimited, new meanings in everything they do. We call those analysts hermeneuticists or intersubjectivists, or perhaps narrativists. Others take the alternative route to normal vision: They look objectively at patients and see amygdalized procedural memories heedlessly repeated, subcortical pathways mindlessly registering danger, left frontal lobes spinning confabulations, and sometimes a random, chaotic, spontaneous novelty generated out of cell membrane potentials. Those are integrative neuropsychanalysts, and no-nonsense empirical developmentalists, and their work is among the most fascinating of our time.

Either way, whether by taking a consistently hermeneutic or a consistently natural-science view, some analysts have shaken off the clumsy double vision that afflicted psychoanalysis in its odd season. As a bonus, they can also shed the burden of Freud's hybrid theory of mind. Psychoanalytic theory of the mind is too mechanistic for hermeneuticists and too "unscientific"—too philosophical—for observational scientists. As Paul Ricoeur (1970) declared, Freud's theory is what it is precisely because it yokes together heterogeneous terms of force and meaning, cause and motive. Since

it politely—a radical revision of Freudian theory. (Loewald has been accused of shamefully concealing his apostasy.) Such a misunderstanding of these authors simultaneously distorts early Freudian theory by ignoring its whole-mind aspects (see Friedman 1988, pp. 197-221), and glorifies new, inadequate theories that picture a mind without mechanisms. Treatment guided by such a new, one-sided picture will tend toward the inspirational.

that odd coupling is no longer necessary for a straight look either at a person or at an organism, psychoanalytic theory of the mind, with its baroque metapsychology, is gratefully abandoned.

I don't suggest that all psychoanalysts have ceased to struggle with the overlap of cause and meaning, any more than they have finally separated diagnosis (understanding) from treatment (technique). Far from it. But in each case, we can see how roads that initially came together in a singularity have tended to diverge again toward normalcy.

Now for my third sighting.

— III —

In my first sighting, I talked about psychoanalysis in terms of acts—acts of examining, diagnosing, and treating. In my second, I talked about analysis in terms of pictures—pictures of cause-and-effect parts and pictures of meaning-making souls. Now I ask you to consider psychoanalysis in terms of roles—defined roles and ambiguous roles.

Before psychoanalysis took off into strangeness, the protopsychanalyst was unmistakably a physician, a neurologist, a hypnotist, and a suggestionist. And he was happy to be seen as such, because those socially identifiable roles were part of the treatment. But as he took his peculiar turn, he deliberately shed those recognizable roles and refused to replace them with anything else. Despite the usefulness Freud had previously found in his physicianly image (and would continue to exploit and recommend), he now announced that everything that could possibly characterize a physician must be forfeited. The nature of the relationship was to remain in doubt. The patient was supposed to see him in as many ways as inclined.

For instance, an analyst would not handle a declaration of love the way a physician would and should, nor as behooves any respectable member of society. More significantly, the analyst was not to disclose any special interest, such as the research interest a physician might have, or even the wish for a dream to help him help his patient. He shouldn't even want to figure out the patient

while treating her. He was not to confirm that he wanted anything in particular; he let it be known that anything at all would do. In short, the analyst was to be a thoroughly ambiguous figure.

Here is surely a first-class weirdness. As Freud noted and illustrated throughout his *Papers on Technique* (1911-1915), there is no model for this ambiguity in society. Nobody likes it; nobody wants it. And it was bound to wear thin over the years.

And not so many years, at that. Those Hungarians I mentioned quickly settled into identifiable, nurturing postures. Winnicottians and Bionians described themselves as containers. Leo Stone (1961) imagined two mothers, one of closeness and the other of separation. The eternal temptation for analysts to imagine themselves as parents has often been noted. New knowledge gleaned from infant observation has reinforced this temptation.⁴

Few analysts, as I mentioned, see any point in mystifying the simple role of a kindly person trying to understand a partner. It is true that, despite the popularity of the role of understander, many analysts are still reluctant to share confidences with patients, as understanders customarily do in order to show safety and encourage reciprocation. But even anonymous analysts may defend their old ways by saying simply that self-disclosure distracts attention from the patient. In other words, they offer a perfectly normal excuse for their unsociable reticence, saying, "It's supposed to be about the patient and not about me." Fewer and fewer defend the old ambiguity for ambiguity's sake, designed to keep the uncomfortable patient groping and the uncomfortable analyst awkwardly evasive and deceptive. The outlandishness of not declaring what you are up to was bound to be eventually rejected by patient, by analyst, and by society—which, I am afraid, now considers it frankly illegal ("no informed consent").

⁴ But that trend may not be what it seems: one reason it is now more acceptable for analysts to imagine themselves acting like mothers is that mothers are understood to be acting like analysts in certain essential ways. That makes for a different sort of role than previous images of analyst-mothering, as we see in Spitz (1956), Gitelson (1962), Loewald (1960), Kohut (1984), Winnicott (1954, 1960), Bion (see O'Shaughnessy 1981), and Fonagy (2001; Fonagy et al. 2002).

– IV –

My fourth and last monster sighting is harder to document because of the peculiarity of the landscape. Seen close up, the apparently tranquil tarn of common sense was already a little spooky even before psychoanalysis disturbed it. One could detect a mysterious miasma over its surface, causing time to stand still, without past or present. Time, if I may put it this way, is the abnormal part of normal human experience.

So, in our fourth monster sighting, the waters aren't so placid to begin with: the monster in that setting looks a little like a lake fish, and it's harder for me to show you how it could disturb such an already-disturbed scene. But it's a matter of degree. Even against that background, psychoanalysis is still plenty strange. We would see its strangeness best through eyes that are as yet unjaded by analytic training and unhabituated by popular culture. Where can we find such innocent eyes? In one man only. Please join me in a longish and familiar detour through Freud's *Papers on Technique* of 1911 to 1915, where he describes, as I would put it, the discovery of psychoanalytic treatment.

Let me remind you that Freud begins *Papers on Technique* by obsessing (and that is the only way to describe it) about why the transference is the main instrument of the resistance. I have two questions about Freud's question: First, why was he surprised that patients wanted something from him, rather than wanting to remember something for themselves? And second, after finally acknowledging that this is exactly what you'd expect from people, why did he nevertheless insist on thinking of patients' actions on him as remembering?

The naive reader who follows the torment that Freud frankly records—his hesitation, disconnections, repeated starts, false conclusions—will imagine that Freud had not yet developed a theory that could explain what he was finding. That naive reader would be wrong. The theory wasn't complete, it's true. But Freud never did finish his theory, and that's because he asked all the relevant questions rather than dodging them for convenience. But his questions outlined what a complete theory would be. He raised

these questions as soon as gaps appeared in his answers, so most later developments were foreshadowed early on. Though emphases shifted with selective elaborations, it's hard to find a feature of his later theorizing that isn't present in some form even before the fruitful 1920s.

In particular, Freud had done all kinds of thinking about the relationship between passion and memory, much more than I can allude to in my allotted time here. I will simply cite two suggestive indicators:

1. Already in 1897, Freud wrote to Fliess: "A second important piece of insight tells me that the psychic structures which, in hysteria, are affected by repression are not in reality memories—since no one indulges in memory activity without a motive—but *impulses* that derive from primal scenes" (p. 239, italics in original). (I think Rapaport somewhere pointed to Freud's vacillation as to whether memory or passion was the etiology agent.)
2. And then again, by 1912 at the latest, Freud recognized that what we loosely call an unconscious memory isn't really a memory at all. He didn't wait for the sophisticated critic to come along, but asked himself, in effect, "How can I call something a memory if it's timeless?"

So we want to take Freud by the collar and say: "Look! You said that objects are fungible. And you said that what's in the unconscious is wishes and wish-fantasies, and you said that wishes latch onto any convenient reality, and you said that, being timeless, unconscious memories aren't experienced as memories. Why—*why*—do you find it so infinitely puzzling that patients are trying to get you to love them in their old way, rather than dutifully calling up scenes of their childhood?"

Many answers come to mind: Freud's habits from hypnotherapy, his preference for rationality, his impatience to make genetic discoveries, and his need to retain a professional distance by locating the patient's demands in another reality. And we should note

another stated reason: like the rest of us, Freud found it daunting to carve particular items out of continuous process without the objective justification provided by individual frames, such as separate dreams and reported memories.

But all that doesn't seem to explain the desperation with which Freud clung to the memory retrieval paradigm, or his sense of a rude force that was already hammering at that model, even as he was claiming victory for it in the first of the Papers on Technique, "The Dynamics of Transference" (1912). Suddenly, on the very last page of that essay, with his argument already completed, he throws up his hands, puts his elaborate memory theory aside, and without pretending that it follows from his reasoning, says simply: "In all these reflections, however, we have hitherto dealt only with one side of the phenomenon of transference We must turn our attention to another aspect of the same situation" (p. 107).

You might take that as an announcement that Freud was about to slice the phenomenon from a different theoretical angle. Nothing of the sort. "Another aspect," the "other side," is not another explanation of the phenomenon—it is not an explanation at all. Instead, what follows is a frankly melodramatic—and heartbreakingly realistic—portrayal of the agonistic grappling, and heated, personal struggle of the analyst with his patient.

Freud's just plain awe before that phenomenon pierced the clouds of all the preceding, soothing explanations, and reproached him for leaving his students with exactly no idea at all of what they were in for. It's as though he were warning, "Never mind what I just said about patients hiding; what you have to worry about—and I mean *worry* about—is their seeking." (If you think I'm making this up, go back and read again the disconnected last two pages tacked on to "The Dynamics of Transference.")

And that leads to our second question: why, after Freud thus boldly acknowledged that patients weren't using him to find memories—weren't even (as he had just assured us) making use of his person just to hide memories—why, after Freud confessed that patients weren't at all interested in memories but were openly seeking him out for satisfaction, why, even then, did he insist that

the patient's strivings should nonetheless be thought of as remembering (Freud 1914, p. 150)?

Mind you, when he tells us, now, to consider the transference as remembering, he is not talking about unmasking an eidetic memory. At this point in psychoanalysis, we are no longer dealing with a disguised event that would normally have discharged its affect as a conscious memory. On the contrary: despite Freud's wish to see the process of remembering as a natural activity like breathing, and despite his effort to see transference as conjured up only for the purpose of befogging memory, bitter experience made it clear that these allegedly interfering, current passions are actually the real, natural form of that which he had been calling memory. So—why keep calling them remembering?

I answer both questions this way: Freud had tracked the monster to its ancestral home, the deep tarn of human time. By human time, I mean the way we are, at every moment, at least vaguely aware of our whole life at once, the past alive within us and the future dangling before us. We are at all times made up of an original, enfolding union and a final, absolute extinction, and everything in between. If we lived only in clock time—the physically real moment—transference would either be just the error, or slip-page, that Freud had described in *Studies on Hysteria* (Breuer and Freud 1893-1895), or else it would be a mere defensive ruse to avoid a presently existing memory, as Freud was regarding it until the last page of "The Dynamics of Transference" (1912).

All Freud's patients—the Rat Man, for instance—were telling him otherwise. And of the many evidences that patients did not live in the present or in the past, but in both at once, the most glaring was the phenomenon of transference love. In the example of love, and the awkward position it put him in as a therapist, Freud first recognized the inescapable paradox of human time, not to be conjured away by words like fixation. Freud had to now—very, very reluctantly—accept the monster as it was: he was observing a mind and a relationship that was neither past nor present. Freud had tried to remain a therapist of the present. (That's what an abreaction specialist is.) As a practitioner, he knew that patients were somehow stuck in the past, but it took him a while

to figure out exactly what that stuckness had to do with the present. Patients eventually made it painfully clear in the transference. When he finally recognized, not just in theory but in the agonizingly real moment, that the past was not really past, and when he realized that this aspect of treatment was its crucial fulcrum, Freud found himself in a never-never land with his patient.

There is a quick and easy way out of that never-never land, and most theorists would have taken it. One could declare this kind of love a charade, like sleepwalking or posthypnotic suggestion. Freud was too honest and thorough a theorist to take that bait. Transference love is as real—and unreal—as any other love. And yet the analyst feels it to be virtual, and he is required to hold that love at a distance without, however, dispersing it. Disrupted intermittently by interpretations, the enchantment of the transference flickers against its mere virtuality, and most analysts have found that flickering to be the hallmark of their craft (see Friedman 2005). Freud's "Observations on Transference-Love" (1915)—which concludes his *Papers on Technique*—is the diary of a man painfully feeling his way into a role that had no model: he was an actor inside and outside of a passionate, but nevertheless merely virtual, drama.

But what does it mean to say it's a virtual drama? Freud himself asked that question (in his own words, of course). He had bravely declared that all love is virtual (1912, pp. 99-100). In principle, all social reality is transference, as we now realize. So if we need to see the psychoanalytic drama as merely virtual, it can't be because it is make-believe. What renders the psychoanalytic drama virtual, I think, is this: that it boldly exposes the paradox of the past inside the present. The paradox itself is nothing new; it's part of our everyday reality. It's the *exposure* that makes it virtual. Ordinarily, the paradox of the past inside the present is disguised by social responsiveness. When people talk to one another, their responses constantly reassure each other that "yes . . . it's just me you're talking to, and, of course, it's right now that you're talking." That is precisely what analysts don't say; in fact, not saying it is half their job. That cruel stepping back exposes the noncontemporaneity of the patient. And it is the unaccustomed spot-

light on the person's noncontemporaneousness—his not-all-here-and-not-all-there-ness—that makes the contemporary drama feel only virtual.

And now, thanks to your patience in accompanying me on this detour through Freud's laboratory, I can report my fourth and last sighting of the monster's rise and fall.

Historically, psychoanalysis emerges out of a perfectly normal activity: a joint effort by two people to recover a memory. There's a mechanics of memory. Both parties work the mechanism. Memory clues emerge, one by one, through a defile of consciousness. That's protops psychoanalysis, circa *Studies on Hysteria* (Breuer and Freud 1893-1895). But as Freud continues to stare at it, the treatment takes a funny turn, and we find him asking his patient *not* to try to remember—in fact, not to try for anything. Even weirder, the analyst is told not to try for anything, even cognitively. This is by any measure the most bizarre twist in the history of psychotherapy, an activity utterly unknown to man, a monster activity if there ever was one: a project purged of purpose.

Regard this well: the analyst is not a contemporary target because he makes no identifiable request. His indifference makes him featureless among one's daily companions. You can't place him in the social order because he wants nothing. The patient's unsolicited responses hurl themselves into a timeless void, revealing timeless purposes. Those purposes are framed in a free-floating, evenly hovering world, and find situations and persons wherever they can. The patient's efforts are no longer seen as firmly set in past or present, and they do not gel in either context. (Lacan described this vividly.⁵) Those efforts are torn from exclusive bond-

⁵ Obscurity makes Lacan both hazardous and safe to cite. I will be told by a Lacanian that I completely misunderstand Lacan, and I will call another Lacanian to testify that the first has not the faintest idea of what Lacan is about. So I am emboldened to say that Lacan, like the famous Zen master, asks us to understand that a patient's desire is co-constructed with a partner he will never meet. I think Lacan has captured an aspect of truth in his picture of a lifelong search for an undefined satisfaction that is represented solely by the sheer continuity of the quest, and by a borrowed string of shifting and inadequate images of desire. That vector of personhood, neither past nor present, is what I find relevant to this part of my argument. Some passages that suggest this to me (if not to a Lacanian) are elaborated in Lacan 1977a, especially pp. 47-48, and Lacan 1977b.

age to the past—an act of mourning. The same process makes those efforts flexible in the present.

It is the active interference with purposes—interference with wishes, efforts, and intentions—that distinguishes analysis from other psychotherapies. And yet like many other therapies, it proceeds as though it were an inquiry rather than an assault—a nifty trick, if I may say so. (If it works, it must have found a welcome. We should ask ourselves what human motive is satisfied—rather than being simply frustrated—by psychoanalytic interference. Is it a drive for mastery, or for play or freedom?) In any event, the term psychoanalysis would henceforth have two different connotations: it would be an analysis in the chemical sense of the word, forcing elements to precipitate out of their compounds, and an analysis in the logician's sense of reflecting on meaning.

Both of these actions—the breaking-down sort of analysis and the contemplative sort of analysis—focus on live, seeking desire. And one chief cleaver is the confusion of time. (I hope you understand that I use terms like desiring and wanting as shorthand for everything involved in a person's strivings, including associated fear, guilt, and punishment. I assume it is a psychoanalytic axiom that these all go together, and are, in turn, accompanied by shades of the patient's perceptions.)

My point here is that this peculiar machine for fracturing intentions, wishes, desires, and perceptions is a humanly unrecognizable activity, dealing with someone as present and past, with time rolled up into each moment of awareness. It is not only unrecognizable—it is painful for both parties. The analyst can react to the patient's approach neither as an illusion from the past, nor as a contemporary gesture, and so he has no straightforward way to meet it. Consequently, over the decades, analysts have sought out a more normal tense—one that is more normal than the flickering reality of the past in the present.

We note that normalizing tendency already in the 1930s. I've mentioned the Hungarians with their reparenting techniques. Many distinguished traditions, such as Winnicott's (1960), have subsequently endorsed what Balint (1932, 1968) called a new begin-

ning. There is nothing odd about giving the patient a second chance. It imitates and often improves the long line of someone's life. What it doesn't do is collapse that line in a double vision and double willing of past and present effort and responsibility, since the analyst accepts the parental role, even if he points out that he is replaying the patient's past.

Reparenting is not the only road back to a normal time sense, of course. A didactic analyst can use memories to help a patient see how old patterns shape his current worldview, and by this clear, causal diagram, spare him the perplexing double vision of a self-aware transference reenactment. Some hermeneuticists and narratologists eliminate the past altogether by treating it as an invention of the present. These are all ways of remaining on a consistent level of contemporary reality.

Analysts can also regain normalcy in the opposite way, that is, by regarding everything (including their own behavior) as, essentially, *just* the past, with nothing else to flicker against. Object relations theory is tempting in that respect. And Kleinian theory allows an analyst to stay on a single level of pastness, though that may be more a matter of story line than clinical work, where the distinction between the paranoid-schizoid and depressive positions resembles the flickering contrast of past-in-the-present reality.

How about current models of implicit memory and procedural memory? These are impeccably normal. Nobody has trouble picturing a habit or a reflex. Neurophysiology cuts the Gordian knot of time: everything is present in the tissues right now. You can find a current brain state for every mind state, and it is all in the present. True, organisms have a past—but they exist in the present. It is only the *person* that is not solely in the now. What made Freudian treatment weird was not its viewing action as imprinted by the past; its weirdness lay in imagining that what is alive in the present *is* the past effort itself, not just the effects of that old effort. Once the Freudian monster had arisen, therapists were no longer working on a leftover remnant from childhood; they worked on a whole person stretched out in time. In the monstrous Freudian model, responsibility isn't something long ago, impacting on the

present patient; rather, responsibility lies with the patient's continuous, meaningful, intentional authorship that he feels both backward and forward.

Today, by contrast, we talk in a more natural fashion about ways of being with another. Engaging, spontaneous here-and-now treatments aim for novelty, and they powerfully evoke our patients' inherent creativity. By heeding new biological knowledge, we acquire manipulative expertise with adults of the sort that T. Berry Brazelton had with infants. (Brazelton [1978] offers an extremely brief glimpse of how this sort of knowledge can be used, but his counseling techniques were best demonstrated in live practice.) When psychoanalysts dedicate themselves to straightforward understanding and explaining, they take their honorable seat beside the great, traditional, humanistic enterprises of art, music, literature, culture, and the general fellowship of human society. Such newer treatment is all about what human life is always about. When we speak to those issues, even our fond, technical jargon does not estrange us from common sense. Indeed, weird terms like *co-constructed reality* and *intersubjectivity* were actually invented for the express purpose of reassuring us that the lake surface is unruffled and the Freudian monster gone forever. In place of the unnatural Freudian paradoxes, these popular terms bring us back to natural practices common to *all* human socialization and *all* communication.

The sign of today's normalcy is that the old rules—the rules of the Papers on Technique—seem to be just that: rules, rules and regulations. They make no sense. In default of any natural function, such undeniably bizarre rules can only be attributed to the narcissistic or sadistic preference of the old analysts. Unfortunately, people being what they are, historical evidence for that default hypothesis can easily be found.

CONCLUSION

Now, clearly, anyone who talks about monsters isn't talking history. Psychoanalysis wasn't just one thing at its beginning, and it didn't

move forward along straight lines. What I've been projecting is what the sociologist Max Weber called Ideal Types. And about those types I've told you nothing you didn't already know. Everyone knows that analysis was originally nondirective, yet designed for effect; that analysts believed in causality but also in responsibility and free will; that analysts were healers, but weren't supposed to settle into any social role; and that analysts intermixed present with past. And long before me, Sidney Tarachow (1963) and many others observed that analytic procedure has a persistent tendency to drift into an ordinary social relationship. Many writers, like Lipton (1977), have noted that Freud himself was pretty relaxed about it all.

Indeed, you will probably complain that I've ignored what you consider to be Freud's own major change in the treatment model after the structural 1920s. And it's certainly not news that the old features have been blurred over the years and are increasingly challenged.

In fact, I have not only oversimplified the history; I have also oversimplified the subject matter. There's a big difference between theoretical models and clinical procedures. Most self-disclosing analysts disclose precious little and generally follow orthodox protocols. In practice, hermeneutic analysts use a causal, folk psychology if only in order to communicate. By and large, the common, general format of the psychoanalytic procedure is taken for granted as a kind of *basso ostinato*, while the analyst's picture is tailored to fashion, slightly favoring one aspect over another. Perhaps the Freudian model is useful mainly as a reference diagram to keep clear what is being modified and what is sacrificed during necessary innovation.

That said, I would defend my caricatures on two grounds: The first is that what analysts actually do is by no means the whole story. What analysts are seen to be *trying* to do is also terribly important, since it shows patients the plan and purpose of treatment. If you see how I really feel about you, that certainly has an effect; if you see me leaning over backward trying not to let my stifled reaction influence you, that is no less important. I think this is

not sufficiently recognized in debates like the one about self-disclosure. Striving for an unreachable ideal is one of the most powerful messages we can transmit. My second excuse for exaggerating the theoretical differences in our field is that, in our mixed treatments, the *proportion* of the ingredients is crucial. While it is certainly true, for example, that no analyst works entirely with procedural memories, to the extent that I set about manipulating a procedural memory, I am not only meeting the person differently; I am also forfeiting the older kind of manipulation, which required me to be nontendentious, disinterested, and respectful of free will. How much of that nondirective type of manipulation is sacrificed will make a big difference in treatment.

If a Freud Lecturer faced audience questions, you would pose two additional challenges: You would complain that I made it seem that the only reason for change in analytic models was the strain the old weirdness imposes on the analyst or the embarrassing position it puts him in. If Owen Renik (2001) were here, he would suggest another incentive, namely, that analysts switch procedures when they find more successful ones. I'd say: "Thank you, Owen—it's a good point."

But surely a program's success must be measured against its objectives. What was it that the Freudian rules were designed to accomplish? And can it be accomplished otherwise? There are doubtless many ways to reconfigure people's worlds. How do those ways compare with the Freudian way? These are open questions, and I'm sure you have your own guesses. As for me, if I hadn't known the Freudian setup, I could only think of treatment as akin to persuading an introspective person to read a good novel. To be sure, that is an experience that changes our world somewhat, and it does, I suppose, have something in common with the talking cure. Well, then, how about that? Let's try it on and see if it fits: analyst and patient create new visions by making new readings of the patient's experience, based on all the scientific knowledge one can acquire about human beings, including the shape of the transference. I know some very smart analysts who think that answers the question.

How about you? Isn't it a bit too anemic to capture your analytic experience?

I think most of you will agree with me that the Freudian monster shows us a more feisty activity. It is the painful but liberating splitting of desire as well as vision. In Freudian analysis, we see desires being muscled into relentless recategorization. We see live wishes and momentary reachings caught in real time and disrupted, like a tennis ball hitting a net and bouncing back into the server's court. Ultimately, the setup is nothing less than a weirdly distorted sociality, designed to disrupt a continuum of will and perception and the illusion of presentness.

I think that's what most of us have had in mind by psychoanalytic treatment. It's a very ambitious undertaking. It may not be achievable in more common-sense ways. The monster may rise again.

Thank you for your patience.

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FORGING DIFFERENCE OUT OF SIMILARITY: THE MULTIPLICITY OF CORRECTIVE EXPERIENCE

BY IRWIN Z. HOFFMAN, PH.D.

In the context of work with an adult survivor of childhood sexual abuse, the interplay of multiple forms of engagement contributing to therapeutic action is explored. The compulsion to repeat old patterns is seen to be gradually overcome by new corrective experience in which the whole of the patient's sense of the analyst as a person is greater than the sum of its parts. Interpretation of enactments—often involving patterns of dominance and submission—is complemented by a range of “helpful” actions that must be detoxified. That process entails the progressive differentiation of coercion and influence, on the one hand, and of compliance and responsiveness, on the other. In the end, autonomy and creative responsiveness emerge as integral to each other rather than as mutually exclusive. This development requires that the patient gradually relinquish an “essentialist” view of self and other in favor of a “constructivist” view, in which the ambiguity of experience offers opportunities for new forms of relational engagement and understanding.

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PSYCHOANALYTIC PARTICIPATION: DETOXIFYING ORDINARY "HELP"

One morning as I was driving to work and listening to the news on the radio, a commercial came on advertising a clinic in Chicago that claimed to specialize in the treatment of chronic fatigue syndrome and fibromyalgia. A contact phone number and Internet address were offered. I thought about my patient Sarah, who had been fighting such a condition for years, in many different ways, mostly to no avail.

Sarah was a married woman in her forties who had completed all but her dissertation in pursuit of her doctorate in the humanities. She taught at a community college in a distant state. I had been working with her for about nine years. We met in person, three times per week, during the first four years, but we were restricted primarily to phone sessions after that, when, having completed her course work, Sarah moved to live in a small town in a nearby state, where her husband held a position at a local university.

As I listened to the radio commercial, I thought I would jot down the number. I had a pen in my pocket, but no paper. I reached for my calendar book and opened it to a blank page. But the number had already been announced without my getting it. So I was ready to give it up. The traffic was fairly heavy and writing down the number was not an especially safe thing to do. I thought the chances of this clinic's helping Sarah were pretty remote anyway. She had tried several such places, and none had made any difference. But now the number was being repeated, so I took it down after all. If it had not been repeated, I would not have gotten it, nor would I have gotten it if I had not had a pen handy. It is somewhat unsettling to think that turning points in the course of a person's life might sometimes depend on such trivial, chance occurrences in the life of his or her analyst.

Some time later that day, I gave the number to Sarah. She happily took it down and conveyed heartfelt appreciation. She noticed things like that: little gestures even slightly beyond the call of conventional "psychoanalytic duty." Weeks passed, though, and Sarah

had not called the clinic. I knew this because I checked with her now and then. I guess the enthusiasm of the advertising was influencing me, and I developed some investment in her giving this clinic a try. She said she was just so busy with things she had to do, but she would get to it once this or that chore was taken care of.

Sarah had a lot to deal with all the time, both psychologically and practically. But she also had a tendency to procrastinate to a degree that could be harmful to her well-being. That tendency of hers, combined with my eagerness to help, provided fertile ground for an enactment: I could become a pushy authority; she might drag her feet, which could elicit more pushiness from me, which, in turn, could elicit more foot-dragging from her, along with some loss of her own sense of desire, and so on: a vicious circle. The whole scene had features that echoed, however faintly, Sarah's traumatic childhood experience of sexual abuse, in which her father's desire became the overwhelming force that virtually obliterated Sarah as a free, desiring subject—a ferocious, psychologically murderous form of engagement that Benjamin (1988), Davies and Frawley (1994), Bromberg (2001), Shengold (1989), and others have identified and discussed. The potential for the enactment was continually in the air between Sarah and me—more or less realized and more or less overcome.

There is another complication. It was not simply a blessing, of course, for Sarah to find in herself a desire to call the clinic. Because as threatening as it may have been to feel her sense of her own will jeopardized by awareness of my influence, it was at least equally threatening for Sarah to be in touch with her own desire, her own wanting of something that she herself felt would be in her interest. Reflecting a tendency that Ehrenberg (1992), Davies and Frawley (1994), and others have identified as common in patients who have been sexually abused, *any* desiring on Sarah's part was experienced as potentially incriminating. Ehrenberg observed that in such patients, "the cutting off of desire extended beyond sexual desire to wishes and feelings in general, even to intellectual curiosity and development" (p. 169).

Sarah was plagued by intense masochistic tendencies that added immeasurably to her sense of shame and culpability. If she

were desirous now, she could have been desirous as a child, and if she were desirous as a child, she was partly or wholly responsible for being sexually abused. Better to demonstrate that she was a person without any desire or will, or at least a person who was ineffectual, than to leave herself open to that retrospective indictment. But if she managed to spare herself that indictment, she left herself open to having been taken over by the governing, loveless desire of the other: a choice between two evils, if ever there was one.

So the analytic work must aim in the long run to detoxify and reshape both the patient's desire, on the one hand, and the analyst's participation and influence as the patient experiences them, on the other. Davies and Frawley (1994), in their groundbreaking book, explored a range of complementary forms of transference-countertransference enactment that may emerge in analytic work with adult survivors of childhood sexual abuse. The effort to overcome those enactments through reflective interpretation stands a chance of detoxifying forms of participation that bear some apparent similarity to those early influences, so that the benign aspects of the analyst's involvement can gain strength, can grow in terms of their appeal, and can be absorbed more fully.

My focus here, however, is not just on mutative interventions addressed to the transference or to transference-countertransference enactments, tempting as it is to dwell on them because of their special evocativeness and power and because they are so recognized as fundamental to, and even as defining of, psychoanalytic process. I would like to attend, instead, to the *multiple* catalysts for change in the process, including those activities on the analyst's part that may be commonplace in social life, and that—when taken out of context—would not necessarily be recognizable as *psychoanalytic*. The reality is that they are, indeed, definitively psychoanalytic when viewed *in* the context of other aspects of the process, such as the idealization promoted by psychoanalytic ritual (a factor that I will say more about shortly) and the struggle against damaging repetition through reflection upon momentary or prolonged, deleterious forms of enactment. The work in these areas helps to set the analyst up so that his or her seemingly more every-

day helpful efforts and gestures have a better chance of being invested with benign meaning and power, and of being received and assimilated in ways that are transformative.

Those efforts and gestures themselves are often tangled up in enactments that need to be reflected upon and overcome. It is possible that work on particular enactments can generalize, so that other moments of participation on the analyst's part that have the potential of enactment do not take that course, and can be assimilated by the patient as helpful in a relatively uncomplicated way—and in a way that, taken out of context, seems to be psychoanalytically “uneventful.” A kind of unspoken, detoxifying reflectiveness might accompany those encounters, or they might simply bypass the schemata of the repetition compulsion altogether.

There is an interplay here, a kind of dialectic, between, on the one hand, active detoxification through interpretation and collaborative reflection on enactments, freeing space for other caring forms of engagement, and, on the other hand, multiple instances of caring engagement creating grounds for somewhat more benign forms of repetition than might otherwise emerge. At the same time, moreover, the interpretive, detoxifying moment has greater power because the experience of repetition contrasts more vividly and experientially than it might in a more traditional paradigm with the patient's sense of the analyst's benign involvement.

In effect, what is illustrated here is a particular expression of what I have conceptualized as the dialectic of psychoanalytic ritual and the analyst's personal spontaneity. Spontaneous, expressive “deviations,” such as attempts to offer practical help of various kinds, and more routine psychoanalytic modes of engagement, such as listening and interpreting, form a dialectic that is at the heart of therapeutic action (Hoffman 1994, 1998).

There is one other factor that should not be underestimated, much less ignored. A patient like Sarah *begins* her analysis with capacities for giving and receiving love that are relatively healthy and intact. I am not sure where she got those capacities, but they were there, and we were definitely not starting from scratch. It is not an accident that I liked Sarah very much from the beginning,

and that I have been inclined to extend myself for her benefit throughout. Whatever we have accomplished in the analysis has partly built upon strengths that the patient brought with her and that antedated the analytic relationship (Hoffman 2006).

THE "WHOLE OBJECT" AND PROCESS ARE GREATER THAN THE SUMS OF THEIR PARTS: THE PERSON OF THE ANALYST AS THE CONTEXT OF HIS OR HER ACTIONS

This perspective takes for granted that the whole of the psychoanalytic process is inevitably greater than the sum of its parts, even though the whole is often very hard, if not impossible, to put into words. The "whole" in this case includes my person, within my role as psychoanalyst, as a presence in Sarah's life. Conversely, it includes Sarah's person, within her role as analysand, as a presence in my life. With respect to my involvement, everything I do with Sarah, every so-called intervention, every choice I make with her, occurs in multiple contexts, one of which is always my own personal presence as Sarah's analyst. *Behavior* does not have essential meaning that can be divorced from the context of the person who is carrying out the action, whether analyst or otherwise—a "control," incidentally, that is sorely lacking in most so-called "systematic empirical research."¹

I believe the therapeutic action of the process is as complex and varied as (although by no means equivalent to) what is entailed

¹ The kind of indirect causal relationships I am trying to capture in this paper, which involve multiple interactions and not fully knowable relevant contexts, have their parallel in nonlinear dynamic systems theories as described by Seligman (2005) and others. I believe that concepts derived from and applied to such phenomena in the physical world add to our sense of conviction about their analogues in the world of human intention and meaning, and might even suggest added nuances of understanding. I do not agree, however, that these concepts offer a metapsychology for development of theory applied to the human, experiential world. I agree with Gill (1976) that concepts associated with the physical world belong not to a higher level of abstraction than those associated with psychological events, but to a different universe of discourse.

in good parenting (cf. Loewald 1960, quoted by Cooper 1988). The quest for the core, essential ingredients of therapeutic action is often based upon misleading objectivist assumptions. The spectrum of specific activities I have engaged in with Sarah are wide ranging, contingent, and hardly predictable. In a superficially “standard” analytic way, much of the time I listen and try to understand and convey understanding of the manifest and latent meanings of Sarah’s communications. I say “*superficially* standard” because the listening and interpreting themselves undoubtedly reflect, in their style and content, aspects of my particular point of view and personality. But it is true that I have also been involved with Sarah in many other ways. I think many of these modes of engagement are probably quite common in analytic practice, although not often spoken about. I want to convey some examples at this point. My purpose is to give some of the flavor of the range of types of participation—identified, for the moment, only in terms of their manifest meaning. It is a little like reporting the manifest content of a series of dreams, with the understanding that the possible latent meanings are myriad, but also with the major caveat that the analyst’s participation, unlike the manifest content of a dream, has real influence in real time. There is a dialectic here between the analyst’s participation understood as literal, or what Schafer (1985) calls “actual,” and the same participation understood as figurative and ambiguous, holding many potential layers of meaning (Hoffman 1998, pp. 79, 216, 234; Kern 1987).

Red flags may already be flying regarding the multiple possible meanings and consequences of any overt action of the kind I will describe. Keep in mind, however, that any moment of manifest *inactivity* or *silence* on the analyst’s part warrants the same kinds of questions: what are its possible meanings to the patient (*other* than that the analyst is simply listening)? What is being inadvertently suggested by the silence or the inaction? What are its potential consequences? What risks does it entail? What enactment might it be part of?

If I ask Sarah now and then whether she has called the fibromyalgia clinic, for example, my participation lends itself to echoing her father’s imposition of his will. But if I do not ask at all,

might not my participation lend itself to echoing an all-too-passive closing of the eyes to whatever Sarah had to suffer? Indeed, as is so often the case in such families, Sarah's mother was remarkably passive, to the point of seeming to cooperate with the father's abuse of their children. Also, Sarah was in analytic therapy for six years, between the ages of fifteen and twenty-one, with a woman who was largely silent with the exception of occasional interpretations of the patient's sexual fantasies and conflicts. Is there an optimal *frequency* of my asking about the fibromyalgia clinic, and is there a *way* of asking that will *ensure* that my participation will echo *neither* Sarah's experience of her father *nor* her experience of her mother or former analyst (not to mention countless others)? Any claim of that kind is an expression of essentialism: "This behavior has *this* meaning; if the analyst backs off now, is quiet now, it will give the patient the space she needs to find and exercise her own will." Such a claim in a constructivist view is never valid. It does not do justice to the ambiguity of *any* behavior on the analyst's part and its multiple possible and even plausible meanings to the patient. With full appreciation of the multiplicity of potential meanings accompanying *all* forms of engagement, consider the following ways that I got involved with Sarah in the course of the work.

I consulted to her on her relationship with her husband, J, and suggested how she might deal with his apparent insensitivity in responding to various hardships she had to endure. For example, I commented that, if she herself found the idea compelling, she might consider saying to him that she has the impression he is afraid to empathize with her because he actually feels overwhelmed by his acute sense of her distress and by his own identification with her. My sympathy was not always entirely with Sarah; I also challenged her when she was enraged with J for his impatience regarding her sexual unavailability, as well as her failure to contribute more income to the household. I reminded her that his apparent impatience emerged only after many years of tolerance of her limitations and of his own resultant deprivation.

I worked with Sarah on her dissertation proposal and offered various minor editorial suggestions, in addition to discussing substantive issues. Sometimes the content of those issues actually dovetailed with the content of emotionally significant issues and conflicts in Sarah's life that had been the focus of considerable analytic work. In those instances, analytic exploration emerged serendipitously from what began as a conversation that had an "extra-analytic" flavor. When she had great difficulty with a faculty member who was alternately severely critical and unavailable, I let Sarah know that I had heard that he was like that from an entirely independent source. After a series of disappointments, one faculty member responded very enthusiastically to a draft of her dissertation proposal and agreed to chair her committee. Sarah called immediately to give me this news, and we exchanged phone messages with happy exclamations of relief.

Over time, I worked hard with Sarah in many different ways to help her overcome her alcoholism, an addiction that had been unrelenting for thirty years. My involvement included, among other things, the following: interpreting the drinking—in this instance, actually following Sarah's lead—as a repetition in which she abused her body, forcing a toxic substance into it, while cultivating the illusion that the alcohol merely afforded a means of escape from the impingement of the outside world; researching and suggesting alcoholic treatment programs; working with Sarah after her discharge from a residential treatment program to help reverse an insurance company's decision to decline her claim; and so on. It stands as one of the achievements of the analysis that Sarah was able to enter a one-month, residential alcoholic rehabilitation program six years into the analysis and to begin a continuous period, now spanning more than four years, in which she has not had a single drink. She has emphasized repeatedly that it is a huge accomplishment for her, one that requires effort every day of her life, and she is always appreciative when I acknowledge it and recognize its magnitude.

CRITICAL REFLECTION ON THE ANALYST'S "BEST INTENTIONS": THE DETOXIFICATION OF INFLUENCE AND DESIRE

It is important, of course, never to assume that *any* participation of this kind will be absorbed as simply good, or as contributing to relatively new, growth-promoting experience, rather than to a damaging relational scenario with origins in the past. It is imperative that the analyst make a special effort to listen for the patient's experience of his or her involvement, particularly when that experience might diverge from what the analyst believes has been his or her intention. An important factor that has promoted the ascendance of the benign meaning of my participation in the work with Sarah has been interpretation of malignant meanings whenever I have been able to detect them surfacing in the patient's experience as manifested in dreams or other associations. This aspect of the work has the potential to encourage critical reflection on the emotional equation that persists between pathogenic modes of interaction in childhood and certain current interactions. Such reflection may reveal points of similarity between the two that account for the failure to differentiate them, at the same time that it invites consideration of the possible differences. In effect, the aim is to achieve *differentiation* in the context of certain elements of *similarity*.

This approach resurrects the notion of corrective experience, but only by transplanting it from an objectivist framework, in which the analyst presumes to *know* what the patient needs and exactly what to do to provide it, into a constructivist framework in which what the patient needs and what the analyst is doing are both characterized by ambiguity and uncertainty, and in which the potential for enactment of pathogenic experiences of the past is always present *along with* the potential for new experience. Excessive zeal about being the good object can blind the analyst to the multiple conscious and unconscious meanings that his or her participation could have for the patient, as well as for himself or herself.

Intermittently, Sarah felt that the analytic work itself, or some action in the world that followed logically from that work, was just too much for her to handle. While it often seemed important at such times that I back off in terms of conveying any kind of expectation or pressure, it was also important to recognize the element of reliving that was invading and shaping the current experience. We became familiar with certain phrases, such as "It's too soon" and "I'm not ready yet," as applicable to the childhood experience of sexual abuse and as transferred reflexively to the current situation.

Sometimes the patient's procrastination seemed to assume a kind of stubbornness that evoked my frustration and impatience, which, in turn, exacerbated the patient's passive stance. In general, Sarah's aggression sometimes found expression in a kind of quiet, passive withholding that was more or less evocative, creating more or less "heated" or "cool" enactments, depending upon the seriousness of the issue involved and depending upon the extent to which my own interests were affected. In one period, Sarah was concealing from her husband the number of times we were meeting per week and the total monthly expense of her analysis. I felt caught up in a rather heated enactment in which the analytic work became a kind of clandestine affair. Sarah's subterfuge was also impractical in the long run, since the budgeting required her husband's agreement and participation. There were sessions in this period when my voice in confronting the patient became quite stern and even angry. Sarah, in turn, would speak adamantly and somewhat angrily in defense of her position: "Look, I'm going to talk to him about it. I just can't right now. I have too much to deal with. My fibromyalgia is very bad now. I have too much pressure from work," and so on. I recall her sense of despair as she felt she was in danger of losing me if she did not bring everything into the open, but she felt that she could not do so because she feared her husband would be angrily opposed to her spending so much on the analysis. Yet Sarah also appreciated the poor judgment involved in her choice to conceal the information, as well as the untenable nature of the position she was putting me in.

In a breakthrough session, Sarah revealed, in keeping with her considerable capacities and courage as an analysand, that she had become aware of feeling a certain element of pleasure in the power she was exercising in opposing me, even if it was destructive to herself in the long run. At one point, she said, "I had a sudden thought that I felt you really cared, and then I thought that meant I had power also to make you feel things. In one way, it was reassuring and calming, but at the same time it brought out a devilish, mean streak in me because I thought: 'Good! Now I can control him by being really fucked up.'" She even described the pleasure as "sadistic," a feeling she had been able to identify in connection with several other instances of passive opposition to my expectations. With such insight, along with critical reflection on the recurring feeling of "prematurity" in connection with having to carry out a difficult action, the patient was often able to overcome the construction that I was pushing her, insensitively, to act, virtually against her will, and to replace that construction with the sense that I was probably encouraging her to act on her own judgment that she needed to take care of something in her work life or her love life.

What enabled Sarah to break out of the enactment by reflecting on her own investment in it, her own seeking of masochistic revenge through it? I mentioned Sarah's considerable courage and capacity as an analysand and the strengths she brought to the analytic work before we even began. But is there any contribution from the analyst? Had I done anything to increase the likelihood of Sarah's reaching that level of reflectiveness?

I would say that it is a mistake to look for an answer to that question merely by examining the details of my interaction with Sarah in that particular session, even though some of its features might be relevant. The heart of the answer lies, rather, in the quality of the relationship *as a whole* that had been built up over time, and that had a place in Sarah's mind alongside the sadomasochistic organization of her experience of herself and of me. That other quality of relationship—one that entailed mutual respect and a sense of me as a person and an analyst who cared about Sarah's well-being and about her realization of her potentials as an agent

in the world—that other quality of relationship was incompatible with the sadomasochistic organization, and was slowly growing in terms of its reliability as well as its appeal. It was potentially, at any given moment, a way of being that Sarah could choose to embrace at the *expense* of the pleasures, the security, and the connection with father that the sadomasochistic pattern afforded.

The causal sequence described here is decidedly *nonlinear* (cf. Seligman 2005). It grew out of Sarah's sense of the dissonance between the heated enactment in which we were caught up and other constructions in Sarah's mind—of me, of herself, and of the two of us in relation to each other, which were becoming more powerful and compelling over time. The buildup of those other constructions was born, as I have said, out of innumerable wide-ranging interactions that cumulatively fostered a sense of me as available in many different ways, and as interested in Sarah's many different potentials. The whole of the relationship included a sense of possibility, a sense of what was imaginable that *emerged from* the sum total of all that we had done together, but also went well beyond it.

In keeping with the importance of being involved in many different ways, hard work on transference-countertransference enactments, such as what I just described, was complemented by other occasions when I would not only back off, but even playfully *indulge* the patient's appeal for a reprieve, for rest, for regressive retreat. Such indulgence was possible, of course, only when the issues were not especially urgent. Sarah sometimes wanted to imagine being curled up, with my "consent," in a nestlike enclosure under my couch, where she could just rest or sleep. After a series of difficult, nightmarish dreams, Sarah playfully asked if I could somehow prevent any further ones from occurring the next night, and I, in turn, played with the idea of having magical authority by offering hypnotic-like suggestions—to Sarah's amusement—to the effect that she was not to have any disturbing dreams that night, certainly none that she would remember. Such play was also implicitly *interpretive*, since it alluded to a wish that I did not, of course, have the power to gratify in a literal sense. In the play, I

conveyed my feeling that the patient *deserved* some relief and indulgence, some escape from too-religious devotion to an analytic work ethic, at the same time that I displayed, through ironic action, what was not actually possible.

Getting relatively free of one kind of enactment through a combination of interpretive work and other actions sometimes plunges the analyst right into another kind. The playful indulgence I just described lends itself to being experienced as seductive. In general, a relational perspective that encourages the effort to provide corrective experience may have a greater potential of being experienced along the lines of seduction and abandonment than do more traditional approaches (Davies 2005; Hoffman 2001).² No frequency or quality of caring gestures on my part was immune to the possible meaning to Sarah that my ulterior motive was to control her, to ensure her indebtedness to me, to enslave her, perhaps even sadistically to elicit her vulnerability so as to enjoy having the power to disappoint and even torture her.

As I said earlier, a core aim of Sarah's analysis could be formulated as the detoxification and *reconstruction* of desire, both her own and that of the other as she experienced it. Such detoxification requires, in effect, a move within the patient from an essentialist or objectivist attitude to a constructivist or hermeneutic attitude toward desire itself. In the essentialist attitude, the desire of the other, of the aggressor, by virtue of the factor of the "ruthless" (Winnicott 1958) self-interest that it must include, is automatically experienced as nullifying of one's own subjectivity and sense of agency. At the same time, one's own desire, to the extent that it is

² While recognizing the potentials for seduction and abandonment in the relational approach, Davies (1998) distinguishes between "malignant" and "benign" forms of seduction on the grounds that the former entails the disowning of desire on the part of the seducing participant "in order to incite, elicit, or arouse a sexual or desiring response in the other. Here, the seducer's disowning of desire, 'placing' it in the experience of the other, is essential to its definition" (p. 810). That kind of projective identification might, indeed, be more characteristic of the traditional analyst insofar as he or she is invested in ideals of analytic "abstinence" and "neutrality," whereas the relational analyst has as a working assumption that his or her attitudes and desires are continually influencing the patient's experience.

marked by any appetite for the other's exercise of power, is automatically experienced as manipulative in a way that, ironically, can nullify the subjectivity and agency of the other as well.

By contrast, in the constructivist or hermeneutic view, desire is experienced as ambiguous and heterogeneous, lending itself to different meanings and forms depending on the context, and having at least the potentiality of being mutual, passionate, loving, playful, and enlivening. The detoxification of desire ultimately requires, on the one hand, the weakening of a dichotomous organization in which one person's desire precludes that of the other, and, on the other hand, the strengthening of a dialectical organization in which the desires of self and other are seen as co-created and mutually enhancing. If it seemed to Sarah that it was *my desire* that she call the fibromyalgia clinic, or engage someone on her dissertation committee, or negotiate something with her husband, she had to overcome the reductive view—one she also had an *appetite* for—that I was *essentially* the one who wanted those things *entirely* to satisfy my own need to feel powerful, while she was *essentially* the one whose *entire purpose* was to serve that need. She had to consider, instead—in an implicitly constructivist spirit—that my desire and her own probably encompassed multiple ambiguously inter-related and emergent possibilities that interacted and shaped each other. In that model, my wish to influence was alloyed with responsiveness, and Sarah's responsiveness was alloyed with a wish to influence. The compulsion to repeat in general could be understood as reflecting the power of an emotionally charged essentialism infecting one's sense of self and of the world, whereas the emergence of new, corrective experience could be understood as reflecting the ascendance of a constructivist attitude toward both.

All of this goes on in the context of human mortality, which gives everything that happens a special kind of charge and a special kind of urgency. Psychoanalysis, like any human endeavor, is a time-limited project. Whatever is to be accomplished has to be accomplished *in time* to make a difference, and time is always relentlessly running out. Whatever pressure I did put on Sarah to exercise her own will to create a better life for herself went on in the

context of her own version of denial of death (Becker 1973; Hoffman 1998, 2000), a denial charged with a profound sense that she had been cheated out of a childhood time in which *others* would conscientiously assume responsibility for her well-being. She felt *entitled*, understandably, to compensatory time in which she was not hurried or pressured to assume responsibility for her own life. But, however just her claims might have been in a hypothetical “cosmic court,” in reality, she was in fact up against the pressure of her aging and her mortality. She was left with no good choice other than to make the most of the time she had left with the resources at her disposal and with the irreversible, psychologically damaging history that she carried.

THE POWER OF PSYCHOANALYTIC CARING

I will now return briefly to the episode with which I began.

One day in late summer, when I asked my now somewhat familiar question, namely, whether Sarah had called the fibromyalgia clinic, she exclaimed with enthusiasm: “Oh, yes! I called. They have a whole theory about it. They say that in a significant percentage of cases, there is an underlying yeast infection that can be cured by a special diet, and they recommended a book about it that has the details of the diet. I think I’m going to try it.”

How it will go with Sarah and this diet remains to be seen as I write this. But this interaction between her and me is one of innumerable encounters that have probably contributed something to her being able to change and grow in the course of her analysis, and to use me as a relatively good object in the service of that project. One aspect of that use of me that occurs here, regardless of the outcome of the fibromyalgia treatment, might well be an increment in the patient’s conviction that I *care about her*, as reflected in the fact that I have her in mind outside the time of our meetings. The process in this instance exemplifies her absorption of something helpful from me in what might be called a psychoanalytically uneventful way—that is, without any *explicit* work on the possibility

of transference-countertransference enactment. It may well be, however, that in this kind of relatively "cool enactment," an unspoken, even unformulated thread (Stern 1997) of detoxifying reflectiveness accompanied the entire episode, so that its potential organization along the lines of the analyst's dominance and the patient's compliant submission never crystallized in a hardened kind of way. Similarly, the potential seductiveness of my involvement and its dangers may have been diminished because of exploration of that issue in other contexts.

When Sarah replies in such an animated way, "Oh, yes! I called," I think there is reason to believe that she is being *both* responsive to me, even pleased to know that I will be pleased, *and* able to find her *own will* in making the call and her own personal satisfaction in doing something in the interest of improving her health. In fact, I think her voice, which was one of some excitement, might well have expressed her sense of accomplishment in not allowing my suggestion that she make the call either stop her from making it, or force her to make it in a lifeless, compliant way. Instead, she found a way to make the call *her own*, at the same time that it was inescapably also responsive to my suggestion. That emergence of a new level of integration of responsiveness and self-expression in Sarah is again, I believe, a function of the whole of our relationship, of a new internalized sense of self and other, rather than a response to any particular intervention. The precondition for this new level of integration is a progressive differentiation of coercion and influence, on the one hand, and of compliance and responsiveness, on the other. In the end, autonomy and creative responsiveness emerge as integral to each other, rather than as mutually exclusive.

The fact that I seem to care and that I have her in mind *matters* to Sarah in a special way that stems from the fact that I am her analyst. As her analyst, I have power that derives from my role within the ritual of the psychoanalytic process. The ritual is a setup for promoting an object relationship in which analysts are likely to be idealized and to acquire a certain degree of power that they are not likely to have outside the analytic situation (Hoffman 1998).

No peculiar, enigmatic behavior is required of the analyst in order for him or her to become a magnet for what Freud called the unobjectionable positive transference, which reflects the patient's longing for the omniscient and omnipotent parent—that is, no peculiar, enigmatic behavior is required other than what automatically accompanies the role of analyst, which, to be sure, is peculiar enough.

In the analytic situation, one person, the patient, comes repeatedly to another, the analyst, for help. It happens that way a hundred times, five hundred times, a thousand times *in a row!* It is virtually never the other way around. There are *interludes* in which the roles may be reversed, but they stand out precisely because they are the exception to the rule. On top of that, what happens within the analytic hour, the actual form of the help that is provided, further promotes idealization of the analyst because he or she is, in certain major respects, subordinating his or her desire and personal self-expression in favor of the long-term interests of the patient. Such a presence is not easy to find in the world, to say the least. And yet, all this would not be a catalyst for idealization were it not for the fact that our patients (and we ourselves, when *we* are the patients) have a hunger for such an attachment.

FLIES IN THE OINTMENT: THE DARK SIDE OF THE FRAME

There are a few flies in this ointment, of course. First, the analyst is not likely to be doing this for nothing. The special kind of availability he or she offers is usually for money: quite a bit of money at that, per hour, per month, per year, per decade. What *kind* of interest, what *kind* of caring, what *kind* of love is it that is offered in exchange for that or for other compensation? Whatever the answer to that question, it certainly is not obvious.

But the analyst's self-interest is not likely to stop there. First of all, there is probably a *reparative* motive at work. Racker (1968) suggests that the patient has reason, right from the start, to think of the analyst as one who has chosen this line of work in order to

atone for past crimes and failures. In addition to such a motive (which, after all, could be regarded as relatively benign), the analyst could also be seen as one who has found a relatively safe and well-disguised way to satisfy various relational and narcissistic needs, a set of motives that I have identified and discussed elsewhere as features of the potentially exploitative “dark side” of the analytic frame (Hoffman 1998, pp. 223-224).

These aspects of the frame are *not* given, objective realities, any more than are the features that promote the idealization inherent in the unobjectionable positive transference. Their status is that of *potentials* that are embedded in a situation that is irreducibly *ambiguous*. Let me hasten to add that many things *are* objectively true here—namely, for example, that many aspects of the situation, including the analyst’s motives, *are indeed ambiguous* and open to multiple possible interpretations, and also, more specifically, that among the set of interpretations that might be considered *good or plausible* are those that I mentioned, both on the side of supporting idealization and on the side of supporting the patient’s skepticism or even cynicism regarding the analyst’s motives.

To say the same thing a little differently, it is objectively the case that the ambiguity of the analytic situation lends itself to being construed *both* as offering opportunities for new experience *and* as offering opportunities for repetition of old relational patterns. Neither the unobjectionable positive transference and associated possible corrective experience nor the repetition compulsion derives *entirely* from what the patient brings as a function of his or her past and his or her internal structure. They derive rather from the combination—I like to say the *mating*—of those internal factors and the ambiguous potentials inherent in the analytic arrangement.

There are fertile grounds here for a certain kind of “war,” although a different one from the battle that Freud (1914) had in mind in his discussion of transference, which located the compulsion to repeat entirely on the side of the patient and the interest in change entirely on the side of the analyst. Now the responsibility falls upon the analyst, along *with* the patient, to battle to make

something happen that feels real to the patient and that stands as a corrective to the pathogenic influences of the past (cf. Davies and Frawley 1994; Hoffman 2006).

AGAINST THE ODDS

The odds, I would submit, are often against us. In addition to the selfish motives that can be attributed plausibly to the analyst as an integral aspect of his or her choice of occupation, there are all the specific complementary countertransference reactions, both momentary “thoughts” and more enduring “positions,” in Racker’s (1968) terms, that are elicited by the patient’s transferences. Elicited, by the way, does not mean *forced* to emerge, but merely promoted or encouraged. Some structure has to exist in the mind of the analyst, some predisposition to respond to certain provocations, to allow for the co-construction of a transference-countertransference enactment. Nevertheless, the influence of the bad objects of the past on the entire organization of the patient’s experience and on his or her adaptation to the analytic situation is enormous. That influence was absorbed in childhood before the person was old enough to think critically and before he or she could consider that the parents were *not* akin to omnipotent or omniscient gods, but were merely highly fallible and possibly seriously impaired human beings. It is a rather daunting task for the analyst and the patient to overcome such formative experiences and to create new foundations for living when so much that is destructive is so deeply entrenched.

The legacy of Sarah’s childhood included a sadomasochistic organization of desire tied to the father, one that was highly charged and magnetic and one that she could not easily relinquish despite being mortified by its power. The task was all the more daunting considering the dark side of the frame, my own susceptibility as the analyst to specific countertransference reactions, and complications arising from the traumas of living that are integral to the human condition and that accrue simply with the passage of time. Sarah felt very oppressed, as I indicated earlier, by her

own aging. Promising developments and accomplishments were often followed by intense bouts of deep regret over time she felt had been lost, bouts that sometimes seemed to jeopardize the value of her hard-won achievements.

All these detrimental factors argue for making concerted, imaginative efforts to provide the patient with opportunities for the constructivist version of corrective experiences. That does not mean “the more, the better” of anything in particular, but rather a struggle to achieve an optimal balance among a great many things. The effort would include, for example, seeking the richest possible dialectical interplay of interpretation of enactments, on the one hand, and caring gestures and actions that are not necessarily subjected to explicit analytic scrutiny, on the other. In the case of Sarah, the upshot of it all had to be the development of a form of relationship that she could learn *to enjoy and to count on* enough so that it could compete with, and ultimately supersede, the sado-masochistic paradigm in which she was trapped.

Some recent critiques of relational perspectives include concern that the relational analyst may be too quick to gratify the patient in order to escape the position of the bad object. Gerhardt, Sweetnam, and Borton (2000) comment that:

According to Cooper and Levit (1998), one difference between British object relations and the American relational school is that the latter is quicker to invoke a new object experience—both in terms of its theoretical importance and its role in clinical practice—rather than hold the role of bad object, as Fairbairn’s theory suggests. [p. 25]

I believe there may be some truth to this difference in the sense that no approach can promote everything equally. Some affective states may be more likely to be elicited by one approach than another. Part of what I am saying has a precursor in Stone’s (1961) view of the classical analytic situation. Because the medium of connection between analyst and patient is limited to speech, he saw it as evocative of separation and loss more than as providing a nurturant, maternal presence (e.g., p. 86). It was against that back-

ground that he advocated that the analyst adopt a friendlier, more emotionally available attitude than what had become prevalent (e.g., pp. 53-56). Similarly, I am saying that perhaps we need not worry *too* much about being sure to deprive the patient of a genuine object relationship (Macalpine 1950; Strachey 1969) in order to promote *some* form of repetition. There is so much that is built into both the analytic arrangement and the human condition that is deeply injurious and even traumatic, so much that rubs salt in old wounds faster than it allows time to heal them, so much, at the same time, that feeds mortifyingly self-destructive channels of excitement and gratification, that our *additional* purposeful assistance may not be necessary in order for the patient to relive early traumas. What *is* required, however, is not merely a simplistic attempt to do the opposite of what was internalized in childhood, but rather a highly complex mosaic of multiple forms of participation and understanding.

BACKGROUND OF MY WORK WITH SARAH

Now, before attempting to convey something more about my work with Sarah through annotated process notes of two sessions, which I will present with the hope that something of the flavor of the “whole” will emerge, let me provide a little more background. The immediate impetus for Sarah’s beginning analysis (or *analytic therapy*; I use those terms interchangeably [see Hoffman 1998, pp. xiii-xv]) was a series of flashbacks during sexual relations with her husband, in which she felt she was reliving a childhood experience of sexual abuse. Although her memories of these experiences had been either absent or vague, overwhelming evidence accumulated in a rather short time that Sarah probably was sexually abused by her father in an ongoing way, probably for years, although just when it started and when it ended has remained unclear.

Such overwhelming evidence can take many forms, which have been documented by Van der Kolk, McFarlane, and Weisaeth (1996) and others writing about adult survivors of childhood sex-

ual abuse. In Sarah's case, they include the following: memories around the edges, spatially and temporally, of the experience of the abuse itself; nightmarish dreams in which the patient is viciously invaded and attacked, often sexually; other extraordinarily evocative and detailed dreams involving persecution and assault, sometimes with no possibility of escape; an elaborate, recurring fantasy in which the patient imagines, with all sorts of variations, a story in which *a boy* is undergoing moral rehabilitation under the auspices of a stern male authority who pursues him and gives him a whipping on the buttocks allegedly for his own good; listening, as a child, to the recurring sadomasochistic fantasy of a friend in which a girl is impaled by a sword in her vagina; body memories often entailing a sense of being attacked physically from behind, accompanied by an odd sense of organs, including her vagina, shrinking and withdrawing inside; moments of devastating loss of any sense of conviction regarding her own sense of reality, including questioning whether something actually happened, even though it may have occurred only minutes earlier; various episodes of reliving in the transference; and many other telling, highly suggestive experiences.

As I said, after about four years of analytic work, Sarah left the city and it became necessary to continue the analysis on the phone. There were no other practical options. Not only did I not know of any analytic therapists in the small college town to which Sarah had moved, but also a very strong connection had developed between us, and Sarah felt unequivocally that she wanted to continue. For several years, we combined the regular phone meetings with intermittent meetings in person. Sarah's residence was about five hours away by car, and she would come in for a few days every few months to meet several times with me at the same time that she visited with friends and sometimes also met with members of the faculty at the university. Eventually, again following her husband, who had accepted a new position in a distant state, Sarah moved again, and it became even more difficult and rare for us to meet in person (see Zalusky 1998, on telephone analysis).

In the fourth year of the analysis, Sarah's health insurance coverage changed so that her analytic sessions were no longer cov-

ered at all. She had to cut back from three to two meetings per week, and even for that I had to offer her a significantly reduced fee. But meeting twice a week was simply too infrequent, given the intensity of the patient's attacks of anxiety and depression that entailed terrible suffering, making it virtually impossible for her to function. To compensate, we built in brief, 10-minute phone contacts each day for which I did not charge. We called these "windows." These contacts seemed to help a great deal in preventing the patient's emotional pain from becoming debilitating. Over time, however, the original rationale for the windows became less relevant, since Sarah's overall mood improved substantially and became much more stable. The windows were in place, nevertheless, as a modification of the frame (Hoffman 2001; Slavin 2001) that still seemed very useful, and it seemed as though it might be damaging to stop them or reduce their frequency. In effect, they became part of our standard routine, and I did not experience them as burdensome. In general, paradoxically, the patient may "need" precisely the form of participation that does not seem to be "essential." But the windows along with other acts of apparent generosity on my part were not without their dangers for Sarah. "Sometimes," she said, "I feel like I'm asking too much. When you are generous and caring and listening, it gets increasingly difficult to stand, sometimes, because I'm expecting you to cut it off, and I feel like I am backpedaling away from you, like I'd better cut it off before you do." Nevertheless, the subject of reducing the frequency of the windows and eventually terminating them has come up recently between Sarah and me in a more integrated and considered way. To change a routine that has been created as part of the "standard" frame in any particular case requires careful work on the pros and cons and on the transference and the counter-transference implications.

THE PROCESS WITH SARAH

Here are notes on parts of two sessions with Sarah that occurred in about her ninth year of analysis. I would say that this work takes

place at a stage when many things have already changed, and we seem to be on the cusp of change in regard to other core issues.

Session 1: Process and Comments

Sarah began this session with an expression of concern about the possibility that I was angry with her because she got the window time wrong the previous day. She had called an hour early, asking, in a voice message, "Where are you?" and I had to call her back later, at the scheduled time. I acknowledged that perhaps there was momentary annoyance in my voice. She said she was not "freaked out" by it, but she did sometimes worry that she was becoming a "pain in the neck." I asked whether there was anything else she thought might be trying my patience. She said she thought I might be disappointed that she didn't stand up enough to J in a recent marital therapy session that she had told me about, even though she felt she did pretty well. At the end of that marital session, J said, "Next time, we should look at my contribution," which Sarah took as a good thing. But I said that I thought she had allowed him to speak for too long, without defending herself, about how she was to blame for everything. So she felt underappreciated by me for her efforts.

I will report a dream from the middle of this session and some of the exchange that followed.

SARAH: Yes, I felt, I think, that I deserved more credit. I had a bad night last night. A lot of physical pain. The massage therapist worked on both shoulders. I was on the computer for five hours. I couldn't sleep because of the pain. Then I had scary dreams. Maybe the massage therapist was kind of rough and maybe that contributed. After I woke up from the dream, I just wanted to weep. In the dream, I don't know where I was; maybe in the place where I was born, where we were for my first two years. I was behaving incompetently. Always failing to meet other peo-

ple's expectations. I think I was supposed to pick up my younger sister from the airport but somehow forgot or just failed to go. Then the environment became one in which there were dinosaurs roaming everywhere. They would hunt you down. There was imagery from a film I saw the night before in which there were ghosts in the form of hideous monsters that wanted to eat people's souls. I had the feeling in the dream that I just couldn't deal with it. And I woke up thinking that I had to teach today and couldn't let these dreams weigh me down.

Sarah and I have considered the way her dreams get reified and become like solid, toxic objects inside her body, instead of being useful pathways to understanding. It is not that she cannot use the dreams analytically once she is working on them in a session. But what she has trouble doing is shelving them until the time of our meeting. We have worked on the concept of *shelving* in a number of contexts, as a kind of skill that she needed permission to develop and apply. In the case of the dreams, their reification lent them a concrete physicality that was probably echoing—in a form almost like a body memory—the experience of sexual invasion.

SARAH: The desire to cry was related to the dream, too. In the dream it was just shocking that these monsters existed. It was sooo horrible and there was no safe place. These things would just go anywhere they wanted. I was feeling, "Oh, my God!"—a feeling that I couldn't do anything to escape.

IZH: Maybe the dream alludes to finding that, shockingly, you weren't even safe with me because I was critical of you when you expected me to be supportive. So it felt like there was danger everywhere—maybe a sense of danger from something from the past, something that you thought

was extinct like dinosaurs. And maybe you were back where you were born because this is the place where you are trying to get *reborn*, and it turns out that it's a terrible, dangerous environment that you are being reborn into. In addition to that, you haven't heard from G [a professor in her graduate program], so that's another place that has become surprisingly threatening.

Here I think that the transference possibility was not to be missed. It surprised me that the allusion seemed to be to an aspect of the transference that was so dark at this juncture in the work. What I had to overcome at that point was my investment in not being experienced as *all* bad, not even in the patient's unconscious. It is not that I was troubled by not being viewed as angelic, but rather that the bad object in the imagery of the dream is uniformly malevolent, and the patient is entirely helpless. So perhaps I had a little of that "after-all-I've-done-for-you" feeling, but I also recognized that as a danger in the countertransference that could interfere with what I was able to hear.

SARAH: Mm. Hmm. You know it's true that that used to be *so dominant*, that feeling that I couldn't trust you because you might have been manipulating me. It was like you were playing a game with me. You get me to trust you because that will make your cruelty that much more delicious for you. I guess there are vestiges of that even now.

I remember that she used to speak of her mistrust at that level, reaching the point of attributing to me the cruelest kind of motives. She was almost always able, however, to achieve some distance from that current in her experience, so that she could talk to me about it rather than being completely caught up in it, which has been part of why aggression and counteraggression in the transference and the countertransference have usually been fairly tempered in working with Sarah, for better or for worse, and alloyed with a strong sense of alliance with respect to critical analytic re-

flection. Nevertheless, Sarah's dream is another illustration of the fact that no amount of conscious effort on my part to be the helpful, good object could ensure complete avoidance of repetition in the transference of a current of sadomasochistic experience.

Session 2 (Six Weeks Later): Process and Comments

SARAH: Well, I heard from Professor G. You *can* kill him now! [She laughs.]

Professor G, mentioned earlier, initially responded very favorably to Sarah's graduate work. She had sent him a précis of her proposal. Then, for a couple of months, he just disappeared and remained unresponsive. This was after she had sent him her full proposal, at his request. In one of our windows on the previous day, after Sarah told me that Professor G had once again not responded to an e-mail she had sent him, I had exclaimed, "I'll kill him!" She laughed, but protested, "You can't kill him; I need him."

It was not until I began studying and writing about this session that it occurred to me that my saying "I'll kill him" could readily be experienced as dangerous to Sarah in a particular way. After all, it was G's delay, his procrastination, that I was irate about. As much as Sarah might have felt gratified by my identification with her in her anger at G, she might also have identified with him as a "fellow procrastinator," so that she could easily have felt, unconsciously at least, something like "there but for the grace of God go I," as she responded to my attempt to convey sympathetic anger.

SARAH: You *can* kill him now because he finally responded and said in a voice mail that he lost the proposal and wants me to send him another. You know, I think I should get an award for not completely freaking out about G. Can you imagine that? After all this time, he just lost it?

I had a dream. I was traveling back in time. Family and friends were there. We were in some sort of mansion. It was very Victorian and

they were very strict about the rules. People were wearing big Elizabethan collars. There was a great emphasis on manners. There were five forks for each setting at the dinner table, which also had candlelight, brocades, and velvet. There was an austere atmosphere, yet it was incredibly luxuriously decadent at the same time. Everyone was being very, very proper. And I had questions in my mind, like: "What am I doing here? Am I supposed to be doing this?"

At the dinner table, there was a powerful man, a count, in his fifties—suave, polished, sharp. He had a special interest in me. That created a fascination with him. There was a power thing. There was a promise of benefit to me if I let him seduce me. A little like Pygmalion; he would shape me. And I am very attracted to him. It's very intense. Then there is a break in the scene, and suddenly I'm in military fatigues. Kind of like the Green Berets. And the feeling I have is "I gotta get outta here."

There's a scene in which I am having a fit. There's a woman my age who is totally correct; she has totally perfect manners. I reject the corset all the women are supposed to wear. And this woman is whispering, "You're betraying all of us."

Then I'm leaving this big building. It's sort of like a large castle. Or maybe like a large office building. I'm in my special-forces cat suit. This scary count is in hot pursuit of us. And there's a younger man who meets me and is going to help me get away. If we get out of the building, we'll have a better chance of surviving. We're running down the stairs. And I'm going so fast, I'm virtually flying down. And I am thinking,

“Wow! This is amazing!!” I have superpower, going down several steps at a time. Definitely superhuman. I’m even telling my man friend about it, like, “Hey, look at this!” [This is the end of the patient’s report of her dream.]

I’ve been having wild desires to go shopping, but I also want to get rid of stuff. I’m repulsed by seeing people living in luxury when other people have so little.

The castlelike building in my dream reminds me of my father building his “castle” on the river and his building his sailboat. All sort of grandiose. I always wanted nice things, but also have always felt very guilty about it. My father resented every penny that was spent on the kids. He was entirely in his own world. He felt he alone was entitled to the luxuries.

IZH: So he’s the man who will shape you if you will submit to him? He’s also very much like the man in the fantasy, of course.

The connection to the recurring fantasy (see above, p. 737) was so striking that I wanted to mention it. Of course, I had the transference possibility in mind as well and fully expected to get to that too. Sometimes I think it is good to first make note of other possible latent meanings so that when the transference connection is considered, it encompasses more affectively meaningful associations. I was thinking here that it would be especially powerful if we were able to establish links among the figure in the dream, the master figure in the fantasy, the father, and me.

SARAH: Oh, my God! Of course!! Yes. I can’t believe that I didn’t think of that until you just said it.

IZH: Really?

SARAH: Really! It’s amazing because I agree; it’s just like the fantasy.

Here it did strike me as remarkable that this connection escaped her since it is such a prominent feature of the fantasy. After a pause, she continues.

SARAH: Running down the stairs in my dream, there was a feeling of total exhilaration. The woman who was admonishing me, whispering, "you are betraying us," is directly related to him. Maybe he's her uncle. In a weird way, she is pimping for him. And she wants me to be just like her. She's prim and proper, but extremely stylized.

IZH: I'm reminded of your parents: they were puritanical to the world, yet extremely selfish and self-indulgent at your expense. I think the count must also represent me: the analyst who wants you to change. Maybe I sometimes scare you with my own intensity regarding your dealings with G, wanting you to do exactly what I would do in your place, and scaring you with my reactions. This is very inconsistent, of course, with a "proper" analytic atmosphere, my being so lavish with my expressions. Like saying yesterday about G: "I'll kill him."

SARAH: Yes, I think so. You know, it might remind me of my father's murderous rage.

She elaborated a little here. Her father could fly into a rage at the slightest provocation. The expression on his face, the intensity of his yelling, would frighten her. He never apologized. The prim and proper woman in the dream might well represent the patient's mother, whom the patient saw as only concerned about appearances, as completely devoted to protecting the father at the patient's expense, and, at worst, as conspiring with the father in the sexual abuse. As teenagers, Sarah and a friend were assaulted by a man in the man's apartment. The friend was raped; Sarah was

spared. At the urging of a police officer, she called home after the incident, noticing that it was not something she would have considered doing on her own because she did not expect a supportive response. Her mother answered the phone and, after hearing what had happened, she asked, "Are you all right?" Sarah replied, "Yes." Her mother said, "Well, your father is sleeping and I'd rather not wake him, so I'll see you in the morning." Early in the analysis, the patient dreamt that her mother was holding her head down to perform fellatio on the father.

IZH: So it seems you have been quite frightened of my anger—maybe as it surfaced in connection with G, but also in connection with my having various expectations regarding your life: how you deal with J, for example, which you spoke of last time. And maybe you feel, as in the dream, that there will be a promise of benefit to you if you comply with my expectations.

It is noteworthy that at this point, I did not mention or ask about the sexual feeling that appeared in the dream. Recall that her description was: "There was a promise of benefit to me if I let him seduce me. A little like Pygmalion; he would shape me. And I am very attracted to him. It's very intense." I think there was countertransference avoidance here of that aspect of the transference. I had the sense that the link would have been too much for her to bear at this point, that she would have been frightened by the possibility of my own interest in it, and so on. My guess is that the avoidance combined some degree of wisdom with some degree of unfortunate collusion with the patient to avoid the issue. Let me add that, in my work with Sarah, there have been a few dreams and other experiences with sexual content that have been understood to be about the relationship with me, so the issue *has* been touched upon directly, but not often and not consistently.

IZH: But it's good that for a change you have a clear route of escape from his pursuit, and special

power yourself, as well as a man there to help you. Both the power and the help are quite different from those dreams, or even the fantasy, in which you are totally on your own and there is no way you (or the boy in the fantasy) can get away. So I think there are some very new, promising things in the dream. You know, of course, I like to think I'm not just represented by the count, but also by that younger guy who is the friend helping you.

SARAH: Yes, I'm sure you are! [She laughs.] You know, it was really fun—the escaping. Those dresses of the type in the dream weigh twenty pounds, but I had total freedom of movement. And I really felt my power and the sense of that man as a companion who was helping me. Yes, all that was the opposite of the dreams in which I am totally trapped, powerless, and alone.

The presence in the dream of both the persecutory object and the benevolent object, along with the patient's special powers to escape the former, is quite telling. It represents an overcoming not merely of the power of the oppressor viewed in isolation, of course, but also of her own desire to perpetuate the sadomasochistic form of connection with her father and with me. The dream reflects the discovery of a new kind of pleasure in which the patient enjoys her own power (like a child learning to walk), in the context of that power being appreciated by another person, a man who is on her side. The younger man probably represents me, to some degree, at the same time that his presence might reflect a wish that she could go back in time, so that her newfound power would be available to her in a relationship with a younger man. The sense of power newly achieved is lived out in many ways in the analytic relationship, including in the patient's finding the courage, at times, to try her wings by opposing me openly and explicitly.

THE OBJECTIVISM OF THE REPETITION COMPULSION AND THE CONSTRUCTIVISM OF CORRECTIVE EXPERIENCE

With regard to repetition and new experience, our effort is always to overcome the patient's tendency to repeat old, entrenched ways of being and to open up new possibilities. I believe that in a generic way, the change we aspire toward could be formulated as one that facilitates the patient's movement from an objectivist way of living to a constructivist way. In the objectivist mode, the patient feels that there are specific, necessary ways of organizing his or her experience and the actions that flow from it. Within the transference, there is a kind of absolutism, as if to say, "This is the essence of who you are, and this is the essence of who I am; there is no ambiguity and there are no options." In the end, we hope that our patients will be able to adopt a constructivist attitude in which they will become reflective about their ways of being, with us and with others, and will recognize the ambiguity of their experience and its openness, in principle, to infinite possible constructions as to what it has entailed up to a certain moment in time, as well as what it offers in the way of grounds for prospective action.

The absolutism that is integral to the transference is prejudicial; it attributes particular meanings to behaviors that are actually ambiguous in terms of their meaning and that, if anything, through reflection and inquiry, can be revealed to have subtly different meanings than those that the prejudice allows. Something the analyst says or does, for example, may "ring a bell" and thereby evoke a whole, highly restrictive self-other organization in which the present and the past are undifferentiated. The patient is invested in the repetition that ensues because it is familiar, because it holds the potential for gratifications that are long-standing, and because it is safer than hoping for something better and leaving oneself open to the possibility of painful—even traumatic—disappointment.

The alternative to the essentialism of the compulsion to repeat and of the neurotic transference—the constructivist alternative that restores, or establishes for the first time, the patient's status as an agent, as a willing subject with the power to shape the quality of his or her life in the context of responsiveness to others—is not one that the patient is likely to embrace unambivalently. In a general way, to be a creative agent and to fully appreciate one's responsibility as a source of influence in the world, as Rank (1945) suggested, is a position that human beings are very likely to eschew out of sheer terror at the prospect of fully owning their lives. In addition, there are all the specific reasons, as noted earlier, that make it difficult for the patient to forgo the sure "pleasures" and "secure" attachments of the past (even if they were destructive ones) in favor of the uncertain promise of relatively unfamiliar rewards, now and in the future. In attempting to traverse the distance from the old to the new, the patient may require that the analyst get caught up in old relational patterns—or get at least a taste of them—and struggle collaboratively with the patient to erode their power and to move beyond them. In keeping with the extensive writings of many contemporary relational theorists, in such a sequence, apparent repetition becomes, *paradoxically*, a foundation for critical reflection, for exploration of dormant potentials, and for gradually awakening and building up new ways of being in the relationship and in the world.

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55 East Washington Street
Suite 1217
Chicago, IL 60602

e-mail: IZHoffman@aol.com

TERMINATION OF PSYCHOANALYSIS AND SEPTEMBER 11

BY IRA BRENNER, M.D.

In the United States, the last illusion of safety from problems in distant parts of the world was shattered on September 11, 2001. Psychoanalysts are in a unique position to both experience and examine how such a man-made social disaster becomes internalized and affects one's psychic reality by studying the effects of that day on patients already engaged in a psychoanalytic process.

The author hypothesizes that in one such case, that of Mr. N, the termination phase was significantly affected. Furthermore, Mr. N's reaction to reading the analyst's clinical write-up further influenced the termination phase.

INTRODUCTION

While the ruins of the World Trade Center were still smoldering and the whole area was cordoned off as a crime scene, family members of those missing were permitted to visit the site and see the destruction with their own eyes. They were transported by heavily armed ferry boats, protected by Coast Guard vessels, which were dispatched from the Family Center located uptown along the Hudson River. Accompanying these groups of utterly overwhelmed people were mental health volunteers who offered them flowers, stuffed animals, and hugs. The volunteers were en-

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couraged to “connect” with a family and to be with them during the whole ordeal, which consisted of the boat ride and a walk to an observation area and a memorial garden that had been hastily dedicated. The garden contained photographs, personal effects, flowers, and placards with vital information about the victims, enshrined in a green space along the way. All the workers, police, and military personnel silently saluted the family members as they made their solemn funeral procession to that great communal cemetery known as Ground Zero.

During one of these surreal trips, I was struck by the sight of a particularly distraught woman who tried to console herself and her family by pointing to the twisted remains of the buildings, muttering repeatedly that “there” was where her husband was, even though he had vaporized. Indeed, it was hoped that giving family members a chance to see the wreckage, to see how nearly complete it was, would help them with their grief by showing them the final resting place of the victims. The discovery of tiny fragments of bones and tissue that allowed for DNA testing became further evidence that these people really had died, and it was a very important activity at the Family Center to provide the opportunity for everyone concerned to check the list and see if any of their loved one’s pulverized remains were accounted for. It was a grisly and emotional task.

Early on, psychoanalytically informed volunteers could see significant differences in people’s reactions, ranging from something approaching a realistic appraisal of the great likelihood of death, to denial of psychotic proportions. While the latter may have been masked by hopefulness and optimism in the initial days following the attack, when it persisted over weeks, it soon became clear to those of us in a helping capacity that mourning would be almost impossible without very active and vigorous efforts to assist those so afflicted. I felt that I was watching the genesis of a mass pathological grief reaction (Volkan 1981).

This dreadful experience helped me better understand what an analytic patient, Mr. N, must have endured on a personal level many years earlier when his mother died suddenly and unexpectedly. He, too, never saw the dead body of his lost loved one and

was left in shock and disbelief for more than twenty years. Mr. N was in the termination phase of analysis on September 11 and, not surprisingly, his ending treatment was complicated by the events of that day.

In addition to the surveys that documented the extent of psychological stress experienced initially (Schuster 2001) and within weeks afterward (Galea et al. 2002), reports from psychoanalysts pertaining to September 11 are also appearing in the literature. They describe their personal reactions to the horror, the unconscious motivations of those who volunteered to help in the aftermath, and the shared experience with their patients, as well as crucial technical questions about the analytic situation itself (Bou-langer 2002; Cabaniss, Forand, and Raase 2004; Frawley-O'Dea 2003; Gensler et al. 2002; Taxman 2004).

In this vein, I offer this contribution and will focus on three issues: the revival of trauma, termination issues, and the effects on the patient of reading his or her own case report.

CASE REPORT: MR. N

Mr. N gave me permission to write and publish this report as long as he could review it and give his input before it was formally presented or published. His involvement became an important step in the very process that is discussed here: the termination of psychoanalysis.¹

Mr. N, a middle-aged, married man of Irish descent, was referred by his family doctor for psychotherapy a number of years earlier following an event that threatened to bring back bad memories of his childhood. He had attended a special gathering of people from his old neighborhood, the place where he had grown up before leaving for college, but to which he had not returned since. In fact, he had moved away from it as far as possible. During the reunion, he became flooded with paralyzing anxiety and difficulty thinking; he became very worried about his health and feared he was having a stroke. After a medical exam and reassur-

¹ For the sake of confidentiality, the patient's identity and certain historical details have been disguised.

ance that he was physically healthy, he ambivalently called me for an appointment. Although he had never consulted a mental health professional and was rather skeptical and apprehensive, he was somewhat knowledgeable about psychological matters. However, like so much of his life, this area of sophistication was intellectual and disconnected from any emotion.

In fact, there were many things in Mr. N's mind that were so disturbing that he could not even allow himself to think about them or to remember them, let alone to feel them. His body language reflected this stance: he appeared rigid and stiff and moved in a very deliberate, almost robotlike way. As his history emerged and our work evolved into five-times-a-week analysis, the following story was slowly pieced together.

Mr. N was the youngest of three children born to a very sensitive, depression-prone mother and an overpowering, aggressive father. With the exception of a screen memory in which neighborhood boys teased him and broke a special toy when he was about five years old, very little was known about his young life. He could not describe the nature of his relationship with his mother until years into the analysis, when he realized how close he had felt to her, how loved he had felt by her, and how similar their dispositions were. He essentially had amnesia prior to a catastrophic event, which literally changed his life overnight.

When he was a teenager, his mother left to do an errand one evening and never returned. The events of that fateful day were never explained to him and he never asked. All he knew was that she had fallen and died. It was a blur—the police cars, the funeral, the flowers, the people, the snow—flashes in his mind, a dreamlike experience that left him in a lifelong trance, as he described it. His father quickly remarried. Mr. N drifted off to college, and his mother's death was rarely spoken of again. His stepmother, whom he never fully accepted, became the new center of his father's life, which seemed hardly to have been interrupted by the tragedy.

Mr. N's strong constitution and his tenacity—qualities not always used in the most adaptive ways—helped him move along through life. He could be quite obstinate, fixed in his ideas and

prone to procrastination to an almost crippling degree. He refused to be rushed about anything, and surprises of any kind threw him into an uncharacteristic rage. With the exception of these outbursts, he expressed very little emotion; it was as though he were living behind a glass wall.

Although he yearned for deeper relationships with people, his involvements were tentative, superficial, and unsatisfying. As a young man, Mr. N traveled around the world, vaguely aware that he was searching for something, not realizing until well into his analysis that he had been looking everywhere for his mother. During a wandering pilgrimage throughout his ancestral homeland in Ireland, he became disoriented and panic-stricken, so he sought comfort from a local religious leader, who invited him to study at his seminary. Mr. N further deteriorated, feeling helplessly trapped and a bit paranoid. He eventually "escaped," but only with the help of his bigger-than-life but usually unavailable father, who feared his son was becoming brainwashed and indoctrinated into a cult.

The theme of Mr. N's vulnerability to domination by powerful and charismatic men figured prominently in the transference, as Mr. N was extremely wary and skeptical of my motives, especially as he felt himself becoming more and more enchanted by the psychoanalytic process. He associated to the mythological figure of Theseus, who, he said, could not get off the bench on which he was sitting in the anteroom of the underworld without leaving the skin of his buttocks behind. Mr. N feared he would become so attached to the couch that he would not be able to pull himself away without enormous effort and pain. It did not consciously occur to him at the time that he was also on a journey to the underworld in search of his dead mother.²

² According to legend, brave Theseus was persuaded by his friend Pirithous to retrieve his beloved Persephone, who had been kidnapped by Hades. The two men were tricked by Hades into sitting on the "Chair of Forgetfulness," where they were held securely by coils of snakes. Interestingly, Theseus would have languished there forever, even though it was before his time to die, had he not been rescued by Heracles. Theseus was one of the few characters who traveled to the land of the dead and returned, but part of his bottom was ripped off when pulled from the chair. The transference implications of this myth were prophetic in this case.

By the time he started analysis, Mr. N was married, with children, and was an architect in a large firm. His wife was kind and devoted. Since she had experienced losses in her own life, issues of intimacy and abandonment plagued them both. Beneath the surface of his “success” in life, therefore, the patient felt rather fraudulent as he sensed there was something deeply wrong inside. Devoted and dutiful himself, he could not feel or express his love to his wife and lived in abject fear of a catastrophe befalling her or his young sons. His life was scheduled and structured to the minute. He could not tolerate anything unexpected or out of place. He needed to anticipate every detail of his life lest panic and rage overcome him. Spontaneity was an anathema to him. Though he sought refuge in the perfection of his building plans, many of his best projects never got off the ground, as it were. He always suspected that his father used his influence to get him his rather prestigious position in his firm and wondered if he really had the capacity to achieve success on his own.

In the first years of his analysis, which continued for well more than a decade, Mr. N wore a very dark suit and lay perfectly still on the couch with his hands folded. Between his fear of making a mistake and the stiffness of his joints, at many times he appeared to be lying in state. He often spoke of flowers on his mother’s coffin and his dread of opening it up. This image became a metaphor for his resistance to free association and the opening up of any painful topic. He had never seen his mother’s dead body at her funeral, deferring to his father, who shielded him from the horror of it all. So, even after all these years, how could he really know she was actually dead? Maybe it was all a cruel hoax or a bad dream.

Many years later, during the seventh year of analysis and after much hard work, I told him one day that, having heard all the evidence, I thought she was indeed dead.³ Mr. N was stunned and he cried, as though hearing this for the first time. He hated me intensely for being the bearer of such bad news. But until he could

³ It has been noted that, in situations of “pathological hope,” it may indeed be necessary for the analyst to be the one to dispel the analysis and of unrealistic hopes and wishes (Akhtar 1999; Amati-Mehler and Argentieri 1989).

begin to accept this reality, he fought this fact in analysis with all his psychic might. His associations were sparse. His dream material was fragmented and was typically about bleak, ice-covered mountains, barren landscapes, or frustrated attempts to obtain a meager meal. Despite the terseness of his thoughts, his syntax had the quality of a long, run-on sentence that made it difficult to know when he was finished. As a result, my interventions often felt to him as though I were interrupting his reverie. As perhaps an early foreshadowing of his difficulty in terminating, I sensed this tendency in him most acutely toward the end of each hour, when it seemed as though he could go on indefinitely. His feelings were very easily hurt despite his veneer of imperviousness.

Metaphors from the world of athletics entered our discourse as his enormous difficulty in allowing things to come to his mind without censoring was seen as “running out the clock,” in the hope of tiring me out so that I would give up on him out of sheer exhaustion. We became rivals in a competition to see who had greater stamina. As in a daily mental wrestling match, he created a representation of our bodies twisting, turning, and lying on top of one another in an effort to gain an advantage over the other. Unspoken fears and wishes to sexualize our imagined body contact increased his anxiety, as he felt under the spell of a deepening transference with no way out. When he discovered that I had done work related to the Holocaust and correctly suspected that I, too, had a personal connection to an enormous tragedy, he felt momentarily relieved. As though he could now rationalize his feeling so close, he allowed himself a fantasy of us hugging each other and crying in each other’s arms. It was striking to me how only through grief could the two of us—two men—become emotionally intimate.

Mr. N had few friends, and his feelings of being separated from people by transparent barriers, his “trance,” came to be ever so slowly challenged by our daily meetings. The opportunity to really be known by another terrified him most of the time, and I was very aware of his quiet panic. Much later, in the eighth year of analysis, he attended a talk I gave on the Holocaust. We ana-

lyzed how his curiosity, envy, admiration, and secret pleasure at having a relationship with the speaker enabled him to overcome his embarrassment about his increasingly deep feelings in the transference and permitted him to attend. I felt pleased that he found out about this talk and came to see me there. I was aware of how intensely he was watching me as I spoke, and that I became more of a flesh-and-blood being for him. As I became more fleshed out, so, too, did his mother become more of a three-dimensional being, not just an apparition from decades earlier. Yet such ideas terrified Mr. N most of the time.

Attempts in the first year to have his father rescue him yet again from another cult-like figure were unsuccessful, as I politely refused to accede to his father's demands to talk to me about his son's latest misguided adventure—psychoanalysis. To his credit and as an example of his scrupulous intellectual honesty, Mr. N ambivalently acknowledged such a desperate wish for rescue as he vehemently protested his father's controlling nature.

The sad truth was that Mr. N really did not know that his mother had actually died, and much of his work in treatment was about coming to terms with this incalculable loss. In fact, the construction of the sequence of events from the last time he saw her until the end of the funeral, a period of fewer than four days, was one of the central topics of our work. He came to realize that this hole in his memory, much like a mysterious black hole in outer space, exerted such a gravitational pull on his psyche that it almost sucked the life out of him. It became a touchstone to which all his associations could be linked. Each day of the week took on a special significance in his temporal connection to the actual day she died.

On the anniversary of her death,⁴ we began to commemorate the tragic events that the patient slowly constructed from documents that, despite being easily obtained, took him years to pre-

⁴ The dynamic significance of anniversary reactions is well known by psychoanalysts (Engel 1975; Mintz 1971; Pollock 1970), and they, too, are susceptible to such recurrent upheaval. Engel's (1975) account of his annual regression on the date of his twin brother's death is a powerful illustration of this phenomenon.

pare himself to acquire. He planned to visit her grave but would get lost. He also “practiced” by visiting another cemetery and finding a headstone with the same last name; he could then pretend that this was *her* grave, but knew that it really was not. In so doing, he could “prove” to himself that she really was not dead, since he knew that her remains most certainly would not have been actually buried there.

Terrified of making a trivial mistake for fear that another calamity would occur, Mr. N found any changes of his schedule a source of enormous anxiety and confusion. He had great difficulty remembering any changes and on occasion showed up at the wrong time, being unsure what to expect. Such events took on an almost mystical significance as he eventually associated to the fantasy that his mother might be there at such times—either she was secretly coming to see me then, or he would find her in the waiting room. In a sense, *he* would be the one surprising *her*. Terrified of what she would say to him and how she would look, he tortured himself with fantasies of her deteriorated body rising from the grave, and of her being very angry with him for not having done more with his life. He reported a dream of being in a desert and coming upon dried bones. These daytime and nighttime preoccupations seemed to reflect his blocked mourning process and concretized what he was determined to do—to find his mother once again—through analysis.

In the third year of treatment, Mr. N’s young son had a potentially life-threatening experience, which revived the past and eerily foreshadowed the events of September 11 years earlier. The young boy witnessed a freak accident in which debris falling from a building fell to the ground and crushed two passersby to death. He was just yards away with a group of classmates on a school trip. At first, Mr. N seemed unfazed by this tragedy, but it actually triggered his sinking deeper into his self-hypnotic reverie. He became fixated on this event, despite his best efforts to banish it from consciousness, as his worst fears were almost realized by this senseless, random loss of life. The falling down of parts of the building reactivated the mental fog associated with his mother’s

death, so he wordlessly anguished on the couch for many weeks before he could verbalize this most recent tragedy. He had all-consuming fantasies about digging up dead birds and reburying them. The birds were symbolic of both him and his mother, as he sensed that his emotional self had died, too, and was buried with her. He developed other obsessional symptoms, such as a long-standing preoccupation with water filling up his basement. Over time, he came to realize that these reflected his unconscious wish to exhume his mother's body—both to make sure she was really dead and to see her one more time, to say goodbye—as well as his dread of being overwhelmed with grief. He feared that, were he to start crying, he would never stop and would flood his whole house with his tears.

Gradually, over the years, the patient's dream life also reflected a thaw in his emotions. The ice mountains gave way to greenery and water in the seventh year of treatment. And Mr. N brought in personal items associated with his mother, such as a blanket and an alabaster egg; he identified with the egg, as it was impenetrable, rock-hard, and yet quite breakable. Like Mr. N, it sat silently and enigmatically for a long period of time, hardly being noticed while it, too, longed for new life to develop inside and burst forth—to hatch a new bird to replace the dead birds of his obsession.

Mr. N eventually remembered an incident with his mother that illustrated his profound guilt over her death. Several years prior to her death, she had nearly lost her balance walking down some steps while arguing with Mr. N over a curfew issue. He felt blamed for her misstep, and this insight into his guilt helped him understand why he was so plagued by what had been her last thoughts during her fatal accident. Indeed, he had been tortured over whether it was a concealed suicide, simple clumsiness, or just a random twist of fate. Over the course of analysis, a new possibility emerged: that she had been distracted by an unconscious conflict, perhaps about him.

Oedipal longings for his mother emerged powerfully in a cross-gender transference, as Mr. N experienced jealousy over my

family and other patients who might take up my time. The revival of his mother in the transference facilitated memories of his early life with her, as he eventually discovered that his mother and he had in fact been very close; indeed, she had loved him dearly, and her sudden death had profoundly altered the course of his life. The paradox in his analysis was that she needed to be resurrected in the transference in order for him to truly know that she had died in the first place (Brenner 1988). Then, having worked so hard to find her again in the transference, he could only be rewarded by having to give her up once again through termination, to permit his taking a huge step forward in the mourning process. Recognizing his own internalization of her and knowing that she was always inside of him consoled him.

Mr. N agonized over termination and envisioned it for several years, postponing it numerous times before setting a date in the autumn of 2001. I believe that he would have terminated at that time, but the events of September 11 affected him so deeply that our work continued for another two and one-half years. His professional activities frequently took him to the World Trade Center area, and he was very familiar with a number of firms that were greatly affected by the destruction. On September 12, when he entered my office, he was pale, tentative, and almost devoid of emotion. Here is an excerpt from that hour:

PATIENT: When I heard about the World Trade Center,
I got very concerned about you.

ANALYST: And I got very concerned about you . . .

PATIENT: It's more than I can feel. I am stunned and numb and sick. I have an urge to sit. All the losses, and to think that I was here crying at just that time yesterday. Then, I went by [the location where his son almost got killed by debris falling from a building]. I feel that sensation in my groin again [a recurrent, somatic manifestation of strong affect]. [Silence.] I was sitting

with my friend and talking. [Very long silence.] I have a big wish to have a beautiful young wife like him because she reminds me of my mother. [Silence.] How do I live my life after a catastrophe? [Silence.] It's decades later and there's still cloudiness. [Silence.] I'm pulling out my hair. It's too hot to tell you about. [Silence.] I had such a strong relationship with her and I tricked myself into telling you about her in this transference. [Silence.] But she was very controlling and I think she felt suicidal when I tried to date a girl. [Silence.] The night she died, I was home watching TV. She should have been home by 5:00 P.M. I got very anxious. My mother never came home again. [Silence.] But I had to leave for a meeting and didn't wait, and then never even thought of calling my father to find out where she was. [Silence.] When the patient had come home from the meeting much later and had seen the police cars, he had known something was terribly wrong, and at that point his father had told him the bad news.] My wife called my father and told him about the World Trade Center, and then I spoke to him, so this time *I* told *him* the bad news. A reversal. Perverse satisfaction. [Silence.] Like Pearl Harbor. [Silence.]⁵

Mr. N was reluctant to talk much more about September 11, and shortly afterward he reported two dreams. In the first dream, a huge crane was suspending a car, which was being repeatedly

⁵ The theme of being the bearer of bad news and the power associated with this was also experienced by another patient, whose appointment preceded Mr. N's on September 11. She was the one who first informed me about the horrors occurring that morning, and immediately became wracked by guilt over having been the one to tell me.

smashed against a building. The building was insulated with very thick Styrofoam. The Styrofoam insulation was like his self-induced trances, which insulated him from both outer dangers and inner anxieties. He could not acknowledge the reality of September 11, which, like the car in his dream, repeatedly bombarded him and everyone else at that time. In the second dream, the patient went to his doctor and received two (twin) injections of a vaccine. His associations to this material led him to the realization that he had hoped analysis would not only cure him of the complications of his first catastrophe, but would also inoculate him against any future calamities, such as the death and destruction of the Twin Towers. The near death of his son years ago and the massive destruction on September 11 shattered any such illusion.

The recurrent images of the jets smashing into the Twin Towers, the falling debris, and people falling out of the buildings overwhelmed him. The falling death of his mother and the near death of his son telescoped into the horror of September 11, and he became frozen once again. Learning of memorial services with flowers and large crowds for victims who were never seen again induced a regression in him. Thus, the building insulated with Styrofoam in his dream seemed to represent his mind's wish to insulate itself from this terror that he could not escape as reality kept hitting him in the face.

However, Mr. N experienced not only regressive but also progressive trends. While unresolved grief over his mother and great worry about his family's safety consumed him, he was able to construct more details of his childhood, as well as to further emancipate himself from his father. Termination was a daily topic and, now more than ever, the idea of abruptly breaking off contact with me, despite years of anticipation of exactly this, was an intolerable enactment of his mother's sudden disappearance from life. Mr. N insisted upon a "weaning," allowing himself the option to increase the frequency of visits if he felt too anxious. We talked extensively about this idea, which to him seemed the only way he could muster up the courage and strength to get off the couch. Once more, he associated to his mythological alter ego, Theseus, whose skin was torn off when he got up.

I felt that the patient's profound attachment to me, coupled with his passivity and penchant for procrastination, was such that respecting his initiative in this matter was vital. I was, therefore, ultimately agreeable, and we maintained our five-times-a-week schedule for the next year. In September 2002, Mr. N decided that it was time to cut back to once a week. Each time he wanted to make a change, we analyzed his feelings and the importance of his feeling himself to be in control of his fate. Though he initially denied the significance of the anniversary of September 11 as having any influence on the timing of his plan, he easily recognized that his internal calendar was always quite reactive to dates and times. He quickly felt that the transition was too drastic and opted for twice-a-week meetings, continuing to use the couch. Knowing he could find me if he needed to was very reassuring, and we continued with this pattern for the next several months.

By the time we reached the anniversary of his mother's death during the winter, Mr. N was once again determined to cut back to once a week, and he did so. Significantly, at his request, we met each week on the day of the week that she had died. The poignancy of this weekly commemoration intensified our sessions and the imminent loss of his analyst. He tried sitting up at that time, and reported a dream: He was riding on an empty bus with only the driver. They drove through a new development and he could not get off when he wanted to. It was unclear if there really was a stop at this point. However, he eventually did get off and walked back home. A woman was there and he realized that he had left a package behind on the bus. Once again, knowing that he could control our meetings and emotional distance, he was quite content with this "new development" and was not quite ready to leave. He still had some unfinished business, represented by the package left behind on the bus. That unfinished business consisted of a further reworking of his oedipal longings for his mother and a reduction of his fear and defensive idealization of his father.

Mr. N then decreased his visits to twice a month throughout the spring and summer of 2003, prior to my break. He then wanted to reconsider the situation in September. Around this time, Mr. N

read an article that I had written in a medical journal about September 11, in which I described my volunteer work in New York at Ground Zero and at the Family Center (Brenner 2002). Earlier he had accused me of pushing my own agenda with him about the significance of the events of that day; now he had “proof” of this, but was still not inclined to elaborate.

In fact, I *was* deeply affected and his supposition was not a complete projection. I acknowledged as much to him, but also pointed out that he would have avoided the issue without some inquiry on my part. He sheepishly agreed and associated further to his father’s perennial avoidance of his mother’s death. He cited his recent break with a long-standing family Christmas tradition, which silently colluded with that denial. During the first Christmas after his mother’s death, his father was already remarried, and his stepmother literally stepped in and occupied his mother’s seat at the dinner table. Mr. N had not missed a Christmas dinner with them since, although he was unable to speak up and say anything about missing his mother. It was a triumph for him to confront his father and to start a new tradition with his own nuclear family after September 11.

He finally disclosed that each time he went to New York, he actively avoided the “hole,” which was a condensation of Ground Zero, his mother’s grave, and a cesspool. This “hole” also alluded to his old obsession about dead birds in a hole and his wife’s/mother’s genitals. He so regularly referred to his wife as his mother that these parapraxes became somewhat of a standing joke that made him very sad. Further “digging” enabled him to more deeply address his buried longings for his mother and his dissociated rage at his father, which were symbolized by the birds. He also recognized an increased aversion to visiting his mother’s grave, even though he had managed to go there a number of times in recent years. As the fantasies of her physical appearance and his sexual wishes for her became more conscious, it was too painful to visit again.

Mr. N continued to imagine resuming a full schedule on the couch—essentially having analysis for life, which would ensure him

meaningful human contact and a forum in which to address the next catastrophe, whenever it might occur. I was flexible with his plans and went along with whatever he wanted, maintaining an analytic stance and expressing curiosity along the way. We recognized that a variety of familiar internal factors conspired to make Mr. N want to continue on the twice-a-month schedule, and at that time, he opted to sit up in a chair across from me for part of the sessions. He had sat up several times during the previous winter, and in retrospect felt that he had rushed things by doing so. We continued with this protocol during the fall and winter, through February 2004, noting a milestone anniversary of his mother's death.

Mr. N was intrigued when I asked if I could talk to colleagues about our work, as he hoped he would finally learn what I *really* thought about him. However, he did not want to feel pushed by this request, as was his attitude about most requests or demands made of him in his adult life. The fantasy of being the subject of one of my papers had come up a number of times over the years, and now his opportunity to achieve "special" status had arrived. I did not know what he would do, and had other ideas in mind for my talk should he be unable to give his consent. However, I did not try to conceal my interest in wanting to discuss *him*. Knowing his propensity to postpone a decision indefinitely if possible, I realized that by telling him when the presentation would be, I was essentially giving him some sort of a deadline. He then agreed and began to pressure *me* to get on with it and to show him the report at once! I was impressed by his disappointment the week before I handed it to him, and sensed how important this activity might be. Perhaps it had the quality of a final exam, a rite of passage or some concrete document verifying an individual's status. But unlike his mother's death certificate, this report would certify the patient's life. He waited with uncharacteristic impatience for me to give him the report, as though I were suddenly holding him back from leaving.

ON READING HIS CASE REPORT

Mr. N seemed triumphant when I handed him the report (a version of the previous section of this article), but suppressed his curiosity to read it until after the session. He expressed envy over my ability to write, but also took stock of his own abilities. With this document now in hand, he felt he could finally go forward, although he wondered if he could truly continue analysis on his own, i.e., do self-analysis. In response to his own question, he described a shelf on which he had assembled a collection of photos and mementos, a concretization of the construction of his life through analysis. This chronology of his life was very reassuring and organizing for him, since he had not been able to see the unfolding of his life before analysis. Like child survivors of the Holocaust whose lives were massively interrupted and who did not experience a sense of continuity of the self into adulthood (Kestenberg and Brenner 1996), Mr. N now felt that he knew who he was.

Mr. N then told me that he wanted to meet me the following week instead of at our prearranged appointment for the week after. I knew he would be eager to discuss the report and chose not to inquire any further about this change; I simply complied with his request because I did not want to inhibit his enthusiasm, as he remained quite prone to shame and embarrassment. In the next session, he quickly handed me a two-page response to my report. We decided, since he was eager for me to read it, that I would do so silently while he read it to me aloud. Here are excerpts from Mr. N's response, written in the third person:

Very strong—almost overwhelming. Almost enchanting. Exhausting. He had feelings of sadness and joy—evidenced by his tears and smiles . . . the story of his falling down and his rising up The case study was a descriptive review and the analyst's eulogy [bereavement]. This concrete document was reminiscent of the unveiling of the headstone of a grave It was a documentation of

Mr. N's life and hard work in analysis. Documentation has been an important tool to combat Mr. N's skepticism and disbelief. That this documentation came to be a means for termination is an interesting occurrence He, too, fell and died Individually and together, analyst and analysand interpret and craft this story . . . [and] the analyst assists Mr. N to thaw, resuscitate, and revitalize Both analyst and analysand work and grow (mature) together Sharing stories was instrumental and helpful to his process of termination His journal writing appears to mirror and concur with the case study description. In fact, his activity of reading the case study and writing this response was a literal step forward (. . . [but] he experienced a physical stiffness reminiscent of his initial visit while typing Evidences of avoidance; intellectualization). He better realizes that much of his visions of perfection—both good and bad—are pipe dreams, defenses and distortions The remainder of his life waits for him to love and work He is somewhat fearful, anxious, and at times still despairing. Alone, daunted, and not good enough. This termination is a powerful occurrence Yes, September 11 was a calamity for him He notes in his journal that the trauma of his mother's death is being brought to the forefront of his mind He did his best to mourn and grow confident and embracing in the last decade Termination is/has been intolerable to Mr. N. He has resisted with all of his might He dreams and uses the metaphor of vehicle and vessels He has stepped off the train . . . hung around the station . . . but for now, Mr. N desires to leave the station and begin his life (love his wife?) This particular journey now has increased integrity and coherence

Mr. N was pleased with himself and his ending with "feelings," he said, as tears welled up in his eyes. He was deeply appreciative that he had never felt pushed to leave before being ready. He was now more ready to give up his fantasy of perfection (Gaskill 1980) and to accept the limitations of life and of his own life in particular (Ticho 1972). Although he had wished for a never-ending analysis and certainly wondered about his capacity to terminate (Dewald

1982; Firestein 1978; Freud 1937; Klauber 1972), Mr. N found a way out.⁶

At this point, Mr. N said this would be his last session, and I quietly said, "Okay." At the time, I felt that acceptance, rather than further analytic inquiry, was appropriate. My response, I imagined, was much the way child analysts might behave when they are loath to interpret a recently acquired sublimation in their young analysands. While I realized that how much to have analyzed his *apparently* sudden wish to end analysis is an arguable issue, I was concerned that with his propensity for procrastination and obsessional paralysis, I might be feeding into his symptomatology by too actively inquiring about and analyzing this wish.

After a bit more talk about his feelings, the report, and some photos he had brought in, we ended the session. Mr. N told me that he would mail me copies of the photos if I wished. As he exited, he smiled, shook my hand firmly, and said, "Be well." After he left, it felt to me like things were truly "okay." I was happy for him and felt quite peaceful. Ironically, this date was the anniversary of the death of one of my own parents, and I was very aware of feeling quiet and reflective, a state that would allow me to further mourn my personal loss as well as the fact of losing my patient. The extent to which my own sense of the inevitability of object loss colored my clinical judgment that day needs to be considered also, as this sad coincidence seemed to punctuate our ongoing intersubjectivity of intimacy, made possible because of shared mourning.

Mr. N's photos arrived about a week later. In one, he stood under an interstate highway sign pointing both north and south, looking rather uncertain. In a later one, he was looking through binoculars into the distance. In another photo, he displayed his shelf of memories, which included pictures of his mother. And, finally, there were happy photos with his family.

⁶ Indeed, my experience with severely traumatized individuals has taught me that their analyses take a long time, and that it is counterproductive to worry early on about terminability in such cases, as we might never offer them an analytic opportunity in the first place (Brenner 2001).

About a week after that, he left me a telephone message telling me that he was doing all right and feeling more hopeful about his decision. He knew that he was welcome back any time, but I got the distinct impression that he was determined to go it on his own for the foreseeable future.

DISCUSSION

To paraphrase Ferenczi (1927), who described analyses as terminating when the analytic dyad gives up out of exhaustion, I decided to let Mr. N's analysis "die of natural causes." I use this expression metaphorically to emphasize the importance to Mr. N that he have control over the formal ending of our relationship, in sharp contrast to the ending of his relationship with his mother, who had died so prematurely and "unnaturally." In so doing, I was as flexible as I could be in order to allow for what Goldberg and Marcus (1985) refer to as a *natural termination*. I had to be aware of pressures related to my potentially keeping his hours available to him throughout this process, a practice that would have been masochistic (and could result in financial strain for us analysts who need to keep our schedules full). Furthermore, consideration needed to be given to the possibility that such an approach would have actually delayed his leaving, giving credence to his periodic charges of being financially exploited.

In addition, I needed to be aware of whether I was treating Mr. N specially—i.e., as an exception (Freud 1916; Jacobson 1959; Kris 1976)—due to his terrible loss and defensive, compensating sense of entitlement. However, Kramer (1987) points out that under certain conditions, it may be appropriate not to interdict the patient's wish for something a bit out of the ordinary, as it may reflect a developmental achievement to be able to ask and feel worthy of this.

With these factors in mind, I sensed that it would be most therapeutic for Mr. N—i.e., a *corrective emotional experience* (Alexander 1946), in the broadest sense of the term—if he were in as much control as possible of this termination (given that his life-altering

trauma was his mother's sudden death, over which he had had no control whatsoever). It has been suggested (Miller 1990) that Alexander's relegation of genetic construction to second-class status and his emphasis on role-playing have tainted the concept of corrective emotional experience so permanently that the overall value of it may be lost. Indeed, Wallerstein's (1990) scholarly historical overview of this notion leaves the reader in no doubt that he believes that it has no place in psychoanalysis. Alexander's experimental approaches belong to the realm of time-limited psychotherapy, as he espouses ideas about manipulation of the transference by, for example, a series of progressively longer interruptions, in order to assess the patient's readiness for termination, or by intentionally reducing the frequency of visits at just the right time, in order to increase the emotional intensity of the transference.

In this case, I did not orchestrate any of the usual changes in frequency, use of the couch, or ending date; Mr. N took the initiative. If the central event in analysis is indeed a change in the patient due to an integration of the transference neurosis, the patient's past life, his or her current life, and the intersubjective matrix, then it truly *is* a corrective emotional experience (Miller 1990). However, less historically encumbered terms (Jacobs 1990) that describe the essence of the therapeutic experience—like, for example, the analysand's relationship with the analyst as a “new object” (Loewald 1960)—engender much less controversy.

In retrospect, I may have been unconsciously influenced by Freud's (1918) use of a deadline in his analysis of the Wolf Man, because I, too, gave Mr. N a bit of a nudge due to a deadline for obtaining his permission to present at a meeting. However, it was not clear to me—consciously—if he would even agree, let alone want to collaborate.

That this activity or parameter so definitively (Eissler 1953) helped Mr. N out the door is noteworthy. Stein (1988) has suggested that if the analyst has good intentions and respect for the patient, then the patient's reading of his or her own report may facilitate the work, as Mr. N's termination was facilitated. Stoller

(1988), in a provocative way, actually recommended that analysts invite their analysands to collaborate this way on a regular basis; but to my knowledge, few have taken up this challenge. Aron (2000) also suggested that there could be a beneficial effect to such a practice, citing ethical considerations over not getting consent to write about patients. However, he questioned whether some writers (e.g., Lipton 1991) fully consider the issue that the analyst's authority and transference factors may make it doubtful as to whether consent can truly be given. Nevertheless, the dialectic between confidentiality and the need for accurate scientific reporting of our clinical work continues (Goldberg 1997), and, unless analysts feel free to write and to be innovative, within reason, concern about stagnation in the field may be warranted.

Kantrowitz (2004a, 2004b), based on data collected from a subgroup of analysts who have published clinical material, offers us an idea of how today's analysts contend with these issues. In her interviews of thirty analysts who had published clinical reports, only eight regularly asked for consent, fifteen chose only to disguise the patient's identity, and seven varied their strategies depending on the individual situation. Overall, twelve patients were shown their reports, and there was concern in six of these cases about the adequacy of disguise. Of the five analysts who asked permission during the termination phase, one patient was shown the report—and responded by returning it with many editorial changes marked in red! While this analyst was not aware of any harmful effects and noted the healthy expression of the patient's competitive urges, he did wonder if the patient was masochistically submitting to his request. Also, this analyst chose not to write about his countertransference for fear of disturbing the termination process, illustrating the point that what we choose to write is affected if we anticipate its being read by the patient.

In the case of Mr. N, my asking for his consent enabled him to invite himself to collaborate with me, and this initiative was certainly a step forward, as he himself commented. That the report itself became so catalytic in his finally terminating is striking, and, though not premeditated on my part, the timing of my request

was no doubt a factor in its effect. I suspect that by introducing a third influence into the analysis—the analyst’s professional self, as described by Crastnopol (1999)—I was including Mr. N in the larger academic analytic community, which appealed to his maturing ego and sublimatory capabilities.

Interestingly, Mr. N brought in his own “third” also—i.e., describing himself in the third person. By acknowledging *I* but using *he*, Mr. N emulated my writing style, a choice that carried with it the cost of emotional distance. This intellectual veneer, a reflection of his usual defensive style, softly gave way to tears in the last session, as this episode seemed to recapitulate the course of his entire analysis. Identifying with his analyst, Mr. N wanted to make a contribution, and by being able to share his experience in order to help others, Mr. N also memorialized his mother.

Kantrowitz (2004b) points out that, in clinical writing, both analyst and analysand are connected by the written words on the page “in perpetuity.” Mr. N had never been able to make any public acknowledgment—e.g., a donation, plaque, etc.—in his mother’s memory. His need to document both her death and his own life were crucial to the success of his analysis and his readiness to terminate. The report therefore served to provide an ongoing bond between us, which paradoxically enabled him to leave.

In another article of her very important series on writing, Kantrowitz (2005a) described a trend in recent years for analysts to seek permission from their patients in order to publish clinical material, and to analyze the impact of both the request and the reading of it. Seeing written case reports as a stimulus rather than an imposition of the analyst’s agenda, she published data obtained from nine analysts who had published clinical papers between 1995 and 2003 in *Psychoanalytic Dialogues*. According to her survey, 77 percent of these authors asked permission some of the time, as opposed to 50 percent of those who published in the *Journal of the American Psychoanalytic Association* (Kantrowitz 2004a), versus 42 percent of those who published in the *International Journal of Psychoanalysis* (Kantrowitz 2005b). Acknowledging the debate between those who insist upon informed consent (especially in this

era of the Internet), versus those who maintain that a patient in the throes of transference neurosis cannot truly give informed consent, and material must, therefore, be disguised (Gabbard 2000), Kantrowitz (2005a), studied this technical innovation. In speaking of the former of these two groups of analysts, she noted that, from a relational perspective, their

. . . conscious rationale in this practice is that the therapeutic action of psychoanalysis occurs in the context of conscious and unconscious engagement of the patient and analyst where the meaning that occurs is co-constructed. As such, these analysts welcome, and may even create, through the introduction of their papers, heightened transference-countertransference interactions. [p. 371]

LaFarge (2000) found that reading clinical material helped her patients de-idealize her, whereas Crastnopol (1999) observed that the patient's wish to be a larger part of the analyst's life motivated him or her to agree. She was emphatic about the importance of the writing being part of the intersubjective experience that helped each member of the dyad become more understanding of the other. Similarly, Pizer (2000) maintained that writing brings into focus recurring patterns that are clinically useful, and that the patient's permission can further "a loving bond that opens further potential space in the treatment relationship" (p. 250).

In her sample, Kantrowitz determined that in most cases, the conscious motivation was *not* to further the analysis, but positive effects were noted nonetheless. She identified three categories of effects: (1) countertransference recognition by the analyst with the patient's help, (2) enabling the patient to experience the analyst as a separate other, and thereby facilitating maintenance of boundaries, and (3) highlighting ongoing issues that became more central in the analysis over time. She concluded that

. . . some patients may benefit from the concrete experience of writing . . . perhaps because they can hold the ideas constant by reintroducing them into awareness when they begin to slip away . . . a kind of transitional object, creating

an object constancy But not every patient needs this particular approach. [2005a, p. 385]

Kantrowitz (2005a, 2005b, 2005c, 2005d) concluded that this technical innovation may be helpful, but should be used judiciously. She cited a number of potential pitfalls for the analyst, such as excessive censoring of analytic literature out of consideration of the patient's feelings, undue intellectualization when affect is needed, erosion of boundaries due to explicit revelation of erotic countertransference feelings, and aggressive turning against the self due to the revelation of strong negative countertransference feelings. Nevertheless, it seems to me that Mr. N was one of those patients who benefited from this particular approach.

Mr. N, like his mythological alter ego, Theseus, was trapped in his own underworld, but his was an intrapsychic one of pathological grief and characterological paralysis. By necessity, his analysis was protracted, but it enabled him to participate in the form of his termination and to take an active role in his emancipation from death in life. It appeared that reading his own case report and writing his response to it concretized and catalyzed his ability to get up from his own metaphorical "Chair of Forgetfulness." This written material ultimately functioned as his ticket to freedom.⁷

CONCLUSION

The events of September 11 could not help but become incorporated into Mr. N's psyche and into his analysis. While the revival of earlier trauma by more recent events is axiomatic in psychoanalysis, it seemed as though Mr. N was especially susceptible, even though he was not directly affected by the new tragedy. The totally unexpected nature of his mother's fatal collapse and all its concomitants—the police involvement, uncertainty over the facts, his never seeing her dead body, the large funeral, the flowers, and his father's getting back to business as soon as possible—did not al-

⁷ About nine months later, a serious family crisis occurred for Mr. N, and he was able to take appropriate initiative, discovering a newfound resilience in himself.

low him the chance to metabolize this catastrophe; as a result, he had experienced his own personal September 11 three decades previously.

Mr. N's character had thus solidified along rather rigid obsessional lines, and his own "homeland security" system had had him on 24-hour alert for the next disaster ever since. Every detail of his existence had to be planned, and no surprises could be tolerated. When his son narrowly missed a fatal accident, Mr. N's philosophy of life was only further vindicated, and, had he not been in analysis at the time, he perhaps would have become even more difficult to engage subsequently. That he already had begun a dialogue with me about his ever-present dread was essential, in that we were involved in the process of finding words for the ineffable, and the foundation for the symbolization of his trauma was gradually being built.

It cannot be known for sure that Mr. N would have indeed kept his termination date in the autumn of 2001 had the September 11 attacks not occurred. However, we can note that, by his continuing and by my permitting and perhaps even encouraging him to associate to this national tragedy, he could not avoid the issue in a way that would have enacted his father's avoidance of his mother's death. Instead, Mr. N could begin to learn that, while psychoanalysis cannot bestow immunity from future tragedy and loss, he was not alone, and was better equipped than ever to deal with the human condition.

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10 Presidential Boulevard, #116
Bala Cynwyd, PA 19004

e-mail: lbrenn@aol.com

EXISTENCE IN TIME: DEVELOPMENT OR CATASTROPHE

BY DAVID BELL, F.R.C. PSYCH.

The experience of existing in time is closely bound up with the phenomenology of the depressive position and, as such, represents a major developmental achievement. However, for some patients, awareness of time and their place in it is felt not as offering the possibility of development, but instead is dreaded as an imminent catastrophe that has to be evaded. This is achieved through the creation of an illusory timeless world, which, although offering some relief, compounds the feeling of threat.

*The author draws on material from Oscar Wilde's novel *The Picture of Dorian Gray* (1890) and on clinical material from a psychoanalysis to illustrate the attractions and dangers of life in this illusory world, where the "picture in the attic" represents the threat that can never be fully faced nor fully erased. The link between the awareness of time passing and the capacity to mourn is discussed in relation to Freud's paper "On Transience" (1916), which in the author's view anticipates certain features of the depressive position as described by Klein (1935, 1940). The author makes further observations on the relation between instantiation in time, which brings a world of causes and consequences, as well as the capacity for bearing guilt.*

INTRODUCTION

There is something very peculiar about the representation of time. It appears to us both as a creation of our minds and as indepen-

dent of us. Once we have it, we cannot *not* have it. We cannot conceive of a world in which time does not exist, and yet the measurement of it is arbitrary and man-made. Because of time's peculiar status, felt as not quite internal yet not quite external, it is easy for us to project onto our representation of it certain persecutory ideas (as we do onto our representation of death); we talk of "killing time," being "trapped" in time, its "catching up with us."

It is a rare occurrence for us to locate in the sense of time feelings of joy or peace, these being more commonly associated with states of *timelessness*. Awareness of the passage of time is inextricably linked to thoughts and feelings of mortality, the transience of all things, addressed by Freud (1916) in his short paper "On Transience," which is central to the theme of this paper and will be discussed in more detail.

The title of this paper, "Existence in Time: Development or Catastrophe," serves to express the idea that feeling oneself as existing in time is an important developmental achievement. For some, however, it is felt as a fixed, imminent catastrophe to be evaded by the creation of a timeless world in which, apparently, nothing ever changes, where there is an illusion of time standing still. However, the attraction of the illusion is undermined by the ever-present terror of expulsion from this world, this Garden of Eden, precipitating a situation that brings the possibility not of development, but instead of a sense of sudden deterioration and death. It as if all the accumulated time that they have managed to ignore suddenly catches up with them. They feel they will suddenly grow old without ever having grown up.

I will begin my discussion, however, by discussing not a patient, but a character in a novel who sells his soul to remain forever young and suffers catastrophic consequences as a result of this Faustian bargain. His very method of evading the (to him) catastrophe of growing old is ultimately the source of the actualization of the very situation that fills him with horror—namely, sudden deterioration, aging, and death. I am referring to Dorian Gray, the eponymous hero of the novel by Oscar Wilde (1890).

SYNOPSIS OF THE NOVEL

The novel opens by introducing us to the three central characters: Basil Hallward, an artist driven by high romantic ideals; his friend, Lord Henry Wotton (Harry), a highly intelligent cynic much admired by his circle for his cleverness (Wilde emphasizes his capacity to turn everything on its head); and our eponymous hero, Dorian Gray, a young man of "extraordinary personal beauty" (p. 7), a naive romantic and innocent in the world. Basil has been inspired by Dorian's beauty to paint a picture of him, which he regards, and Harry agrees with him, as his finest work—the realization of something toward which he has been striving for his entire artistic career. Despite his belief in the level of his achievement, Basil resolves not to exhibit his picture, as "I have put too much of myself into it" (p. 9). Interestingly—and I will return to this later—Harry describes the figure in the portrait as "Narcissus" (p. 9).¹

Dorian, befriended by Basil, is soon introduced to Harry. Harry has a strangely seductive way with words. He is invited to all the best dinner parties; people hunger to be liked by him. Harry is a Mephistophelean figure, and his clever philosophizing serves as a lure into a world where nothing matters; there are no values—all is cleverness and repartee: "I choose my friends for their good looks, my acquaintances for their good characters, and my enemies for their good intellects" (p. 15), Harry observes. And: "The one charm of marriage is that it makes a life of deception absolutely necessary for both parties" (p. 10).

Harry believes in no genuine goodness or depth in others, claiming it all as hypocrisy: "We praise the banker that we may

¹ Like any great work of literature, *The Portrait of Dorian Gray* can be read from a number of differing perspectives. Green (1979) gives emphasis to a kind of *folie à deux* between the artist Basil and Dorian, where Dorian accepts that he is not free to be a real person but is forced to become the artist's narcissistic ideal object. As Green puts it, "Dorian wishes to remain the unchanging object of adoration, and he is willing to supplant his own reality with another's fantasy in order to attain this goal" (p. 400).

overdraw our account, we find good qualities in the highwayman in the hope that he may spare our pockets" (p. 88). "We think that we are generous because we credit our neighbour with possession of those virtues that are likely to be a benefit to us" (p. 88). He indeed gives substance to the aphorism that "the devil has all the best tunes."²

Basil feels his life has changed since meeting Dorian, the realization of his artistic ideal: "He is all my art to me now" (p. 16), he states. Basil fears that Harry will exert a bad influence on Dorian, and this fear is well grounded; Harry soon has Dorian under his spell. On their walks, Dorian is captivated by Harry and hungers for his philosophizing. Harry talks of the need to take from life all it can offer; surface is everything, human depth merely a comforting fiction. "It is only shallow people who do not judge by appearance" (p. 30), declares Harry, and through his talk he instills in Dorian an awareness of his (that is, Dorian's) beauty and a terror of the passage of time, aging, and death.

As Dorian stands in front of the finished portrait, it is not Basil's artistic depths that stir him, but Harry's "panegyric on youth, his terrible warning of its brevity" (p. 33), and the full realization dawns on Dorian that

. . . yes, there would be a day when his face would be wrinkled and wizen, his eyes dim and colourless The life that would make his soul would mar his body As he thought it, a sharp pang of pain struck through him like a knife He felt as if a hand of ice had been lain across his heart. [p. 33]

At the same time that Dorian is suddenly struck by his own mortality, he has the realization that the picture, in contrast, is immortal, and so it will, so to speak, defy time. And then he utters the prophetic words that prefigure the Faustian deal:

² Wilde's character Harry could be thought of as a vivid representation of a tricky internal object that seduces the self into a fascinating perversity. This has been discussed by Gold (1985).

If it were only the other way! If it were I who was to be always young and the picture that was to grow old! . . . Yes, there is nothing in the whole world I would not give! I would give my soul for that. [p. 34]

Dorian cannot conceive of the possibility of growth bringing development, but only loss, deterioration, and death. Without realizing it, he has damned himself, sold his soul to the devil, and with it his whole sense of reality.

Basil warns Harry not to espouse his opinions before Dorian, not to contaminate him with his poisonous ideas. But it is too late. Harry replies, "Before which Dorian? The one who is pouring the tea for us, or the one in the picture?" (p. 37). Dorian is already altered.

What we subsequently witness is a struggle in Dorian's character between a better part of himself, which retains a sense of what is real and good, and another part that is driven toward corruption and perversity—to a world where human values and the realities of existence cease to have any dominion over human affairs.

At this point in the novel, however, Dorian still retains much of his innocence, and also his belief in beauty and the power of love. He falls in love in the most passionate and romantic way with a talented actress, Sybil, whose performances he watches, enthralled, every night. Eventually, he goes backstage and declares his love for her. Sybil leads a terribly unhappy, impoverished life; she has nothing except her art, which is all to her, and pours her whole life into it. She falls passionately in love with Dorian, her "Prince Charming," and they are engaged to be married.

Dorian and Sybil are joyous, expectant lovers, and, from the structure of the story, it is clear that love might have saved Dorian from his fate. But it is not to be. Dorian takes Basil and Harry to watch his betrothed in a performance of *Romeo and Juliet*. Sybil's performance, however, is a disaster, and Dorian is humiliated in front of his friends. When he goes to see her backstage, she acknowledges that, having now found love in reality, she has lost interest in the third-rate theater and its retinue of poor ac-

tors that had been her life: "You made me understand what love really is" (p. 101), she tells Dorian. So, at the very point that Dorian is rapidly losing touch with reality, sacrificing it for a wish-fulfilling illusion, Sybil is giving up her deeply felt joy in the depths of artistic creation, viewed now as shallow in contrast to the greater "reality" offered by her lover.³ She cries, "My love! My love! Prince Charming! Prince of life! I have grown sick of shadows. You are more to me than art can ever be" (p. 101).

But Dorian no longer wants Sybil if she cannot produce a grand performance to impress his friends, and spurns her love in a most cruel way (reminiscent, perhaps, of Narcissus spurning Echo). As she begs him not to leave, his voice, the reader realizes, is no longer his own, but instead that of his mentor, Harry, mocking her passion, her depth of feeling. The writer echoes Dorian's cynicism: "There is always something ridiculous about the emotions of people whom one has ceased to love. Sybil Vane seemed to him to be absurdly melodramatic. Her tears and sobs annoyed him" (p. 103). In his cruel mockery, Dorian feels no guilt.

This is the central moment of transformation. As Dorian wanders the streets all night long, one senses that his character is now irredeemably altered. When he returns home, the writer stresses the *material* wealth of his surroundings (contrasting with his spiritual poverty): "his new-born feeling of luxury" in the home he has just decorated, "the huge gilt Venetian lantern . . . the great oak-paneled hall, the renaissance tapestries" (p. 105). But as Dorian surveys all its splendor, his eyes fall on his portrait, and he finds that the face has altered, bearing the marks of his changed character:

³ The confusion here is of some additional interest. Clearly, there is an important distinction to be made between the *imaginary*—the scene of psychic depth, artistic creativity, the fruit of psychic work—and illusion as shallow, wish-fulfilling daydream, evading psychic work. Here Wilde gives vivid form to a perverse inner scenario: the actress is seduced into seeing her art as *mere artifice*, and drawn to a world, represented by Dorian/Harry, in which there is no reality—all is illusion. See Britton (1995) and Sodre (1999) for further discussion of the crucial distinction between imagination and daydreams.

The quivering, ardent sunlight showed him the lines of cruelty round the mouth as clearly as if he had been looking into a mirror after he had done some dreadful thing When he looked at himself in an actual mirror, there was "No line that warped his red lips." [p. 105]

As Green (1979) comments, "the portrait clearly will be the visible index of his morality" (p. 394).

Awakening from sleep, Dorian recaptures some of his sense of reality, and, feeling deep remorse, endeavors to make amends. When Harry arrives, Dorian anxiously tells him of his plan to try and repair the damage he has caused to Sybil. Harry, however, informs him that it is already too late: the morning's newspapers carry the story of Sybil's suicide; his terrible acts are already beyond reparation. Harry, showing the depths of his cruelty and cynicism, congratulates Dorian, telling him what a fine thing it is for a young man when a woman kills herself out of love for him: "I wish," he says, "that I had ever had such an experience" (p. 118). Dorian is seduced and quickly released from all guilt.

So, I have murdered Sybil Vane . . . murdered her as surely as if I'd cut her little throat with a knife. Yet the roses are no less lovely for all that. The birds sing just as happily in the garden. And I am tonight to dine with you [Harry], and then go on to the opera, and sup somewhere. [p. 115]

And in a perverse reversal of depth and artifice, he exclaims:

How extraordinarily dramatic life is If I had read all this in a book, Harry, I think I would have wept over it. Somehow, now that it has happened actually, and to me, it seems far too wonderful for tears. [p. 115]

Yet Dorian is not completely taken over by the perverse distortions, showing some insight when he states:

Harry . . . why is it that I cannot feel this tragedy as much as I want to? I don't think I am heartless I know I am not. And yet I must admit that this feeling that has

happened does not affect me as it should. It seems to me to be simply like a wonderful ending to a wonderful play. It has all the terrible beauty of a Greek tragedy, a tragedy in which I took a great part, but by which I have not been wounded.⁴ [p. 117]

Dorian's world disintegrates. He lives a life of boundless and guiltless pleasure. He frequents brothels, consumes drugs, has numerous relationships, and is responsible for ruining many people's lives and for the deaths of others. But his *appearance* is untouched, remaining forever youthful, while the portrait registers all the signs of his cruel and debauched life. The portrait bears witness to his crimes, carrying the signs of aging and the deterioration of his character; he cannot bear to look at it and hides it away in an attic.

Basil comes to see Dorian, dismayed by what he has heard of Dorian's life. His is the novel's voice of morality and conscience. Dorian, however, remains unmoved, and takes Basil up to the attic to show him the portrait—now so transformed that even the artist himself can hardly recognize it. But even now, the writer makes clear, all is not lost; Basil can still see that "the horror of whatever it was had not *entirely* spoiled that marvelous beauty" (p. 179, *italics added*).

Basil, realizing that the picture confirms the evil that has dominated Dorian's life, suggests they pray together, but Dorian mocks him and then coldly murders him. He later employs a scientist, whom he blackmails into using his chemical skills to get rid of all traces of the corpse. With the last possibility of redemption now lost, Dorian's life deteriorates further.

Toward the end of the book, Dorian comes near to facing up to all the evil in his life, and he spares a woman from becoming

⁴ Green (1979) points out that an important aspect of Dorian's relationship with Sybil derives from his appreciation of a more moral, compassionate self, more in touch with reality—"Her trust makes me faithful, her belief makes me good" (p. 91)—and of the real self that he sees in her. From this point of view, the death of Sybil and his dissociation from it represent one of the last nails in the coffin of his own moral self.

entangled with him out of concern for her. He then mocks himself and sees this only as hypocrisy (as if echoing again Harry's lack of belief in anything good). Finally, at the point of recognizing the horror of his life, he has no belief left in any goodness within himself. He climbs the stairs to the attic to confront the portrait, "his own soul . . . looking out at him from the canvas and calling him to judgment" (p. 139). In desperation, he tries to rid himself of this awareness of reality, felt as an unbearable persecution—the sight of his own self aged and ugly beyond belief. He grabs a knife and lunges at the portrait in an attempt to destroy it forever.

The servants hear the noise, and when they go up to the attic, they pass the portrait, now transformed back to its original youthful beauty. On the floor is a man with a knife in his heart. The body "was withered, wrinkled, and loathsome of visage. It was not until they had examined the rings that they recognised who it was" (p. 256).

DISCUSSION

There is something about this story that grips us; it has the same qualities as the great myths and fairy stories that speak so directly to universal human themes. The core of the narrative is the deep understanding the author brings to the cost to character of evasion of the facts of life, which include the inevitability of aging and death, as well as the feelings of guilt that are part of life and that lend it its moral force—all of which are supported by the awareness of the passage of time.

It is clear that for Basil, the artist, who represents a moral force throughout the novel, the passage of time is an inevitable aspect of human experience that he is able to accept, supported in this by his capacity to symbolically capture lasting beauty in his artistic work, while being reconciled to its passing in life, and this gives his character depth. Harry, however, occupies a completely different position; for him, there is no real meaning to life, and any claim to such is mere hypocritical posturing. His phil-

osophy is supremely narcissistic: that the aim of life is to gather as much pleasure as possible, regardless of the consequences to others. He is cynical of any views to the contrary.

Dorian appears first as an innocent in two senses: he has not yet understood the inevitability of the realities of life, particularly of time passing and the process of aging, and, further, he is innocent in the sense of not having been corrupted by experience. Emergence from innocence—the gaining of knowledge of life—*might* have brought ordinary sadness and therefore depth to his character, but Harry succeeds in creating in him a perception of time that brings only horror. There is nothing to be gained from growing older, in Harry's view—only the loss of the one thing that counts in life, surface beauty.

Dorian's solution to this painful conflict is a perverse one. Rather than adapting to reality, he arranges for reality itself to be altered; rather than bearing the pain of the loss of his ideal self, he preserves it forever by exchanging places with the portrait—he will remain forever young, while the portrait will bear all the marks of time's passage. His exchanging places with the portrait, an act carried out perhaps initially with the aim of preserving life, is in reality a psychic death, represented in the story by the gradual deterioration of Dorian's character, his inner reality, the cost he pays for preserving only the surface appearance of his existence. (Notable here is Harry's cynical defense: "People say sometimes that Beauty is only superficial. That may be so. But at least it is not so superficial as Thought is" [pp. 29-30].)

What is offered in the narrative, then, is denial as a solution to the problem of loss—a denial, however, that (as so often in life) is never fully successful. For Dorian is constantly persecuted by awareness of the passage of time as represented by changes in the portrait, hidden away in the attic but never—psychologically—out of view. Although apparently enjoying all the perverse experiences that come his way, Dorian must still continue to return home to his awareness of what is hidden away in his mind, symbolically in the attic, that can never be fully faced or fully erased.

At the end of the story, he tries, finally, to destroy the portrait that bears witness to the unbearable reality of his life, but it is his

own self that is destroyed. The author here, I think, shows a deep insight into the underlying motives of some suicides, namely, the delusional idea that one can be rid of some unbearable inner object and live on, finally free of it.⁵ Dorian suddenly grows old and dies, and this can be taken as representing symbolically the collapse of an illusion of timelessness experienced in this terrible way, as if all the time he has denied suddenly catches up with him in one catastrophic moment.

FREUD AND TRANSIENCE

As noted earlier, in 1916, at a time when Freud was much preoccupied with the question of mourning and with the human horror of the Great War, he published "On Transience." Here he described a walk in the countryside "in the company of a taciturn friend and a young but already famous poet" (p. 305). His companions could not properly enjoy the beauty of the scene, as appreciation of it was colored by painful thoughts arising from awareness of the passing of all beauty and the inevitability of decay. Indeed, had they been contemplating Dorian Gray's portrait and not the beautiful mountain scene, they might have echoed his sentiment expressed in the words, "I am jealous of everything whose beauty does not die. I am jealous of the portrait . . . of me. Why should it keep what I must lose?" (Wilde 1890, p. 35).

Freud did not share the gloom of his companions, and, with great conviction, pointed out that the ephemeral nature of beauty does not detract from its value, but, on the contrary, adds to it: "Transience value is scarcity value in time We would [not think] a flower that flowered only for a single night . . . on that account less lovely" (1916, p. 306). The fact that all things must pass, and even that all animate matter must cease to exist, should not detract from the emotional significance of beauty in the world, "since the value of all this beauty and perfection is determined

⁵ For further discussion of unconscious fantasies underlying suicide, see Bell 2001.

only by its significance for our own emotional lives; it has no need to survive us and is therefore independent of its duration" (p. 306).

Freud's companions were unconvinced by his argument and remained entrenched in their gloomy thoughts, which led Freud to suggest (to himself) that they must have some emotional difficulty standing in the way of a simple understanding. This emotional difficulty bears some important similarities to that faced by Dorian Gray—namely, an inability to conceive of the passage of time as anything but persecution. An awareness of the transience of all things catches all of us at the touchiest point of our narcissism: the awareness of mortality.

"On Transience" was written in the same year as "Mourning and Melancholia" (Freud 1917), where Freud discusses the difficulty the ego has in giving up its lost objects, breaking its attachment to them—a long and painful process. When referring to loss, he meant not only the loss of people, but also of more abstract qualities, such as one's ideals. However, from a purely economic standpoint, it was hard for Freud to offer any explanation as to *why* the work of mourning is always so arduous—apart from his rather general statement, that is, that the ego is conservative in accepting the loss of anything that it values, seeking to preserve it in one way or another. From this perspective, the struggle of mourning is in essence a struggle between the pleasure principle (which denies the reality of loss) and the reality principle. Ultimately, in the right circumstances, the reality principle holds sway.

All this arduous work might appear to be wasted energy—for how much more practical it would be, one might think, if the human mind, when faced with the reality of the loss of its loved objects, could immediately give up all attachment to them, decathect them, and replace the loss with an object that *is* available. Yet if, in life, we met such a person—someone who lived life in such an "economic" way, who when the object of his love ceases to be available to him gives it up with great facility, transferring his attentions elsewhere—we would regard such a person as shallow and lacking in character (in fact, just as we regard Harry in *The Picture of Dorian Gray*). For we recognize that the pain of mourning

is not without purpose: it brings depth to character. The *apparent* freedom to replace attachments with such facility would in fact represent an enslavement to narcissism.

Freud (1917), at this stage in his thinking, had no place in his metapsychology for understanding the process by which mourning *enriches* the ego. He wrote:

Why this compromise by which the command of reality is carried out piecemeal is so extraordinarily painful is not at all easy to explain in terms of economics. It is remarkable that this painful unpleasure is taken as a matter of course by us.⁶ [p. 245]

But, as is so common with Freud, when he recognizes something to be true but lacks a theoretical framework in which to house it, he turns to a more literary form to give it expression. In the brief paper on transience, Freud introduces a dimension to the argument that he could only express in this more literary form, for here he argues that the capacity to truly enjoy nature without being persecuted by an awareness of the ephemeral nature of all life is underwritten by the *ability* to mourn loss, including the loss of the conception of oneself as immortal. The *capacity* to mourn is here viewed as an *achievement* of the ego, bringing aesthetic depth and pleasure.⁷ Freud, in making this crucial link between the capacity to mourn and the capacity to accept one's own mortality, anticipated Klein's (1935, 1940) description

⁶ With the full formulation of the structural model, in which the ego was seen as being built up on the basis of abandoned objects, Freud achieved a new understanding of these psychic phenomena.

⁷ It is of interest that one of Freud's companions who had such difficulty with mourning appears to have been one of the greatest poets of his century, Rainer Maria Rilke (Gekle 1986). It may seem paradoxical that a poet of Rilke's greatness had such difficulty with the capacity to mourn. But this paradox is perhaps more apparent than real. For it is surely the case that many great artists have profound difficulty in managing loss. What marks them out as artists, however, is that, through their work, they both engage with and give expression to that struggle. Britton (1999) discusses this at length in relation to Rilke, showing that it was through his work, most especially on the *Duino Elegies* (which took him ten years to complete), that Rilke was able to both give expression to and move beyond schizoid states of mind and into a more integrated world.

of the depressive position, in which the capacity for mourning is linked to the capacity to bear the pain of awareness of separation and guilt.

Before discussing this further, I will present some clinical material from the psychoanalysis of a patient who was in some ways typical of patients who are forced to evade the pain of awareness of the passage of time through maintaining, often in a hidden way, an illusion of timelessness. They are always about to make some crucial developmental step, but remain incapacitated and prevented from doing so. There is usually a history of profound emotional deprivation in childhood, which leaves them prey to catastrophic anxieties, against which they must build a powerful defensive organization.

CLINICAL MATERIAL

Mrs. S, a woman of forty-one, came to psychoanalysis in a way that is typical of the patients I am describing: namely, the illusory world that she had created had been unable to withstand sudden and traumatic losses in her life. She moved rapidly away from a position in which—as I subsequently learned—she had felt as though she had managed to evade the ordinary blows that living inevitably brings, particularly the awareness of dependence on others (felt to be a reprehensible and terrifying state), and therefore of the consequences of loss and separation. She told me that she had cried ceaselessly for two years and then “suddenly grew up.”

In other words, in the place of the emotional development that would have allowed her to face and work through her place in the world, Mrs. S had instead created an alternative world, which evaded those features of reality that she could not manage. She had been much supported in this by her family configuration. She had two brothers, one and two years older, and one sister four years younger. As she understood it, she had displaced all her siblings and her father in her mother’s affections, to the extent that, as she viewed it, the primary couple was herself and her mother, and

father and siblings appeared as envious children bearing all the consequences of being excluded.

Mrs. S was excessively preoccupied with her appearance, wishing to remain forever young. However, traumatic losses had propelled her out of this world and into a catastrophic situation; she felt that her body was disintegrating and that she might die at any moment. Though manifestly seeking urgent help for this situation, she inevitably used the analysis to restore her previous equilibrium, re-creating within it the illusory world that preceded the breakdown, and she organized her life in such a way as to support her existence in this state.

Before starting analysis, Mrs. S had married precipitately, but soon afterward had become unable to have a sexual relationship with her husband. Her husband brought her to and collected her from every session. Though at first this was necessary given the very disturbed state she was in, she seemed to lose sight of this, and the situation became in her mind something quite different—not that of a vulnerable woman being collected from analysis because she found it so disturbing, but more as the confirmation of a privileged position in life; she was always picked up so she never felt dropped. In the same way that she felt she could evade the ordinary (though, for her, extraordinary and persecuting) consequences of being human, she felt she could avoid the consequences of being an ordinary patient—having to bear the various pains and frustrations that arise, inevitably, from being in analysis.

In my patient's inner world, her analyst occupied the same position as her husband, providing a sort of home or "psychic retreat" (Steiner 1994) for her to live in, protecting her from life and making no demands. Although she was apparently happy in her illusory world, it was very clear that she felt an almost constant persecuting anxiety—she suffered catastrophically hypochondriacal anxiety and dreamed frequently of being attacked. She was paralyzed in a timeless world, and the threat of any action that would result in real consequences precipitated her fall into another, terrifying world that she could not control.

Yet a gradual deepening of her relationship with her husband brought to Mrs. S's mind the possibility of intercourse and preg-

nancy, the latter dreaded as the paradigm of something growing inside her that could not be stopped. This kind of anxiety became manifest in the analysis in her determination to control it, though she constantly felt threatened by the idea that she could not do so. A related difficulty was Mrs. S's paralysis in making any decisions, since to make one decision was, necessarily, to exclude the alternative and so to bear the pain of that loss. Her life was therefore dominated by a kind of inconsequentiality.

This was realized in the first period of the analysis by its endless repetitious quality, every session starting in the same way: with Mrs. S expressing her belief that I was trying to humiliate her and force her into a position of dependency in order to gratify my own perverse needs. Often, however, by the end of the session, a different picture of me emerged: a figure with whom she felt safe. It took me quite a long time to realize the extent of this problem, and when she and I were able to discuss it more directly, she told me that she never thought about her analysis between sessions.

Mrs. S desperately wanted to be cured of her constant state of persecution, but wanted the cure to be painless—that is, she wanted the results of analysis without having to be really involved in it. It was, of course, always very difficult to distinguish between her genuine dread of being brought into contact with reality—felt as the threat of collapse—and her demand that I endlessly support her in her illusory retreat.

Like Dorian Gray, Mrs. S appeared to have sold her sense of reality in order to be spared its pains. Yet, also like Dorian—who never escaped awareness of the existence of the picture in the attic that bore the marks of time's relentless passage—she was never unaware of the realities of life, but they served only as a source of unavoidable persecution.

As I started to get to grips with some of these issues, real progress in the patient's life occurred, although it often remained quite hidden and its connection with the analysis usually disavowed. Her interests widened; she progressed in her career and developed a deeper aesthetic sense of life, enjoying art and mu-

sic. This was very much in contrast to her state at an earlier time, when she (rather like Wilde's character Harry) mocked those who went to exhibitions; she was quite sure that their apparent interest in art was mere affectation and based largely on their wish to exhibit themselves. She also became friendly with people who seemed to be more involved in life, able to bear its pains and frustrations and move forward.

In time, Mrs. S became aware that she could no longer maintain the idea that what prevented her from moving forward was a dread of breakdown, since she had acquired enough internal resources to make such a collapse unlikely, and the recognition of this, by both of us, represented a very important development.

I would now like to bring some material from a time when Mrs. S was clearly making some important moves. She was more involved in her analysis and more thoughtful about her life. She had been preoccupied as to whether to continue her relationship with her husband or to separate from him; that is, she wanted to find a way to act and whatever decision she made would have real consequences for her. During this period, there had been increasing awareness of how stuck she was in her illusory world. In particular, she was aware that time was passing, and that if she wanted to have a baby, the years in which this would be possible were limited. After bringing these issues into the analysis in a direct and painful way, she missed the next three sessions without any obvious reason.

Mrs. S started the first session of the following week by mentioning the missed sessions, saying that she could have come but had started to feel that I was not really helping her. She felt "disillusioned" with me. She then made some reference to the previous week and to her sense that something had altered. I suggested to her that she had actually felt things were improving in the analysis, but that this had brought her into contact with something she now wanted to evade, namely, that analysis was inevitably for her a *dis-illusioning* process.

She was silent for a few minutes, and then said with an air of caution that she and George (her husband) had just bought a

painting. (This was something entirely new; she had never bought something of real aesthetic value before.) George had been left some money by an aunt who had died, and he was anxious to use it to buy something of worth that would last.

Mrs. S went on to describe how she had bought the picture, but the way she did this was quite revealing: it was as though she were *excusing* herself for having bought it (one had the sense that she felt she was responding to mockery from some imagined or real observer). Some time earlier, she had come across an artist called David Hillbrough whose pictures she liked. She *happened* to hear that his pictures were being exhibited at a gallery in Camden Town. She *happened* to be window-shopping, and *by chance* passed the gallery without realizing it was the one where the pictures were to be exhibited. She went in *for some reason she could not recall*, and *happened to see* the canvases stacked on the floor. She did not like some of them but chose one she did, and they bought it. She then remarked as an aside, with a hint of acid hostility, "Why should we spend money on such things?" She added that if she and George parted, this was something she would have to lose; the painting would become his.

I was struck by a number of things: first, the atmosphere of sadness and of integration in her account, accompanied by a hint of threat. In the to and fro of the session, I suggested to Mrs. S that buying the painting seemed to represent the capacity to preserve something of value from the life of a dead woman, linked, I suggested, to the patient's dead mother. I suggested that her dead parents might be imagined as providing some resources for her to do the things she liked—going out, looking at paintings, and buying one. I was unsure about how to think of her comment that, if she split up with George, the picture would be his, but suggested that she was aware of losses, and that that awareness seemed not to be so unbearable today. At the moment she recognized the possibility of having something worthwhile that she could not control, she feared losing it. It was true that if she parted from George, she would be ending a relationship that had real value.

I later linked the buying of the picture to the analysis, which was clearly connected to the patient's acquiring new aesthetic depths. I thought that now she was not so "illusioned": she could see me more clearly for who I was. I was no longer viewed as just narcissistically exhibiting my ideas for her to admire; instead, they represented my work. She did not like all of my ideas (in the same way that she did not like all the pictures), but recognized in an important way that the analytic work was of real value to her.

I shared with the patient my thought that, in some way, the loss of her illusions prefigured an awareness that the analysis would one day come to an end. I wondered if she regarded the analytic work as *my* possession rather than something jointly achieved—like George's keeping the picture if they parted—but said nothing about this. There was a brief pause, and then Mrs. S said, with humor and real feeling, "My anti-wrinkle cream doesn't work."

I will leave the session there. The principal point I want to make is that Mrs. S, like Dorian Gray, lived in an illusory world and feared that any movement from this state would precipitate the breakdown that had brought her to analysis. She lived either in a timeless world where there was no development, or in a terrifying world in which all the time that had been evaded would suddenly catch up with her, leading to horrifying, sudden disintegration and death (which has its parallel in the final scene of *The Portrait of Dorian Gray*, in which Dorian moves suddenly from being a man untouched by time to being one who was "withered, wrinkled, and loathsome of visage" (p. 255).

Commentary

In the session reported, it seemed possible for Mrs. S to move on and develop some capacity to mourn, thus facing some of the inevitable vicissitudes of being alive, and it was clear that this brought depth to her life. She regarded this, rightly, as a *dis-illusionment*, but *not* as a catastrophe. As I have shown, there was a terrible tentativeness about this move; she feared the consequences of moving forward because of the pain and persecuting anxi-

eties brought to the fore, and, further, it was clear that making this move exposed her to a kind of "Harryesque" figure who looked on and mocked her for exposing herself in this way. She defensively and transiently identified with this figure, the continuing more narcissistic side of her character, which was revealed when she mocked her progress with the caustic comment, "Why spend money on such things?" I understood Mrs. S's statement that her anti-wrinkle cream did not work as her acknowledgment that aging and time passage cannot be evaded, but I thought she showed some realization that there was much to be gained from recognition of this fact.

This material has a clear connection to the issues discussed by Freud in "On Transience" (1916), in which he focused on the gains to be had from the capacity to mourn. This is central to Klein's (1935, 1940) description of the depressive position. She described a vital phase in development in which the individual acquires the capacity to see the world for what it is, becomes aware of the impossibility of possessing one's objects and of the need to bear the pain of separation from them. This phase of development brings a particular kind of mental pain: a mixture of loss, awareness of separation, and painful feelings of guilt. The incapacity to bear guilt leads to a dread of looking at any object that is evidently in a damaged state, since this stirs up these dreaded feelings.

Conversely, in order to be able to bear this pain, one must have an already established, secure, inner good object that is felt to provide support. This presence ushers the individual into a different world in which real integration of the ego can be achieved. My point here is that Freud's colleagues, Dorian Gray, and my patient Mrs. S all shared a difficulty in bearing guilt and other painful feelings. Looking back over the first years of Mrs. S's analysis, I was struck by the absence of any mention of guilt, and it was clear that my patient had found such feelings completely intolerable. Once, during a serious conversation about life, her husband had described his unhappiness about their lack of a sexual relationship (something he had never before managed to mention), and my patient's response was immediate: "I felt like putting a knife to my throat."

One can therefore read *The Portrait of Dorian Gray* as a tale of what happens to character when it surrenders its sense of reality out of a dread of the persecution of aging. Limitless life in an illusory “retreat” turns out to be life that has little meaning, and in Dorian’s case, it results in a steady deterioration of character. I mentioned that my patient was severely emotionally deprived in childhood, and this seems to have been true of Dorian, too; we are told in the novel that his father was shot when he was a very young child, and his mother died less than a year later.

CONCLUSION

In this paper, I have attempted to show how the capacity to mourn and to bear guilt and loss are essential to the ability to fully apprehend oneself as existing in time; they are different facets of the same problem. If the pain can be borne—the pain inherent in the recognition of the transience of all things—then the subject is instantiated in time, and this promotes development. Where this capacity is lacking, existence in time is replaced by the construction of an illusory world in which time does not exist. Life in this illusory world is accompanied by a permanent sense of dread of being exposed to reality, felt as a catastrophic confrontation with a deteriorated and damaged world, a breakdown always threatening and always being evaded. I have illustrated this theme through an examination of Wilde’s (1890) character Dorian Gray, who suffers the catastrophic consequences of life in the illusory world, and I have also brought material from a patient who showed a capacity, having established some firmer inner foundations, to emerge from this state.

The kind of psychic retreat described in this paper is dominated by a peculiar combination of timelessness, inconsequentiality, and permanent threat. The depressive position brings with it awareness of the self as a person existing in history, existing in time, and subject to laws outside one’s own control—a world of consequentiality, of causes and effects, essential for the capacity to experience guilt. Awareness of existence in time is both an out-

come of the move toward the depressive position *and* an essential prerequisite for that move.

The Portrait of Dorian Gray can be read from the perspective of what happens to character as a result of the denial of the existence of time, or from the perspective of the consequences of the inability to tolerate guilt. Klein's theory of the depressive position in fact unites these two perspectives, showing their intrinsic dialectical relation. It is a feature of the difficulty I am describing that there is an incapacity to think of getting older as having any worth—the perception of time passing is associated *only* with aging and decline.

There is a further confusion here, for aging objects (a fact of life) are thought of as damaged objects (that is, as having been damaged), and so perception of them stirs feelings of guilt. There is an intimate relation between the understanding of causal relations, *existence in time*, and feelings of guilt, for it is in the flow of time that the causal consequences of one's actions are realized. Where guilt cannot be borne, the result is the timeless quality intrinsic to life in the "retreat." Where there is no time, there is no cause, and so, at depth, life is inconsequential. This confusion of aging with damaged objects is part of a wider problem that we are all prone to, one that anti-wrinkle cream and its various substitutes attempt to resolve for us, but only in an illusory way.

It is a tragic irony that in the wish to stay alive and young forever, the individual creates a static, dead world. Dorian recognizes that his status as Basil's muse demands that he become a thing and not a person. He says to Basil:

I am less to you than your Ivory Hermes or your silver Faun. You will like them always. How long will you like me? Till I have my first wrinkle, I suppose . . . Youth is the only thing worth having. When I find I am growing old I shall kill myself. [p. 34]

Dorian Gray is likened in the novel to Narcissus, who, we are told in the Greek myth, had eternal beauty. However, Narcissus

turned away from a pitiable suffering object (Echo)—and so from life—and was punished by imprisonment in the dreaded situation that haunts patients like the one I have described. Narcissus is transfixed by his own image, forced to watch it as it grows old, ages, and dies.

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Flat 4, Mullion Court
 London NW3 5JH
 United Kingdom

e-mail: davidlbell@hotmail.com
 dbell@tavi-port.nhs.uk

A MATTER OF TIME: ACTUAL TIME AND THE PRODUCTION OF THE PAST

BY DOMINIQUE SCARFONE, M.D.

In psychoanalytic theory, space metaphors are frequently used to describe the psychic apparatus. As for time, it is traditionally invoked under the heading of timelessness of the unconscious, more aptly described as the resistance of the repressed to wearing away with time. This paper examines how the insertion of time into psychic events and structural differentiation form a single process. After looking into the parallelism between phenomenological and psychoanalytic views of time and differentiation, the author draws a distinction between two time categories: chronological versus actual. A clinical example is presented.

Drops of living past are what must be carefully preserved everywhere . . . as there are not too many on the whole planet . . . We possess no other life, no other sap than the treasures inherited from the past and digested, assimilated, recreated by us. Of all the human soul's needs, none is more vital than the past.

—Simone Weil (1943, p. 1057)¹

The past is indestructible; sooner or later all things come back, and one of the things coming back is the project of abolishing the past.

—Jorge Luis Borges (1993, p. 69)

To be conscious is to have time.

—Emmanuel Lévinas (1971, p. 264)

¹ This quotation and the two quotations immediately following were translated by the author.

This paper is about the work of psychoanalysis and how it is related to *being*, *having*, and *time*. *Being* will be addressed here in terms of the most fundamental stratum of psychic life, not directly accessible, as it belongs to a rather mythical state of narcissistic completeness. *Having*, as we shall see, will emerge when some differentiation has occurred within the state of being, with *loss* playing a decisive role. As for *time*, it is a multilayered concept that I will try in this paper to integrate more operationally into the workings of the psyche. More generally, I will try to show that these dimensions of experience are in fact bound together as parts of a global process of differentiation.

The work of psychoanalysis, as we know, can be described from many standpoints. Freud gave various versions of the ends and mechanisms of analysis: making the unconscious conscious, guessing (*erraten*) what is repressed and communicating it to the patient, lifting resistances, making ego be where id was, and so on. These were inserted into a model of the psychic apparatus based on an essentially spatial metaphor, yielding an easy-to-grasp, visual representation of the psyche. Freud nevertheless often referred to the time dimension of psychic events, namely by asserting the timelessness of unconscious processes. Time, however, did not benefit from an equal amount of attention on his part, so that quite late in his life, he would observe:

Again and again I have had the impression that we have made too little theoretical use of this fact, established beyond any doubt, of the inalterability by time of the repressed. This seems to offer an approach to the most profound discoveries. [Freud 1933, p. 74]

I will suggest that if we pay sufficient attention to the time dimension in the workings of psychoanalysis, we may conclude that one of its most important goals is the production of the past. This may seem a bit surprising: isn't the psychoanalytic patient generally deemed a prisoner of the past? Isn't the past what analysis is supposed to deliver the patient from, so that he or she may enjoy the present and resume progression toward the future? The answer

is yes, provided we are aware of how everyday psychoanalytic talk fails to consider the nature and status of what we spontaneously refer to as “the past.” We may, of course, conveniently keep calling it “the past,” but it is actually “the repressed,” and one characteristic of the repressed is to return, to repeat itself, at least until a transformation occurs that turns it into history.

Philosophers have, by tradition, paid more attention to time than have scholars in any other discipline. I will therefore borrow mainly from two of them, Maurice Merleau-Ponty and Jean-François Lyotard. But the reader is asked to accept these borrowings at face value, as the purpose of this paper is not philosophical. I will in fact use but a few remarks from these authors, inasmuch as they seem to me to resonate usefully with—and help us shed some new light on—Freudian metapsychology.

SPACE AND TIME

It is not easy, perhaps impossible, to speak of time without reference to space or other physical metaphors (Lakoff and Johnson 1999). Our experience is so deeply rooted in three-dimensional space, and movement within that space is so important for the experience of our bodily selves and the world around us, that we are naturally bent toward speaking of time itself with a spatial vocabulary. My purpose is therefore not to establish a purified notion of time, but rather to seriously consider Freud’s assertion that unconscious processes are timeless, and see where this may take us regarding our understanding of the psyche.

Could this approach, for instance, spare us the problems we face by relying on our strictly space-laden metaphors of the mind? Convenient as they are, space metaphors are after all just metaphors, and problems arise when we try to go beyond the mere topography of “mental space” in our effort to describe the dynamic processes occurring therein. To give but one example, think of the structural model, in which Freud’s final visual (i.e., spatial) representation of the psychic apparatus as a vesicle of living matter—with perception and the ego at the surface, the repressed and

the drives deep inside (Freud 1923)—is not a model that can actually be put to work. It is a static figure, clearly based on a schematic model of the human body. Now, while the body is the ultimate container of all our living processes, including those we approach from a psychological standpoint, what matters to us most is not the static body of anatomy, nor, for that matter, the objectified body of physiology, but rather the *living body*, the corporeal existence of a human being carrying on with its life. Space contains living and inert bodies alike, but only the living human—hence, the living psyche—is subjectively concerned with time.²

Following Ockham's principle of conceptual parsimony, I will try to leave aside the spatial metaphor (confident as I am that it will not disappear) and explore the possibility that the temporal dimension is sufficient for the description of the workings of the psyche in psychoanalytic terms. In so doing, I will be referring not to the time of physics, but to the specific dimension faced by human beings capable of reflective consciousness, as this entails the potential awareness of our finitude through the "passage of time." Consciousness is inseparable from existential time and chronology. To be sure, consciousness somehow espouses the "time arrow" of cosmology in the form of the irreversibility of individual and collective history; this, however, is achieved at the cost of making the past a closed chapter within the trajectory of one's life history. As we know, the experience of analysis teaches us that reality is otherwise, and this has a huge impact on how we approach the functioning psyche.

It would appear that if consciousness is strongly correlated with the experience of time, Freud's idea of a timeless unconscious is a mere logical consequence of unconsciousness itself. But for the inventor of psychoanalysis, this concept was primarily the result of clinical observation. The description of memories emerging

² Freud's first model of the psyche of course constitutes another example of a space metaphor, with the theory of the double inscription after the lifting of repression. Freud (1915b) ponders whether, when repression is lifted, the de-repressed representation "moves" from the unconscious to the preconscious, or if it merely undergoes a functional change.

during treatment “with astonishing freshness”—that is, as if time had not in the least affected them—occurs as early as 1895, in the *Studies on Hysteria* (Freud and Breuer 1895, p. 9), and remains a constant in Freud’s conception of the mind until the very end. It must be noted, however, that while in the beginning Freud’s conception may have pointed at the return of well-formed repressed memories, we know, from his paper on screen memories and other sources, that he did not think of memories as stable recordings popping up from some repository “in” the unconscious. We therefore adhere more specifically to the Freudian theory that memories are actively constructed in the present time out of repressed material, through forms that lend themselves to conveying something of the repressed, even though the latter—i.e., the truly timeless substratum—is not directly accessible (Freud 1896, 1899, 1915b). The process is actually quite similar to how the manifest dream borrows figurative material from day residues to reflect repressed motions of desire.

We have numerous ways of verifying the clinical validity of Freud’s take on the odd relationship between unconscious processes and chronological time. Think of the repetition compulsion, in which redundant patterns keep coming back as if no learning from experience occurred or no usable trace was left to mark the time of their return. Another example is the eruption of, as it were, “untimely” mental contents in the otherwise normal flow of consciousness, where material that should belong to another time emerges in the present context as a foreign body. A third example is the fear of breakdown described by Winnicott, in which something seems to be threatening to happen in the future, whereas it has already happened in the past, but there was no ego to register it. Says Winnicott (1963): “The original experience of primitive agony cannot be put in the past tense” (p. 91).

Dreaming—and, as we shall see, parapraxes—provide other instances where the *unpast* (as I would call it) steps in. Confronted with phenomena such as these, psychoanalysis may be said to work toward their capture in a time net, or, if one prefers, toward the insertion of ordinary time into their midst.

TIME AND DIFFERENTIATION

Psychoanalysis rests primarily on the spoken word. Access to unconscious processes and the transformation of timeless unconscious elements into conscious experience—and therefore into time-laden historicity—are fostered through speech. So we have before us the task of seeing what, if anything, links the spoken word to the insertion of time within psychic processes. In so doing, we shall see that the link between speech and time helps accomplish a general goal of psychoanalysis, that of achieving psychic differentiation.

Let me first present a quasi-clinical example, a scene I had the opportunity to observe from up close, although outside of my professional endeavor, while waiting in line at the bank (this was before the widespread presence of ATMs).

A woman stands near the counter waiting for a client to leave so that she may swiftly go up to the teller before the next client. This is perhaps the seventh time I have seen her repeating the maneuver, to the great dismay of the young teller behind the counter, who knows all too well what the woman is going to ask once again. Eyes to the ceiling, yet with a remnant of courteous manners, the teller once again reassures the woman that, yes, her savings are still there, and she prints one more statement to prove it. The woman thanks her dimly but will not leave the scene, merely stepping aside. No doubt about it: she's already doubting and will need yet another proof that between the time of the last printed statement and the present, no catastrophe has occurred—that there has not been some confusion in the bank's electronic circuits, erasing her account. We are clearly prepared for another round.

A cataclysm *has* probably occurred—but in the woman's mind. Some powerful unbinding process permits not even a 10-minute stability of her investment in her psyche.³ A destructive motion has

³ *Investment* is a word that could easily—and in my view, advantageously—replace Strachey's pseudoscientific translation of *Besetzung* with *cathexis*. The strong homology of libidinal cathexis with financial investment would be thereby highlighted.

seemed to annihilate even the slightest confidence interval—as statisticians would say—in her inner world. Certainly, no one could have provided her with any final guarantee that her savings were perfectly safe. Nevertheless, among the people waiting in line at the bank that day, no one would have found her conduct reasonable, and she herself probably knew how excessive was her need to repeatedly verify her account.

The memory of this scene came back to me while reading a passage in the *Phenomenology of Perception*, where Merleau-Ponty (1945) writes that:

If the past were available to us only in the form of express recollections, we should be tempted to continually recall it in order to verify their existence, just as this patient mentioned by Scheler, who had to constantly turn round to make sure that things were still there—whereas we feel they are behind us as an indisputable evidence. [p. 479, translation by the author]

The problem of the woman in the bank could be understood as one of a continuous attack on the synthesis of time. Indeed, her paralyzing uncertainty could be conceived of more fundamentally as an uncertainty about the persistence of her own *being throughout time*. For her, time is not the continuous flow, the carrier wave upon which physical or mental events usually seem to occur; it looks rather like a succession of violent ridges eroding the very feeling of continuity. Every new moment represents a destruction of the past one, so that the familiar, seamless integration we normally experience, as the many stories of each of our days seem to merge into the single and stable stream we call our past, just does not seem to happen in her mind.

Interestingly enough, the synthesis of time can in turn be described in terms of differentiation. According to Merleau-Ponty (1962), we should not think of time as a sequence. Rather, he suggests that “when time starts moving, it moves throughout its whole length. The ‘instants’ A, B, and C are not successively in being, but differentiate themselves from each other” (p. 487). He states: “Since, in time, to be and to pass are synonyms, an event does not cease

being when it becomes past Time preserves what it has put into being at the very moment it expels it from being" (p. 480). Merleau-Ponty seems to be saying that, contrary to what we are naturally brought to think, given our space-oriented conception of the psyche, the past is not the passive container of things bygone. The past, indeed, is our very being, and it can stay alive and evolve; the present is the passage where the retranscription and recontextualization of our past continually occur, in line with Freud's (1895) concept of *Nachträglichkeit*⁴ (or *deferred action*, in Strachey's translation).

In terms of differentiation, one may also consider the woman's fear that her savings have vanished as a result of her inability to differentiate herself from her possessions, that is, to distinguish between *having* and *being*. Indeed, her anxiety over the possible loss of her savings was too pervasive to be attributed to an ordinary sense of risk. It rather looked as if her possessions were not in the domain of *having*, but instead were a part of her very *being*. One could also say that, by clinging to her possessions with the anguish of potentially losing them as soon as she turns her back, she is expressing the romantic idea that the passage of time can only mean destruction. She therefore needs to constantly check the persistence of her material possessions, as if to refute the destructive effect she attributes to time. In this way, she seems locked in a permanent *now*, which, as we shall see, is the trademark of the unconscious as we come to know it—for instance, through the repetition compulsion.

Hence, one may surmise that rejection of the flow of time, or rather of *her own passing through time*, is what brings about this woman's paralyzing uncertainty. From this perspective, her fear concerning her possessions can be seen as the mirror image of a fundamental anguish regarding the effect of time on her life in general. It then turns out that her refusal of time—and ultimately of death—is a refusal of *being*, since, as Merleau-Ponty remarks, to *be* is to *pass*. So she is locked in a paradox: by refusing time and

⁴ See, among others, Modell 1990; Laplanche 1992.

loss, she is both wasting her time (and that of others, as we saw) and severely crippling her very being.

Contrary to the romantic view, destruction in the psyche is not the effect of time passing. At first glance, this may seem to contradict Freud's early view—when he thought that the repressed had to be brought to consciousness so that its ideational content could “wear away” (Freud and Breuer 1895, p. 9)—but this is not the case, as the wearing away is not the equivalent of destruction. On the contrary, by becoming conscious, thoughts are subjected to judgment and compounded with other thoughts, thereby actually *generating* new thinking. Subjecting mental contents to time is therefore better conceived of as fostering transformation. What may look like destruction in this process is actually the conservation of something in a new form.⁵

As for real and damaging destruction, it rather takes the form of the repetition compulsion, as is suggested by Borges' aphorism quoted at the beginning of this article. This malignant form of circularity was, as we know, ascribed by Freud (1919, 1923) to the “unbinding” effect of destructive forces in the psyche, subsumed under the idea of a death drive. The repetition compulsion, however, is not a direct expression of unbinding; it rather keeps the processes of the binding and unbinding of psychic elements locked within a demonic, unproductive duel. Since repetition may seem to go on forever, a tie (!) between the two processes is the apparent result. But there really is no tie.

The psyche may also be crippled by too much binding, as modern history has shown with the collectively submissive psychology of the masses united and entranced under the erotic spell of some charismatic leader (Zaltzman 1999). In repetition, unbinding is the real winner, as time, and therefore *being*, is held captive to a circular motion, resisting transformation and allowing for little novelty or creativity. This probably has something to do with Freud's persistent contention that timelessness is a hallmark of the repressed unconscious.

⁵ The Hegelian concept of *Aufhebung*—at once lifting and preserving—applies here.

FROM BEING TO HAVING

For Jean-François Lyotard, phenomenological time, i.e., time as we experience it, is inscribed in the structure of articulate phrases. For instance, time is introduced with the use of personal pronouns, within an *I-Thou* polarity, where no two proper names can occupy the same pronominal pole simultaneously. *I* and *Thou* are *deictic*, i.e., they define two positions in the dialogue.⁶ For a dialogue to take place, the proper names that occupy these pronominal places must necessarily alternate. Writes Lyotard (1991):

To this possibility of permutation immediately corresponds the sequence of two phrases, a temporality. When addressing “Thou,” “I” expects the coming of a phrase in which the two names will have traded their places on the poles of destination. Such disposition is the kernel of temporality in the phenomenological sense. [p. 135, translation by the author]

Notice that in Lyotard’s description, the constitution of time also entails a differentiation similar to the one posited by Merleau-Ponty (1945) in the passage quoted earlier. However, Lyotard is not considering time in itself; he rather underscores the differentiation as indicated and steadily confirmed by the alternating positions of the proper names on I-Thou poles of conversation. The phenomenological sense of time emerges because Ms. A and Mr. B must continually trade their positions of speaker and listener if they are to really talk to each other. A phrase can only follow another phrase.

Think now of one of Freud’s (1938a) posthumously published aphorisms:

[Regarding] . . . “having” and “being” in children. Children like expressing an object-relation by an identification: “I am the object.” “Having” is the later of the two; after loss

⁶ *Deictic* is defined as “having the function of pointing out or specifying, and having its reference determined by the context (the words ‘this,’ ‘there,’ and ‘you’ are *deictic*)” (*Webster’s New World College Dictionary* 1999).

of the object it relapses into "being." Example: the breast. "The breast is a part of me, I am the breast." Only later: "I have it"—that is, "I am not it." [p. 299]

What happens if we bring together Freud's imaginary scene and Lyotard's dipole? We are at first struck by one major difference: in the scene painted by Freud, the trading of places on the I-Thou dipole is not yet realized. On the one hand, there is simply no *I* and no *Thou* at this stage. Nothing may reply to "I am the breast"; this is not even an articulate phrase to begin with, but rather a virtual sentence simply inferred by Freud. Lacking the *I* and the *Thou*, the phrase cannot yield the alternating positions. There being no deictic, time cannot yet emerge. For there to be a reply—a phrase to come—and therefore for the existence of alternating I-Thou positions, a previous differentiation is needed. In Freud's virtual scene, this means passing from *being* to *having*.

Writes Freud: "Only later: 'I have it'—that is, 'I am not it.'" Trying to think this transformation through, we soon find that it cannot follow a simple sequence. We do not evolve from *I am* to *I have* by way of a linear development. Reaching the stage of "I have it—that is, I am not it" represents a major step, supported by many implicit mental operations relating to the central notion of *loss*. Hence, we must now examine how this notion is born.

Normally, loss is about something that we have. Therefore, since we are, on the contrary, suggesting that *to have* is what emerges from the notion of *loss*, we are forced to think of a loss occurring even before *having* is realized. Losing before having—is this even conceivable? Before we try answering this question, we may notice that "I am the breast," even as a virtual phrase that no infant ever uttered as such, is still much too articulate. Indeed, the verb *to be* as conjugated in this phrase is not playing its usual role as a copula. A copula is meant to unite two *different* things—the subject and its predicate—whereas this Freudian sentence indicates that there is no difference between *I* and *breast*.

In "I am the breast," therefore, the breast is not the predicate, and *I* is only a grammatical subject—that is, it refers to the subject of the enunciated sentence, but not to the subject of enunciation

—and quite understandably so, since in the situation described by Freud, there is no enunciation proper. To understand this better, we shall take into account an essential difference introduced by Lyotard between two different kinds of phrases: the *articulate phrase* and the *phrase of affect*.

The expression *phrase of affect* may look like an oxymoron, as it evokes precisely something that cannot be made into phrases. In the hope of avoiding serious misunderstandings, we need to make our terms more explicit. First, we must keep in mind that the term *affect*—which is often used as a synonym for *feeling* or *emotion*—has a more restrictive meaning in the present context. Here it refers to what Freud mentioned as the “quantitative factor,” sometimes specified as an “amount of affect” (*Affektbetrag*—Freud 1915a). Thus, *affect* is a name for a psychic representative that refers to some raw material in need of being psychically elaborated; it is not the nonverbal equivalent of something that could as well be conveyed by words. Therefore, the term *phrase of affect* evokes a phrase that is not uttered, and about which another (articulate) phrase has yet to be created. Nevertheless, in Lyotard’s conception, referring to a *phrase* is justified by the fact that language is always summoning us, and that the unit of language that we usually deal with is not the phoneme, but the phrase. To sum up, in Lyotard’s (1988) own words, “human beings discover . . . that they are summoned by language . . . to recognize that what remains to be phrased exceeds what they can presently phrase, and that they must be allowed to institute idioms which do not yet exist” (p. 13). This, I believe, speaks directly to the work of psychoanalysis.

Going back to the I-Thou dipole, we must consider that articulating a phrase—and waiting for another phrase to come back in reply—does not imply that the second phrase is of a similar nature to the first one. The oncoming phrase may be a phrase of affect, which Lyotard describes as entertaining a *differend*—a radical dissension—with the articulate phrase. The latter is not symmetrical to the former. A phrase of affect is a phrase that “overloads the body-thought, the psychic apparatus,” and such overload makes for “the presence of a phrase that does not signify (is it pleasure or

pain?), is not addressed (from whom, to whom?) and has no reference (what is it about?), a phrase that arrives *impromptu* in the course of phrases" (Lyotard 2000, p. 75, translation by the author).

As we shall see, another important aspect of the phrase of affect is that its temporality is not differentiated, as it always exists in the *now*—a *now* that must not be mistaken for the present tense. Writes Lyotard (1991): "I insist: the now of affect is not surrounded by a *before* and an *after*" (p. 136, translation by the author).

If the verb *to be* in "I am the breast" is not a copula, if it denotes not a subject and a predicate but the total identity of *I* and *breast*, then we may conclude that, in spite of appearances to the contrary, the whole situation belongs to the category of *phrases of affect*. Indeed, were it able to *articulate* such a phrase, the infant would not be an infant any more (remember that in Latin, *infans* literally means "one who cannot speak"). By possessing some ability to speak, the infant would also have already distinguished between *I* and *breast*, positing them as separate elements to be reunited by the verb *am*—now a true copula—and, more generally, by the use of words that represent things. Hence, the scene belongs to the domain of phrases of affect.

The change required in order to bring the infant from "I am the breast" to "I have it—that is, I am not it," must be a change concerning affect. We must therefore ask ourselves what the possible affective meaning of such a change is. For this, we will first describe the logical aspect of the change and then consider how it can actually occur.

THE LOGIC OF LOSS

Going from *I am* to *I have* constitutes a shattering of the totality implied by the full (though obviously imaginary) identity of *I* and *breast*. This breach in imaginary completeness can be thought of as a *loss of being*. And since there is yet no phenomenal time involved, we are also compelled to think that, from a temporal standpoint, this loss is felt as if it had always already occurred. In other words, a *loss of being* can only be conceived of *retrospectively* as the

loss of the illusory sense of continuity, from the standpoint of someone who no longer feels such continuity. Noticeably, with the expression *loss of being*, we are reminded of Lacan's (1966) *lack of being*, or, in reverse, of Winnicott's (1963) *going on being*—the basic tendency in the infant upon which the environment will inevitably impinge.

The important thing here is the *sense of loss*, i.e., the *affective* sense that something has changed, that a *difference* has been introduced. Loss indeed leads to the sense and the importance of having. Only from sensing a difference can the psyche begin distinguishing between the thing itself and its predicates. Interestingly, this was described by Freud as early as 1895 in the *Project for a Scientific Psychology*, where he discussed the function of thought and judgment (pp. 330-335). The effective source of such difference remains, however, to be found, and we will look for it further on in this paper.

For now, if we go back to the scene imagined by Freud in 1938, we posit that from the sense that a difference has been introduced, a change ensues in which the breast is now truly a predicate, an attribute, instead of being engulfed in a complete identity. This is most important for the logic of our argument, since an attribute is something that can be lost. So, whereas a *loss of being* points toward the loss of some ideal, narcissistic totality (one that in reality is nowhere to be found), we must nevertheless consider the transformation it implies as a real event that we will later try to describe. Thus, except in psychotic thinking or in playful, imaginative thinking, "I am the breast" ends up being a contradictory phrase that must be left behind in order to make room for another phrase, such as "I have it."

Reaching this conclusion marks the simultaneous birth of the feelings of *having* and *not having*. These are born together, since one can never experience the feeling of *having* by itself. To have something is, implicitly, to know that one may not always have it, or that one might not have had it in the first place. Were it not for such negation, indeed, one would not even notice one's possessions (affirmation), and hence one would relapse into *being*. The

relationship between *to have* and *to lose*, therefore, has a staunch solidarity.

We are thus reminded of the woman at the bank: her doubts regarding the continuity of *having* reflected her problem in accepting that *to have* always entails the risk of losing—or, better, that loss is the intrinsic trait of every possession. By refusing the inherent loss, the woman “fell back on being,” as Freud would have it—that is, she identified with her possessions, struggling against the primeval loss that at some point has marked us all.

THE REALIZATION OF LOSS AND THE BIRTH OF TIME

By bringing together the virtual infant–breast scene proposed by Freud and the I–Thou dipole, and discussing their logic, we have not yet introduced temporality. We have not examined how the situation actually evolves. After having explored in the preceding section the logic of the progression from *being* to *having*, we must now try to appreciate how this transformation can actually occur. We saw that such progression requires the infant to take notice of some *difference* emerging and shattering the “going on being” (Winnicott 1963). *Difference* is therefore another word for *loss of being*.

Difference can be ascribed to many factors, but in my view it is most usefully attributed to the impact, the impingement of the Other. This may sound like a truism (“Otherness installs difference—big deal!”), so we must discuss it in further detail.

In the Freudian scene we have been discussing, Otherness steps in because the breast in question is not simply the adequate object of the infant’s need, the “pacifier” of its inner tension. As Laplanche (1989) pointed out, it is ironic that even within the field of psychoanalysis, one must be reminded that the breast is a significant part of the woman’s (the mother’s) sexual endowment. The breast, even from within the nurturing relationship with the baby, signifies a fact of seduction. Even in the most normal situation, it plays an excitatory role. This fact was already acknowledged by

Freud (1905) when, after he revoked his seduction theory, he nevertheless spoke of the mother as an “involuntary seductress” (p. 223; see also Freud 1938b).

Laplanche (1989) inserts this idea in a renewed, more encompassing theory of generalized seduction. In Laplanche’s model, the infant is necessarily exposed to messages emanating from the world of adult caretakers—messages contaminated by the adult’s own repressed sexual contents. These messages are seductive in that they “divert” (this is the primary meaning of the Latin *seducere*) the innate channels of communication between adult and child, attracting the child’s attention toward their enigma, initiating an unending process of investigation, translation, and theorizing.⁷ The seductive “breast” is therefore a metonymy for the seductive situation as a whole, for which Laplanche coined the expression *fundamental anthropological situation*. According to this view, Winnicott’s (1963) *impingement*, then, does not occur due to the environment’s failures alone; rather, it results primarily from the mother’s (the adult’s) excitatory action, even while she is satisfying the infant’s vital needs and tending to the baby’s continuity of being.⁸

To be able to take difference into account, the infant will need to process the impact of the stimulating other. Staying with Freud’s example of the breast, we will now consider that its excitatory role is what causes it to take a place in the oncoming I-Thou dipole. The excitatory breast formulates, so to speak, a first phrase of its own, a phrase that creates some disturbance, what might be called “noise” in the channels of communication (“normal” communication being that of the mother’s response in feeding the infant or just appeasing it with the nipple). So, whereas a dipole is here being sketched out, it is not yet effective, since the two phrases—the infant’s “I am the breast,” and the breast’s *excitatory phrase*—do not

⁷ From a totally different perspective, the idea of “child as theorist” has also been put forward by cognitive psychologists Gopnik and Meltzoff (1997).

⁸ Gantheret (1996) and Pontalis (1997) have expressed a similar criticism of Winnicott’s view, but Laplanche (1989) is the one who expounded the theoretical framework that extends beyond the relation to the breast, in his theory of generalized seduction.

yet come together, and therefore do not put the alternating deictic positions into motion. No time is generated from this as a result, but instead, two timeless postures come into being: that of the infant with “I am the breast,” and that of the breast with its excitatory message.

Time then steps in when the infant notices that there is a message from the other (despite its enigmatic nature) and tries to make sense of it, to translate it. Indeed, translating means differentiating the bulk of the message into a part that can be assimilated—literally, *made similar* to or compatible with the ego—and a part that, given the infant’s incapacity to fully master the excitatory aspect, remains incompatible, intractable. Resisting translation, that part of the message can be said to be *repressed* (primal repression). As Freud (1896) wrote: “A failure of translation—this is what is known clinically as ‘repression’” (p. 208). Thus, difference is imposed upon the infant not because of abstract *otherness*, but by way of the excitatory character of the message emanating from the Other (in this instance, the breast, but this is only one possible form).

Taking notice of the enigmatic message (by working at translating it) amounts to sensing the introduction of some difference, i.e., perceiving the breach in the continuity of being and realizing a loss of being. One way of seeing this is that loss *already haunts* the object, so to speak, even before it is conceived of as an object—that is, even prior to differentiation (Scarfone 2003). It is the Other’s own unconscious that makes for the sheer otherness of its message and constitutes the actual loss.⁹

The occurrence of the passage from *being* to *having*, the foundational moment of differentiation, means that the infant is somewhat compelled to “acknowledge reception” of the message of the Other (Scarfone 2002). Acknowledging reception means sensing the disturbance that impinges on the apparent “going on being” (Winnicott 1963). By accounting for what was received—that is, by processing it, partially translating it—the infant is also sensing a delay: the time it needs for grasping a first meaning and repudiat-

⁹ This is not unlike Lacan’s (1966) *lack in the Other*.

ing what cannot be grasped (what, in Freud's [1895] words, "evades being judged" [p. 334]). For the infant, this is an unfinished business, since for all the translation achieved, the mystery of the excitatory message still lingers and more work will be required.

This, then, is how time enters the scene: through the work of translation.

We can now see how the *I-Thou* dipole and the Infant-Breast duality coincide. The sequence goes like this:

1. Two phrases of affect are issued, at first without interacting:
 - A. The breast's (the object's, the Other's) phrase is an excitatory phrase of affect;
 - B. The infant's primal phrase of affect is that of complete identification: "I am the breast."

Both are *virtual phrases*, and language is not part of the scene.

2. Sooner or later, the infant will have to acknowledge reception of the excitatory message of the Other, even if its processing is deferred. Thereafter (so to speak):
 - C. The infant partially translates the message, differentiating between the parts that are compatible and those incompatible with the emerging ego. The parts compatible fall in the domain of the predicate, i.e., *to have*; they can therefore be lost. This means that:
 - D. The object can now become absent and can be acknowledged as such.

Translation (C, above) and the *message of absence* (D) will eventually lead toward the ability to create more articulate phrases. When this is achieved, the deictic dipole and temporality can begin to operate concurrently with the advent of language. What we see, then, is that *time is introduced along with primal repression*, as the latter separates what is compatible from what is incompatible, un-

translatable. The birth of time, therefore, occurs in parallel with the structural differentiation of the psyche.¹⁰

It must be stressed that, whereas translation is a primal structuring fact, it nevertheless operates in the psyche all the time. It is, at any given moment, a matter of articulating—however incompletely—an unarticulated phrase. In Lyotard's view, it is the task of taking into account something in excess of *lexis* or *logos*, i.e., in excess of enunciation, something that presents itself as the *phônè*—the Greek term for the *voice* and its timbre or tone. In Freudian terms, *lexis* and *phônè* could be linked with the drives, in that *lexis* amounts to representation, while *phônè* is related to affect (representation and affect being the psychic representatives of the drives).

The *fort/da* example reported by Freud (1919) is a good illustration of the emergence of such symbolic function. When the mother leaves, she emits, so to speak, an *excitatory message* related to her going away. The baby is not only frustrated by losing sight of the mother, but also provoked into doing something about it (translating it), both through gesture and rudimentary speech. The baby begins by repeating the experience of loss, and only later is he or she able to symbolize the mother's departure *and* return. The baby can now "have" the mother at will. But loss came first.

ACTUAL TIME AND THE PRESENT TENSE

We have seen that, according to Lyotard, time emerges from the permutation that occurs on the pronominal ends of a dialogue, i.e., from there being two consecutive phrases. We have then examined what would be required for this to apply to the infant-breast situation. Regarding time, we used the verb *emerge*, since we posited that, for the infant, phenomenological time does not yet exist, since the two *phrases* that occurred in that situation could only be inarticulate phrases of affect. These phrases reflected two

¹⁰ Hence, psychic conflict is also entering the scene at this point.

timeless postures that did not interact as in an I-Thou dialogue; therefore, phenomenal or chronological time did not operate. This is not surprising, as the time of a phrase of affect—the time of *phônè*—is always *now*. Indeed, as long as it remains disconnected from the articulate phrase, affect has no history. In such a case, its eruption is always an actual experience, a *presentation* rather than a *re-presentation*.

But here an objection arises: does time really emerge? Doesn't producing chronological time out of the *now* of affect rather amount to extracting time from time itself? Isn't time already embedded in the word *now*? Even more importantly, doesn't this way of thinking challenge the very idea of timeless unconscious processes?

Indeed, we seem to be extracting time from time itself, if only because ordinary language necessarily implies a temporal connotation, and we always speak from a time-laden standpoint. On the other hand, when Freud speaks of a timeless unconscious, he means that time does not seem to pass or to affect unconscious thought processes. Pontalis (1997) also insists on this way of viewing unconscious time. But we have seen that time does not pass from Merleau-Ponty's phenomenological standpoint as well. So how can timelessness remain a distinctive feature of unconscious processes, if conscious (phenomenal) time itself does not pass?

There is a way out of this apparent impasse, and it is already implicit in Freud's thinking. To begin with, we have insisted, with Lyotard (1988, 1991, 2000), that the *now* of a phrase of affect is not the *present tense* (if this were the case, it would entail the past and the future, the two other instances of ordinary existential time). As for the meaning of this *now*, we will make it a bit clearer by calling it *actual time*.¹¹ *Actual time* is a preferable term here since it not only means *now*, but also implies the dimension of the *act* (Freud's *Agieren*). It signals a time that is concrete and effective and not

¹¹ In French psychoanalysis, the term *actuel* is derived from Freud's terms *Aktuell* and *Aktual*, as in *Aktualneurosen*, the actual neuroses. I am well aware that in English, the word *actual* is already loaded with other familiar meanings, but there seems to be no better translation available for these German terms.

merely a measured time span. This is congruent with the fact that the phrase of affect is itself an act affecting, as it were, our being. Inasmuch as it is not yet articulate, i.e., not yet translated into the second kind of phrase, a phrase of affect is impervious to chronological time and therefore prone to repetition.

We should here refer back to the ever-fresh reminiscences of the *Studies on Hysteria* (Freud and Breuer 1895), but also, and more importantly, to the “actual neuroses”—anxiety neurosis and neurasthenia—that Freud (1898) considered to be lurking in the background of unconscious fantasy and therefore not amenable to analysis (pp. 226-270; see also Freud 1916-1917, pp. 389-ff). In our present vocabulary, we shall say that, by contrast with the “psycho-neuroses”—hysteria and obsessive neurosis—the actual neuroses lack the dimension of the articulate phrase. This explains their mainly affective (anxiety neurosis) or somatic (neurasthenia) presentation. But at one point, Freud suggested that in psychoneurosis, there is frequently a nucleus of actual neurosis (Freud 1916-1917, p. 390). This statement might reveal itself to be quite useful in solving the problem we have just encountered regarding the timelessness of the unconscious. What if, indeed, Freud’s ideas of the timelessness of unconscious processes and the actual nucleus in every “psycho-neurosis” really refer to the same phenomenon?

We have seen that those processes that were not yet inscribed in a time sequence (past-present-future) tend to repeat themselves—that is, to occur in an ever-*present* form; they are *presentations* instead of re-presentations, *acts* (*Agieren*) instead of *thoughts*, or *phrases of affect* instead of *articulate phrases*. In this perspective, the psychoanalytic endeavor of articulating—translating, transforming—the phrase of affect is tantamount to working through actual time—the time of the act, the time of repetition—and transferring it, however incompletely, into psychic representation. Something amenable to articulation can and must be extracted from the ore of inarticulate phrases of affect. In other words, we work to transpose the *now*, the actual time of the unconscious, into the realm of chronological time.

A phrase of affect can engender time because the *actual* or the *now* quality of the inarticulate phrase is in itself a form of time, al-

though by no means what we usually call by that name. Such *affecting time* or *concrete time*, although in need of being articulated, is nevertheless endowed with a *momentum*, a thrust. For Freud, just as affect was to be considered in terms of quantity, the drives were said to have a physical momentum. We saw that a phrase of affect, with its *now* form of time, is *presenting* (rather than *re-presenting*) a message to the receiver. (It is worth mentioning that, just like translation, this is not specific to the infant–adult situation, but occurs at any age.) When a well-differentiated psychic structure is already in place, such *presentation* of the inarticulate phrase of affect has two possible results: either what is presented is rejected, denied, repressed, or, to the contrary, its impact is acknowledged, somehow shaking the psychic structure and provoking anxiety. We shall shortly see how, provided the necessary containment is available, temporality will then swing over from *now* to the *present tense*, giving birth to chronological time.

This by no means implies that the process just described follows a single mode of action. In a general sense, this is what transference is all about: something *actual*, a *presentation* belonging to the realm of *Agieren*, the act—something that needs to be worked through toward *representations*. Sometimes words are found to name affect, while at other times it is affect that reaches some already-present but as yet “unaffected” representation. Another frequent occurrence in analysis is one in which affect presents itself *in person*, so to speak—as an inarticulate phrase, provoking a major interference, a functional aphasia in the subject, as we often witness with slips or parapraxes. The following clinical example will illustrate this.

EINE KLEINE KANNIBALISCHE MUSIK¹²

A patient of mine, Florence, was one day trying to remember the name of a famous pianist, “*Claudio* something,” whose playing she felt was so gentle. The only name she was able to come up with at

¹² Here I offer my apologies to Mozart!

first was *Claudio Abbau*, but this certainly was not it. She then thought of *Claudio Abbado*, only to discard him as a conductor. Finally, the correct name emerged: *Claudio Arrau*.

Now it happened that she had just dreamt of a dog, a Great Dane attacking and devouring two men. About one of the victims, Florence had thought in the dream: "Well done with him, so he won't play at being a psychoanalyst again!" No doubt, the affective charge is important in this dream but, as we shall see, this was not really a crude manifestation of affect. It turned out that the dream was the end product of a series of permutations regarding both affect and representations. The Great Dane, indeed, alluded to other meanings that Florence mentioned *en passant*, such as in the following comment: "Last week, I literally stuffed myself with nuts." In this sentence, I could not help hearing the French sound of *nuts* (*noix*)—this analysis being conducted in French—embedded in the *Dane* (*danois*), and I told the patient so.

My comment elicited a series of associations from the patient opening upon her oedipal story. Nuts and chocolate, indeed, happened to be the only foods that her mother had kept locked away from the children, in a kitchen drawer, reserving them primarily for her husband (Florence's father). This apparently trivial fact took on quite a significant meaning, as Florence later learned that these foods had become one of the meager means of seduction that her mother was still using toward her husband, whom she knew to be a womanizer. The nut reserve was to appear in retrospect as a way—however clumsy—of salvaging the remains of an oedipal triangle that had been seriously damaged by the father. He had indeed pushed his womanizing close to incest when he started secretly dating a young lady who, as Florence would learn much later, was none other than her best friend. Thus, the store of nuts in reserve gave the mother some consistency, preventing her complete disappearance from the oedipal scene.

Looking in retrospect at this material, the oedipal structure appears to have been supported by a rudimentary primal scene in which the father's "nuts" were locked inside the mother's "drawer." More interesting to me, however, is the fact that Florence's search

for the name of the pianist resulted from the impulse provided by the dream, as I shall now explain.

After listening to the series of surnames that came up as possibly being the pianist Claudio's, I did not know what to think of them, so I jotted them down in a column on a sheet of paper:

ABBAU
ABBADO
ARRAU

In looking at the column, I then felt that the three names could be superimposed, and wondered what would result if one erased all the letters that were common to the three words. So I barred the letters A, B, and U, which left a DO and an RR:

~~ABBAU~~
~~ABBADO~~
~~ARRAU~~

I then mentioned this to Florence, while noting (at first only to myself) that DO was the first syllable of my first name, and that RR felt like the growl of some hungry/angry animal. When I added this last bit of information to what I had already told Florence, she was startled: the Great Dane of her dream had popped up, this time not as a representation, but as something *actual*—not a dream figure, but a vibrant, expressive form: a phrase of affect, or *phônè*. The voracious dog was not simply *evoked*; it was *there*, in the *phônè* carried over by her double slip from the actual time of her unconscious, presenting itself as a threatening growl just when Florence was searching for a pianist with a gentle touch.

In the following sessions, we were led, thanks to other dreams, to the anorexia of the patient's adolescence, as well as to the strange illness that broke out in her mouth after her mother committed suicide—a rare ailment that threatened her with the loss of all her teeth. These were stories she well knew—stories of repressed devouring and problematic introjections—but they were stories that, like the Great Dane of her dream, needed to be brought back to life *in the flesh* (Gantheret 1996) in order to be articulated.

The devouring thrust that presented itself in the transference through the dream and within the parapraxes (where they were more deeply embedded, but even more effective) was not (or not yet) something evoking the past, nor was it at first really *present*. The thrust was *actual*, and as such it was a phrase of affect that *acted* on Florence's thought processes. Only through the classic compromise formation of her slip could this unconscious thrust become *represented* in the transference. Her effort at articulating her desire formed a word representation conveying the menacing growl while hiding it from view. The analysis—the dislocation—of the slip would in turn bring us down to the level of *presentation* of the actual unconscious thing. Conflating the three words of Florence's consecutive slips was only possible and productive insofar as they belonged to another form of time. Their unconscious status yielded the final RR by allowing them to be superimposed—i.e., to be treated not as words with a spatially distributed sequence, but as the timeless vehicles of something that cannot really be put in writing: the growl of a hungry/angry beast.

My aim in presenting this vignette is not to introduce some purportedly new psychoanalytic technique—actually, it does not represent any customary procedure of my practice—but to illustrate a more general idea: the idea that parapraxes—or, for that matter, remembering and gaining insight in analysis—do not result from simple shifts between well-organized and meaningful representations. Rather, they are driven by what has been inarticulate, closer to *force* than to *meaning*—tending toward meaning, to be sure, but with no preexisting meaning that would lie there undercover, waiting to be found. Meaning is introduced *de novo*, along with time.

CONCLUDING REMARKS

In trying to make metapsychology reside only in the dimension of time, we have come to observe that the idea of timeless unconscious processes must be questioned. How could something human escape the grip of time? We have seen, however, that for Freud, timelessness meant at one point that repressed contents

do not wear away. If we stick with this definition of timelessness, we see that the repressed *does* carry a form of temporality, but that it evades *chronological* time. In other words, the repressed is what lies outside the past-present-future categories in which thoughts and feelings wear away by combining with others of their kind and being worked through into newer thinking and affect.

If the unconscious must be said to bear some form of time, then it is in the *actual* form—a time without memory, since it is the time of the thing that is always acted *now*. It is also the time of the *phônè*, the time of manifestation, the time of the drives' momentum, and not yet the time of articulation. Actual time is the time of phrases of affect upon which it is the task of analysis to act so that they can be articulated, so that they can become part of the past and therefore give way to subjective differentiation.

As for Florence, a number of years passed before she was able to articulate the pain of loss and absence without being engulfed by it. Time, however, finally took hold of her story, making her more real, more free. In a letter written to me some months after the end of her analysis, she used the words *golden dust* to describe what she had gained from our work together: gold, the incorruptible, and dust, into which everything turns in the end. Florence obviously used these words without any reference to what I have just presented, but the two words form an apt metaphor, alluding to time as it does not pass, and also to us as we pass through time—hopefully knowing that our past is behind us and that we need not look back repeatedly to make sure it is still there.

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2983, de Soissons avenue,
Montréal, Québec H3S 1W1
Canada

e-mail: dominique.scarfone@umontreal.ca

PRIMO LEVI'S LONELINESS: PSYCHOANALYTIC PERSPECTIVES ON SUICIDE-NEARNESS

BY DAVID TITELMAN, PH.D.

To elucidate suicide-nearness, the perspectives of the death drive and narcissism are applied to the writings of Primo Levi. Emerging themes are Levi's struggle to maintain his self-regard from his year as a prisoner in Auschwitz and onward, and his observations on xenophobia, violence, and the need for love. The gradual increase of depressive content in Levi's work is noted, as are his identifications with others who succumbed in the Holocaust or took their lives after surviving it. The conflict between the wish for peace and the need for love is seen as impossible to resolve under the threat of extermination and as reemerging in the prevailing sense of loneliness that Levi described.

INTRODUCTION

While it is sometimes easy to empathize with an individual's longing for relief from life's burdens and injustices, it is also difficult to explain how someone can overcome the instinct for self-preservation and the wish to live. The person who has taken his or her life usually leaves us with questions we cannot answer.

In this attempt to elucidate suicide-nearness—the conscious wish to die—I enter into a dialogue with the work of a writer, the Italian-Jewish chemist Primo Levi, whose death was a likely suicide. Levi survived internment in Auschwitz in 1944-1945, at twenty-five years of age. Severely depressed, he died in 1987, at sixty-

seven, after plummeting through the stairwell of the building where he had lived for most of his life.

The most widely known psychoanalytic contribution to the understanding of suicide is Freud's (1917) formulation that it represents the turning against the self of murderous impulses toward another: that the one who is killed in a suicide is an ambivalently loved object that has been incorporated into the ego (or self). This tenet notwithstanding, I shall avoid speculating on Levi's object relations, internal or external, beyond what little he himself published on this matter—with the exception of juxtaposing, in my concluding discussion, some recently published biographical information on Levi and my reflections on what he wrote.

Instead, I make use of the two perspectives on melancholia suggested by Freud (1917) as necessary supplements to the aspect of object hatred: *narcissism*—self-love, the regulation of self-regard, and the wish to thrive and develop (Freud 1914, 1917, 1923)—and ambivalence or excessive anger, which, from 1920 onward, he understood as reflecting a primary self-destructive force. Borrowing a term from Spielrein (1912), he called this force the *death drive* or (adding his own name for it) *Thanatos*.

Human beings, to the end of their lives, desire love—real care as well as symbolic proof of being valued by others—and a sense of belonging. Some narcissistically distressed individuals, however, fear or shun relatedness and live isolated from others as well as from loving internal objects. Although a sense of self-sufficiency and creativity may provisionally protect one's self-regard in such circumstances, these ways of experiencing oneself may also conceal profound loneliness. When psychic pain penetrates into early narcissistic scars, the depletion of the feeling that one is loved may lead to self-destructiveness and suicide (Freud 1917, 1923, 1926; Grunberger 1979).

The destructive side of unintegrated narcissism overlaps with the workings of the death drive, the aims of which are peace and relief from tension at any cost, hence their closeness to destruction. In health, the death drive is neutralized by libidinal and constructive tendencies or by *Eros* (Freud 1920); in the reverse direc-

tion, the aim of peace also binds the strivings of Eros (Rechardt and Ikonen 1993). The impact of Thanatos is conspicuous in states of conflict and disequilibrium: it is seen in affects that range from hatred of reality and the needy self to a reluctant acceptance of life as it is; it may also be eroticized, as in perversion; or crudely turned against the self, as in melancholia, psychosis, and suicide (Freud 1920, 1924). Like narcissism, the death drive is affected by external reality: abuse, whether in war, interactions in families, workplaces, or other groups, sometimes joins forces with a person's self-destructive potential, which, once manifest, may crystallize into violence, self-harm, ego decay, and chronic shame and guilt feelings.

This inquiry does not purport to establish the absolute truth of Primo Levi's death; we cannot know it. It seeks rather to understand suicide-nearness as such by a cautious application of the perspectives of unintegrated narcissism and destructiveness to Levi's literary legacy. A second aim is to reflect on in what ways these concepts add to our grasp of the wish to die: How should one think of narcissism in the case of someone who, like Levi, survived unimaginable degradation? And what does the death drive mean in the light of his writings?

PRIMO LEVI

Primo Levi was arrested in 1944 by the Germans in the Italian Alps, together with the other members of a newly formed resistance band. The group consisted of young, inexperienced supporters of the anti-fascist movement *Giustizia e Libertà*; they were probably betrayed by an infiltrator. Believing that he would meet a kinder fate as a Jew than the cursory execution he could expect as a partisan (a belief based on the illusion that the Italians would never go along with German racist policies), Levi upon his arrest reported himself as a Jewish refugee. This led to his immediate deportation to Fossoli, a transit camp outside Carpi near Modena, and soon thereafter to Auschwitz in Poland (Anissimov 1998). Two other members of his group who made the same journey

were Luciana Nissim, who survived and eventually became a psychoanalyst, and the young Vanda Maestro, to whom Primo was shyly attracted. Vanda cut her wrists during the transfer to the death camp and perished shortly after arriving there.

Levi was not killed on arrival in Auschwitz, because at that point in the war the Germans had drained their empire of qualified workers. They wanted to exploit his expertise as a chemist in the IG-Farben synthetic rubber ("Buna") plant adjoining Auschwitz, at least for a short period before his expected death. Levi's account of these experiences in *If This Is a Man* (1958) describes utter humiliation, the murder of the majority of the inmates, and the bare survival of a few. Prolonged life in the camp always depended on exceptional luck and merciful acts by others, even though Levi also underscored, and is often quoted as having written, that the survivors were the worst: the selfish, the violent, the insensitive, the collaborators. This is an early example of self-denigration in Levi's writings, scantily hidden behind a general, perhaps half-true psychological observation. But he also noted that some of the prisoners who were religious, ideologically motivated, and steeped in Jewish traditions were better able to maintain their spiritual strength even in their last moments, facing extinction.

Levi's heartfelt obligation to honor the memory of the Yiddish-speaking inhabitants of Eastern Europe, the first victims in Auschwitz, who in his eyes were the "true Jews," seems to have stemmed in part from his guilt feelings. His measured self-irony in *If This Is a Man* over being ignorant of Yiddish and Eastern European traditions, and over having arrived late in Auschwitz and therefore survived, was to transform into harsh self-harassment toward the end of his life.

A Period of Reprieve

The Periodic Table, Levi's early autobiography and reflections on life through the prism of chemistry, was published in 1975, at the end of an apparently good period in his life. He and his wife-to-be, Lucia, had found each other shortly after Primo's return to Italy; they married and soon had two children. This was a miracle

that provisionally warded off his enduring adolescent fantasy of being excluded from love. Further, in addition to being a successful chemist, Levi during this time established himself as an author. In 1963, he published *La Tregua*, translated as *The Reawakening* in the United States and as *The Truce* in England in 1965. It is both a sad and a humorous account of his mind-set after the liberation and of his travels from Auschwitz back to Italy, through Central and Eastern Europe and the western parts of the Soviet Union. A collection of short stories, *Lilit e altri racconti* (in English, *Moments of Reprieve*), was published in 1979. Nevertheless, he was weighed down by the idea that the literary establishment in Italy regarded him as a mere chronicler of the Holocaust, not as a true author. Similarly, as a chemist, Levi never allowed himself to take a step he had always dreamed of: to move from inorganic to organic chemistry, the science of life.

Writing, he was freer. "Carbon," the concluding chapter of *The Periodic Table* (1975), is about the continuity of life, reflected in the fate of a certain atom of carbon, as well as about the transience of the human soul. Levi sounds like a natural Freudian—explaining the subjective with the objective—when he writes that carbon is unique among the elements in its ability to bind itself in long, stable chains without a great expense of energy, which is a requirement for life and a key aspect of a substance whose entry into life follows an intricate and miraculous path. He continues to describe how the carbon atom was for hundreds of millions of years "bound to three atoms of oxygen and one of calcium in the form of limestone . . . [a congealed] existence, whose monotony cannot be thought of without horror" (1975, pp. 225-226).

Levi recounts how chance would bring the limestone into contact with humans who mined it and placed it in a kiln, where heat separated the atom of carbon from the calcium. His account describes how, still clinging to two of its three oxygen companions, the atom of carbon issued from the kiln's chimney into the air and changed its mode of existence from immobility to something tumultuous.

Throughout Levi's formulations, we can hear traces of what were later to become more despondent images in his writing. The

narrative culminates in a moment of intense self-consciousness, almost with a quality of depersonalization:

The atom we are speaking of, accompanied by its two satellites which maintained it in a gaseous state, was therefore borne by the wind along a row of vines in the year 1848. It had the good fortune to brush against a leaf, penetrate it, and be nailed there by a ray of the sun . . . This decisive event, this instantaneous work *a tre*—of the carbon dioxide, the light, and the vegetal greenery—has not been described in definite terms, and perhaps it will not be for a long time to come, so different is it from that other “organic” chemistry which is the cumbersome, slow, and ponderous work of man. [Levi 1975, p. 227, italics in original]

[After about 120 years, in 1968, the atom] . . . is again among us, in a glass of milk. It is inserted in a very complex, long chain, yet such that all of its links are acceptable to the human body. It is swallowed; and since every living structure harbors a savage distrust toward every contribution of any material of living origin, the chain is meticulously broken apart and the fragments, one by one, are accepted or rejected. One, the one that concerns us, crosses the intestinal threshold and enters the bloodstream; it migrates, knocks at the door of a nerve cell, enters, and supplants the carbon which was part of it. This cell belongs to a brain, and it is my brain, the brain of the *me* who is writing; and the cell in question, and within it the atom in question, is in charge of my writing, in a gigantic miniscule game which nobody has yet described. It is that which at this instant, issuing out of a labyrinthine tangle of yeses and nos, makes my hand run along a certain path on the paper, mark it with these volutes that are signs: a double snap, up and down, between two levels of energy, guides this hand of mine to impress on the paper this dot, here, this one. [Levi 1975, pp. 232-233, italics in original]

In the introductory chapter of *The Periodic Table*, Levi portrayed the Judeo-Piedmontese culture into which he was born. Its

history stretches back to about 1500, when his ancestors, descendants of Spanish Jews, arrived in northern Italy from Provence. The chapter is entitled "Argon," an element that is one of the "so-called inert gases in the air we breathe" (p. 3), Levi explains. These gases

. . . are indeed so inert, so satisfied with their condition, that they do not interfere in any chemical reaction, do not combine with any other element, and for precisely this reason have gone undetected for centuries They are also called the noble gases—and here there's room for discussion as to whether all noble gases are inert and all inert gases are noble. And, finally, they are also called rare gases, even though one of them, argon (the Inactive), is present in the considerable proportion of 1 percent, that is, twenty or thirty times more abundant than carbon dioxide, without which there would not be a trace of life on this planet.

The little that I know about my ancestors presents many similarities to these gases. Not all of them were materially inert, for that was not granted them. On the contrary, they were—or had to be—quite active, in order to earn a living and because of a reigning morality that held that "he who does not work shall not eat." But there is no doubt that they were inert in their inner spirits, inclined to disinterested speculation, witty discourses, and gratuitous discussion. It can hardly be by chance that all the deeds attributed to them, though quite various, have in common a touch of the static, an attitude of dignified abstention, of voluntary (or accepted) relegation to the margins of the great river of life. Noble, inert, and rare: their history is quite poor when compared to that of other illustrious Jewish communities in Italy and Europe. [Levi 1975, pp. 3-4]

Two chapters of *The Periodic Table*, the allegorical short stories "Lead" and "Mercury," differ in form from the rest. They are early pieces, written in the fall of 1941 in the factory where Levi clandestinely worked as a chemist during the day and hid at night (Anissimov 1998). These stories, which are about emigration, thrift,

and love and hate among men and women from imaginary nations, stand out as an antidote to the madness of Italian fascism, whose newly introduced legislation barring Jews from employment made Levi a victim. Levi and his circle of friends had viewed this development with disbelief; for too long they had perceived Mussolini's embrace of anti-Semitism as but another clownish whim that would pass with time.

The narrator of the story called "Lead" is Rodmund, who belongs to the distant Rodmunds of the country of Thiuda in the north. The people of Thiuda are despised by all. They are identified by their blue teeth (the color becomes more visible with age) and by their ability to locate and purify lead. Rodmund—that is, the young Primo—tells us that:

. . . [it is] the gods who make the veins of metal glow under the ground, but they keep them secret, hidden; he who finds them is almost their equal, and so the gods do not love him but try to bewilder him. They do not love us Rodmunds, but we don't care. [Levi 1975, p. 80]

Later in the story, Rodmund tries to avert envy in his listener, who belongs to the people of the south with whom Rodmund has gradually become assimilated. He explains that "if one goes beyond appearances, lead is actually the metal of death: because it brings on death, because its weight is a desire to fall, and *to fall is the property of corpses*" (p. 87, italics added).

Depression

In this article, the aim of which, I again emphasize, is not to establish the material truth about Levi's death, but to elucidate in his writings an understanding of his wish to die, a particular episode emerges as ominous. It announces Levi's final depression and the break in his personality that he was unable to mend in the half decade he had left to live, although he completed his perhaps greatest creative achievement, *The Drowned and the Saved* (1986d), during these years.

In the early 1980s, at the recommendation of Italo Calvino, Levi was asked by his publisher, Einaudi, to produce a new Italian translation of Kafka's *The Trial*. He accepted the assignment, only to discover that he was unable to distance himself from Kafka's terrible malaise and that the translation work made him sick. He commented on his feelings in the following way:

Translating a book is not like contracting a matrimony or becoming a partner in business. We can feel attracted to someone who is very different from us Now, I love and admire Kafka because he writes in a way which is totally unavailable to me. In my writing . . . I have always strived to move from darkness to light, as . . . a filtering pump might do, which sucks up turbid water and expels it decanted, possibly sterile. Kafka forges his path in the opposite direction: he endlessly unravels the hallucinations that he draws from incredibly profound layers, and he never filters them But this love of mine is ambivalent, close to fear and rejection: it is similar to the emotion we feel for someone we love, who is suffering and asks for help we cannot give [Kafka's] suffering . . . assails you and does not let you go: you feel like one of his characters, condemned by an abject and inscrutable, tentacular tribunal that invades the city and the world, nestling in the filthy attics but also in the dark solemnity of the cathedral; or transformed into a clumsy and cumbersome insect, disliked by all, desperately alone, obtuse, incapable of communicating or thinking, capable at this point only of suffering. [Levi 1986a, pp. 127-128]

Levi's own inner trial was noticeable during this period. In 1981, again at Einaudi's request, he edited a personal anthology of his favorite works from world literature. This collection, *The Search for Roots*, which was published in English only in 1989, includes excerpts from, among other works: *The Book of Job*; an essay from Darwin's *The Origins of Species* called "The Beauty of Animals"; texts by Joseph Conrad, Isaac Babel, and T. S. Eliot; Thomas Mann's *Joseph and his Brothers*; and a selection of classical works in chemistry and physics.

Levi's brief introductions to each piece are full of wonder over the system that he and the original author encountered in life and nature, including human nature. However, he also diminishes himself: in the foreword, he warns the reader that his contributions may be no more than tendentious rationalizations "polluted by the taste of the day" (1981, p. 5), and that his selection suffers from being limited to writers with whom he was already familiar. Levi accuses himself of not being curious about the stranger—a terrible self-accusation concerning a trait that, I surmise, would make him like the anti-Semite:

I met . . . [these writers] through the workings of chance Many omissions are due to limitations of space, to excessive specialization, to an acute knowledge that my bias is pathological, a fancy, an obsession Other omissions . . . stem from my deafness, or insensibility, or emotional block, of which I am aware and . . . not proud If I had [reached out to others] . . . I would perhaps have found a new friend, would have added province to my territory, marvelous by definition, because every unexplored territory is marvelous. I am guilty: I must confess that I prefer to play safe, to make a hole and then gnaw away inside for a long time, maybe for all one's life, like a woodworm when he has found a piece to his liking. And finally, of course, there are even bigger gaps, bottomless voids, my own voids . . . unbalanced, factious, Sunday-amateurish and even forced Be that as it may, I cannot pretend to be what I am not. [Levi 1981, pp. 6-7]

Later in the text, as if first trying to balance his self-criticism by returning to the imagery of the woodworm, which "in spite of its perverse habit . . . can find other timbers, or new sap in old wood," Levi chillingly adds: "Only the dead can no longer change and no longer put out other roots, and for this reason only the dead are entitled to criticism" (p. 8).

Until his death, Levi felt guilty for having survived. In *The Drowned and the Saved* (1986d), he wrote: "I felt innocent, yes, but enrolled among the saved and therefore in permanent search of

a justification in my own eyes and those of others" (p. 63). In this book, we are introduced to Jean Améry, a fellow survivor whose death in 1978 was a certain suicide (Rosenfeld 1980). Améry had fled from his native Austria to Belgium in 1938. His fate in Belgium as a political prisoner paralleled Levi's fate in Italy. Levi was impressed by Améry's penetrating but bitter texts, and wished to write "at once a summary, a paraphrase and a discussion and critique" (1986d, p. 105) of Améry's essay "At the Mind's Limits," published in a book of the same title (1964). In the light of Levi's depression and of the biographical material now available (Angier 2002; Anissimov 1998; Cicioni 1995; Thomson 2002), we may regard his identification with Améry as an expression of his own desperation toward the end of his life. Consider, for example, the following comment on torture in Améry's essay, to which Levi (1986d) refers:

Who-ever has succumbed to torture can no longer feel at home in the world. The shame of destruction cannot be erased. Trust in the world, which . . . collapsed . . . at the first blow . . . will not be regained Fear . . . and . . . resentments . . . have scarcely a chance to concentrate into a . . . purifying thirst for revenge. [Améry 1964, p. 40]

In the same work, Améry wrote about his homelessness:

The hostile home was destroyed by us, and at the same time we obliterated the part of our life that was associated with it. The combination of hatred for our homeland and self-hatred hurt, and the pain intensified the most when, during the strenuous task of self-destruction, now and then traditional homesickness also welled up and claimed its place The only remedy could have been . . . the homeland's strongly expressed desire for our return. But . . . our return was nothing but an embarrassment for our homeland, when finally the National Socialist power was crushed from without. [1964, p. 51]

Adding the perspective of old age to that of having been fundamentally wounded by expulsion, Améry further noted:

The credit of the person who is aging depletes. His horizon presses in on him, his tomorrow and day-after-tomorrow have no vigor and no certainty He shows the world a naked present. But he can exist nevertheless, if in this present there harmoniously rests a “once was”. . . . The person who was expelled from The Third Reich . . . looks back—since the future . . . is only in store for the younger ones and therefore befits only them—and he doesn’t detect himself anywhere. He lies unrecognizable in the ruins of the years 1933 to 1945 [What is lost] is not a matter of commercial goods, but rather of spiritual possessions . . . and the . . . loss of that which had been, turned into a total desolation of the world. [1964, pp. 58-59]

Levi was also sensitive to Améry’s inability to be reconciled with the reality that not everyone considered him a Jew—Améry’s mother was not Jewish. A Jewish martyr, Améry suffered from not being defined as such by those who represented what might be called (his godlessness aside) his *symbolic universe* (Berger and Luckmann 1967). One is reminded of the rarely mentioned danger situation that Freud (1926) described as a fear that is faced in adulthood, after the internally preserved threats of separation, castration, and moral condemnation and before the confrontation with death in old age: that of being excluded from “the horde” (p. 139).

Levi’s narcissistic integration after the war for a long time appears to have been healthier than Améry’s, although also sometimes fraught with contradiction. Levi, too, was preoccupied by the question of being a good enough Jew and human being. And he, too, elaborated on the stain of being unclean, as Nazi mythology portrayed those considered unworthy of life. For example, in *The Periodic Table* (1975), he described the impurity of zinc compounds, as well as that of his own family lineage, as catalysts of life—a protest against the racist ideology of the times and a forceful affirmation of self.

It strengthened Levi both physically and spiritually that the forced laborer and fellow Piedmontese, Lorenzo Perrone, who worked as a bricklayer outside the fence of Auschwitz, risked his own life by smuggling a daily bowl of soup and occasional bread to

Levi over a period of six months (Anissimov 1998; Levi 1979). It was part of the Nazi terror that situations like this also generated severe conflicts in the beneficiary: Levi felt guilty for not sharing this lifesaving privilege with others. He did, in fact, share his soup with his closest friend, but only with him.

Was Levi helped in sustaining his self-regard in the camp by being used as a chemist, and therefore feeling valuable to those who had power over his life or death? After the war, he dwelt on the memory of a German chemist at the Buna factory who addressed him as *Sie* and not just by the number tattooed on his arm, as required by regulations. His postwar interactions with Germans differed radically from those of the more resentful Améry, who in a letter provoked Levi by calling him a "forgiver" (Anissimov 1998, p. 188).

Levi was angry, too: openly angered in his reactions against the revisionist historians of the Holocaust who appeared in the public debate in the 1970s and 1980s (Levi 1986b, 1986d). More typically, however, his feelings were concealed behind formulations such as "Those who trade blows with the entire world achieve dignity but pay a very high price for it because they are sure to be defeated I prefer to delegate punishments, revenges, and retaliations to the laws of my country" (Levi 1986d, pp. 110-111). This was a comment on Améry, who in the camp had struck back at a Polish criminal who had beaten him.

Thomson (2002) has given an example of Levi's turning his anger against himself. In 1983, Levi traveled to Milan to meet Eli Wiesel, who was there to promote a translation of one of his books. The meeting made Levi ill at ease: Wiesel claimed that he and Levi had been friends in Auschwitz, but Levi had no recollection of this. In addition, Levi was put off by what he perceived as a celebrity cult around Wiesel as a survivor. Levi may well have been envious. He understood that the invited representatives of the Catholic and Communist cultural elite and the media were there to listen not to him, but to Wiesel. These were the people whom Levi longed to reach in order to lessen the feeling of being excluded that so often threatened him. As he was being driven back to Turin, Thomson writes, Levi was silent and thoughtful.

Exhaustion

As a scientifically oriented person, Levi tried to cure himself with antidepressants, but to no avail: the medication had little effect on his emotional state and it had undesirable side effects, which made his general situation even less bearable. Levi sometimes wrote ironically about psychoanalysis and went to great lengths to avoid it. He loathed the idea of exposing himself (again) as primitive and naked before a superior observer. However, in his last year, he consulted a psychoanalyst who had been recommended by Luciana Nissim. According to Angier (2002), the analyst was a sensitive, intelligent, and direct woman. Throughout his life, Levi was drawn to such women and had long, platonic but secret relationships with them, secret because he feared incurring his wife's jealousy. The choice of analyst may have been right, but it seems that the analytic project began too late.

Nevertheless, until his death, Levi remained curious about the world and about people, including what may have driven the Nazi executioners. Ever the scientific observer, he had once written (1975) that these monsters were like himself—human beings. A decade later, he wrote: “I do not know, and it does not interest me to know whether in my depths there lurks a murderer, but I do know that I was a guiltless victim and not a murderer” (Levi 1986d, p. 32). This passage was part of a response to the earlier-mentioned, revisionist historians who belittled or denied the facts of the Holocaust, yet who sometimes also claimed that it was provoked by its victims (Levi 1986b). This symbolic repetition of the injustice to the European Jews and the confusion of victim and offender tortured Levi. His choice of words seems to reflect that he again in vain tried to understand the offender (by empathy or identification) before reaching his sober conclusion:

I know that the murderers existed, not only in Germany, and still exist, retired or on active duty, and that to confuse them with their victims is *a moral disease* or an aesthetic affection or a sinister sign of complicity; above all it is precious service rendered (intentionally or not) to the negators of truth. [1986d, pp. 32-33, italics added]

There were many strains during the last years. Aging was difficult; Levi bore his ailments with agony. He suffered from his increasing dependency on his 90-year-old mother, who lived with the Levis and was to survive her son by four years: "I go to my mother's door and feel the weight of the whole world on my shoulders She is paralyzed and paralyzes me" (Levi quoted by Angier 2002, p. 729). It made things worse for him that he consciously wished that his mother would die before he did. The developments in Israel, where some of his comrades from Auschwitz had found safety, also pained him. This was the time of the invasion of Lebanon, and Wiesel had added to Levi's sorrow by publicly criticizing him for his stand against the politics of Begin and Sharon (then foreign minister).

In October 1985, when Levi returned from a draining lecture tour in the United States and was struggling to finish writing *The Drowned and the Saved* (1986d), he was bitterly attacked in a review of his work in *Commentary*. The reviewer, Fernanda Eberstadt (1985), wrote that Levi's pretension to explore human nature was unacceptable because it meant reducing the unique loss and suffering of the Jewish people. She intimated that his identification with Eastern European Yiddishkeit was inauthentic, and that this was the cause of his failure with *If Not Now, When* (Levi 1985b), a novel about the Jewish resistance in Poland that had just been published in the United States. Eberstadt further censured Levi for writing about the Holocaust in a poetic and even humoristic way. Finally, in a critique many would find preposterous, she criticized him for having been opportunistic when he declared himself a Jew upon his arrest in 1944.

The review was followed by three letters to the editor, one of which was submitted by Levi himself (1986c). In it he objected to Eberstadt's accusation that he had opportunistically mobilized a will to resist only with the first signs of an Allied victory. He further pointed out that it was false that he had declared himself a Jew instead of a partisan when arrested because he had imagined this to be safer; he had made this choice, he wrote, "partly because I was tired, partly out of an irrational digging in of pride" (1986c, p. 7).

Levi's defenders similarly protested against Eberstadt's errors as well as against her acrimony. But no one could know just how wrong she was in accusing Levi of being conceited when writing in a self-incriminating tone. Eberstadt (1985) claimed that Levi excluded himself when he wrote about the demoralization of the prisoners of Auschwitz. To illustrate her point, she quoted what he had written in 1979 in *Moments of Reprieve* about Chaim Rumkovsky, "The King of the Jews" of the Lodz ghetto, who on his way to Auschwitz had collaborated with the Nazis in exchange for some pathetic privileges. Her harsh words did not stop Levi from reiterating his point about Rumkovsky in *The Drowned and the Saved*, which was published a year later:

Like Rumkovsky, we too are so dazzled by power and prestige as to forget our essential fragility, forgetting that all of us are in the ghetto, that the ghetto is walled in, that outside the ghetto reign the lords of death, and that close by the train is waiting. [Levi 1986d, pp. 50-51]

DISCUSSION

In his work—from the short stories written at age twenty-two to his first accounts of his experiences in Auschwitz, foremost in *If This Is a Man* (1958) and his autobiographical *The Periodic Table* (1975), to his literary projects (the failed Kafka project stands out as a downward turning point in this reconstructive vision) and his final *The Drowned and the Saved* (1986d)—Primo Levi appears as a man who lived and cut his life short in anger and shame over the weakness and neediness of human beings, himself included. His love and hate of life and self were sharply brought out by reading his work through the prism of unintegrated narcissism and destructiveness: his vulnerability was conspicuous; his tendency toward self-denigration visibly increased with time.

The Drowned and the Saved stood out as a treatise on suicide and as a suicidal communication.¹ In it Levi wrote about his ad-

¹ Ozick (1991) made a similar observation.

miration for Jean Améry, about the suicides of others, and about the devitalized and apathetic "Muselmänner"—the visibly dying majority of the prisoners of Auschwitz whom, during Levi's first days in the camp, other prisoners had advised him to avoid if he wanted to survive (Levi 1958); he was obligated to bear witness of these victims as long as he lived. Until I began to consider Primo Levi's nearness to suicide and the melancholic dimensions of his work, I, like other admiring readers, had perceived him first of all as a writer of reconciliation and hope, sensitive to life's beauty even at the level of molecules. One does not always wish to notice anger and despair, not even when they are presented to one's face.

A Suicidal Process?

Levi did not write about suicide-related experiences in his own life prior to his deportation, though he wrote passages that in retrospect seem to have foretold how he was to die. He considered suicide a human choice specifically linked to guilt and shame. Yet, when he wrote about the suicides of others (for example, that of his once harsh censor at Einaudi, the writer Cesare Pavese), he emphasized that they cannot be explained simply. He suggested, however, that Améry's anger and pride, which had driven him to strike back at the criminal who abused him in Auschwitz, may offer "one interpretation" of his subsequent suicide (Levi 1986d, p. 110).

Levi also commented on the fate of the poet Paul Celan, a German Jew, who took his life after having "by a miracle survived the . . . slaughter, by uprooting and unappeasable anguish in the face of triumphant Death" (Levi 1985a, p. 161). He wrote that the obscurity of Celan's poetry was a "pre-killing, a not-wanting-to-be, a flight from the world of which the intentional death was the crown" (p. 161).

Levi's identifications with Kafka, Améry, and Celan, and his profoundly masochistic identification with Pavese, may in retrospect be understood as stations in an increasingly self-destructive process in which narcissistic vulnerability and external adversity

may interact and eventually culminate in suicide (Wasserman 2001). To this list of Levi's critical identifications, which I think of as driven by grief and guilt feelings, may be added Levi's tie to Vanda Maestro, with whom he traveled to Auschwitz, as well as his bond to the handful of close friends he made in the camp, most of whom perished there; they were affectionately portrayed in *If This Is a Man* (Levi 1958).

The Coalescence of Trauma: A Recent Debate

The narcissistic assaults of Levi's later life would seem to be fully elucidated only when related to the early roots of his depressiveness, including his experiences in the Holocaust. The latter constituted a wound that would not heal, a fixation point that colored whatever later injustices linked to it. But one hesitates to apply a perspective of overdetermination to the war trauma itself—of understanding the impact of the violence of the Holocaust in terms of an innate or infantile vulnerability—for fear that this would represent an impiety and a new insult to the victim.

Nonetheless, in a reflection on Primo Levi that is similar to this one in scope and material but different in theoretical orientation, Blévis (2004) wrote that to link the Holocaust victim's experiences to earlier trauma means to treat him or her as a human being and not as a mere victim or number. Blévis saw Levi's suicidality as the outcome of repeated assaults on his human core (or, in the Lacanian terms that he employs, assaults on the Other, the Name of the Father, and the symbolic order). In an analysis of one of Levi's dreams—the same "Wstavach" dream that I make use of in what follows—Blévis powerfully transmitted the dimensions of Levi's melancholia.

Noting Levi's fatal identification with the silenced "Muselmänner," Blévis objected to the portrayal of these victims by Agamben (1999). Agamben, inspired by Levi but disconcertingly also by Heidegger, declared that the "Muselmann" was not only human (in spite of his extreme degradation), but could also be placed "on the threshold of a new ethics . . . in the form of a life that be-

gins where ethics end,” and that Levi was “the cartographer of this new *terra ethica*” (1999, p. 69, italics in original). Blévis characterized this depiction as a fetishistic idealization. Levi himself, sensitive to the unconscious aggression that he probably perceived behind the idealizations of him in his own lifetime, repeatedly reminded his readership and audiences that he was not a prophet.

In an introduction to Blévis’s article, Simpson (2004) advised the reader to put Agamben’s views in perspective with another of his works, *Homo Sacer, Sovereign Power and Bare Life* (Agamben 1998). Following this advice, I find little, however, to alleviate concern. When Agamben (1998) writes, for example, that “nothing animal or instinctual remains in . . . [the ‘Muselmann’s’] life” (p. 185), this again sounds like an unfounded glorification of the suffering of the Holocaust victim. In imagining autistic withdrawal in Auschwitz to be a desperate compromise between the life and death drives, I would counter: is not the violated and helpless victim’s retreat into psychic death similar to the behavior of an animal that hides when it is about to die?

The Death Drive and Narcissism

The inherent destructiveness of unintegrated narcissism might seem to render the notion of a death drive redundant. Against this, one may argue that the death drive denotes an aim, stillness, whereas narcissism concerns object choice: self or other. And, further, that both perspectives are needed to elucidate the unconscious underpinnings of a radical weariness or hatred of life and self. Even further, if one considers at least healthy narcissism as a libidinal and constructive phenomenon, not only does it have aims—that the self be loved and that it may thrive—it is also party to a conflict of aims: between the need for love and wish to survive, on the one hand, and the wish for peace on the other (Rechardt and Ikonen 1993). For the majority of the prisoners of Auschwitz, to whom the threat of extermination was real, few, if any, constructive compromises existed by which this conflict could be resolved.

The Nazis attempted to deprive the Jews of the wish to live: they tried to kill their souls before killing their bodies. Levi's entire *oeuvre* is about the nature of man—victim as well as offender—and not the least about man's need for love. Struggling with his self-regard after 1945, he coped on a daily basis with memories of his wartime trauma. To understand some of his statements as defensive, guilty, or depressive is not to dismiss them as untrue. On the contrary, thinking of the role of narcissism and the death drive in suicide-nearness, I consider Levi an authority and his books a virtual gold mine. We learn from him that the Holocaust changes little in our understanding of human nature, of which self-love and destructiveness remain pivotal.

Primo Levi's Loneliness

Many writers have tried to explain Levi's probable suicide. Both Thomson (2002) and Angier (2002) wrote that Levi's dependency on his mother and his need for support from and fear of women were crucial complications of his life. Angier suggestively named her biography of Levi after his never-completed book *The Double Bond*, which was drafted as yet another "chemical" autobiography. It was framed, at last, in the language of organic chemistry, and addressed his most intimate relationships. In this work, Angier informs us, Levi abandoned his usual judicious style of writing: his self-disclosure was ruthless. His friends advised him not to publish it.

Thomson (2002) emphasized that Levi's two prostate operations and physical deterioration contributed to his last, lethal depression. Thomson also described a dark side of the history of the Levi family that Levi himself never wrote about: his grandfather, Michele, managed the family's bank, Levi and Sons, which had been founded in 1863 by Primo's great-grandfather in the town of Bene Vagienna. In 1888, Michele, taking advantage of a legal reform expanding the right for Jews to own land, bought property from the Church. The transaction was followed by a rumor that Levi and Sons had run out of credit. Incited by a priest, who saw

his authority challenged by the reform, a lynch mob threatened to kill Michele. During the same period, he experienced another catastrophe: his wife eloped with the village doctor. The humiliated husband sought refuge with his wife's relatives in the ghetto of Turin and there took his life by jumping from the third story of their house.

Thomson (2002) further noted Levi's ambivalent relationship to his father. In spite of their differences, Cesare Levi, a civil engineer by training but also a collector of philosophical books and a compulsive womanizer, significantly influenced his son. His painful death in 1942 in untreated cancer—he had received no medical treatment after the arrest of his physician on anti-fascist charges two months earlier—evoked massive guilt feelings in Primo, who nonetheless found it fortunate that his father was spared the experience of the German occupation.

According to Gambetta (1999), Levi's son, Renzo, responded to aggressive journalists by saying that the reason why his father killed himself was recounted at the end of *The Truce* (1963), where Levi wrote of his return from Poland to Turin (a voyage that bears some resemblance to his father's forced return to Turin from his job as an industrial consultant in revolutionary Budapest in 1919, cf. Thomson 2002). During his first nights at home, Primo dreamed that he was back in the camp, a scene that would pervade his dreams for the rest of his life. In a dream within the dream, he was home again, but woke up and realized that he was not. When the inner dream—that he was home—ended, in the outer dream he heard a familiar call. Only one word was uttered. It was a strange and feared word, the Polish wake-up call of Auschwitz: "Wstavach!" (Levi 1963, p. 207).

No single cause is sufficient to explain how Primo Levi died. Nor are the different explanations mutually exclusive. Further, they may all be combined with the idea that his accumulated pain and anxiety at a certain point became overwhelming, and that he finally let himself fall. Even though we will never know his state of consciousness at that point, it is likely that it was a moment of great loneliness. One can think of insufferable loneliness

as reflecting unintegrated narcissism and self-aggression, a predicament that I imagine Levi shared with Jean Améry. Does it not, like the withdrawal of the “Muselmann,” also reflect an irreconcilable conflict between the longing for love from an object that cannot be found and the wish for peace?

I conclude with two quotations that highlight Primo Levi’s loneliness. They describe an episode that includes yet another dream, this time a foreboding one. Anissimov (1998), quoting Levi (1963), writes about the time Primo was on a train on the way from Kraków to Katowice shortly after his departure from Auschwitz:

When the train stopped in Trzebinia and Levi, still dressed in his Auschwitz stripes, got out to stretch his legs, he found himself surrounded by an inquisitive crowd, among them the first bourgeois civilian he had set eyes on since leaving Italy—a lawyer wearing a felt hat and carrying a leather briefcase. That was the moment when Primo Levi began to bear witness. He told what he had seen in Auschwitz, and the lawyer translated for the audience of workers and peasants. Levi realized very quickly that the lawyer was not translating absolutely faithfully. He was deliberately avoiding telling his listeners that Levi was a Jew, and described him as an Italian political prisoner. After the crowd broke up, Levi . . . [asked] his interpreter why he had failed to say that he was Jewish, and the lawyer explained . . . that it was better for him, because the war was not yet over As the lawyer took his leave, he offered Levi money—which he refused—. . . and confessed that Poland was a “sad country.” [Anissimov 1998, p. 216]

Levi’s own comment on this episode was:

I found myself suddenly old, lifeless, tired beyond human measure; the war was not over, there was always war. My listeners began to steal away; they must have understood. I had dreamed . . . of something like this in the nights of Auschwitz: of speaking and not being listened to, of finding liberty and remaining alone. [1963, p. 55]

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National Center for Suicide Research and Prevention of Mental Ill-Health
Karolinska Institutet
 Box 230
 SE-171 77 Stockholm, Sweden

e-mail: david.titelman@ipm.ki.se

THE MEANINGS AND FUNCTIONS OF TUNES THAT COME INTO ONE'S HEAD

BY CHANNING T. LIPSON, M.D.

This paper is devoted to the study of internally generated auditory imagery, specifically tunes that appear spontaneously in one's consciousness exclusive of external musical input. Melodies that appear in the periphery of one's awareness during directed activity can protect the ego from the interference of internal desires or demands. Music present in consciousness irrespective of any specific melody may be experienced as a protective, omnipotent parental companion and thus guard against danger and the painful loneliness of separation and loss. The frequent or continuous spontaneous appearance of music in one's consciousness is considered to be a characterological mode of thinking—thinking in music.

INTRODUCTION

While I have long known that melodies I hear in my mind have personal meanings that I can discover with effort, it is only in the past few years that I have become aware that there is always a tune in my head. As I began to research this phenomenon, I discovered that I was not alone.¹ Ferenczi (1955) first used the phrase *tunes that come into one's head* in an article written around 1909. Oremland (1975), in speaking of a patient, refers to “tunes in Tom's head” (p. 403), and Nass (1993) describes this phenomenon

¹ Storr (1992) refers to music he hears internally that he has not voluntarily summoned. He follows with the statement, “Whenever my attention is not fully engaged, music ‘runs in my head’ involuntarily” (p. 122).

as occurring in the consciousness of many composers. One composer reported that “he had music in his head all of the time” (p. 28).

When discussing this matter with an acquaintance who was not aware of having had a similar experience, I found it difficult to convey what it is like and how it differs from an auditory hallucination. The best description or definition that I can think of would be *musical thoughts*, or “auditory images similar to visual images” (Janata 2001). In this article, I use the term *auditory image* to denote all perceptions of music, whether they are internally generated or are derived from external sensory input.

The meanings of music, the language of music, affect in music, if and how music communicates and/or evokes feelings, and the creative process in composing, as well as in performing, are topics that have been addressed by performing musicians, musicologists, composers, philosophers, psychologists, and psychoanalysts. If assembled, these publications would fill volumes. I will refer only to those writings that are germane to the particular issues under consideration.

Psychoanalytic writers have explored the topics mentioned above with various methodologies, including psychobiography (Feder 1982), interviews with composers (Nass 1993), application of analytic metapsychology (Kohut 1957), and observation of oral communication in mother–child dyads (Storr 1992, p. 9). More direct psychoanalytic data in the form of associations and narratives has been obtained from patients (Bornstein 1977; Boyer 1992; Greenson 1954; Oremland 1975) and from self-examination (Reik 1953; Sterba 1946). In *The Haunting Melody*, Reik provides numerous examples of uncovering hidden meanings by analyzing the associations to melodies that occurred spontaneously in his mind and in the minds of his patients.

It is my intent to provide from my own experience examples of the pursuit of the personal meanings of the occurrence of particular melodies, to examine the possible functions of specific auditory images, and to consider what the presence of music in the mind may mean in general.

IN PURSUIT OF MEANING

While I assume that the idea that tunes have personal meaning—as do all mental phenomena—has been known by many (lovers who speak of “our song” certainly know it, but not ordinarily in terms of unconscious meaning), this awareness first came to me in a particular fashion.

Two Illustrations from Psychoanalytic Practice

Many years ago, while listening to a patient but unable to understand the determinants of what he was saying, I became aware that I was experiencing a state that Ogden (1997) described as *reverie* (p. 721). I was holding a pencil in my right hand so that it protruded from my partially closed fist, and with the fingers of my left hand, I was “playing” on the pencil as if it were the finger-board of a violin. The music was the opening of the Brahms clarinet quintet, and I was playing *both* violin parts simultaneously, which, though possible, is not something I would do. As I observed what was happening, my immediate thought was that this was the favorite work of the wife of a close friend, a woman to whom I was attracted. Before my associations wandered further, it occurred to me that my male patient was expressing derivatives of oedipal conflicts and incestuous desires. My brief associations expressed both the triangular relationship and the idea of “not something I would do.” My understanding of the patient was a spontaneous event rather than a reasoned conclusion.

These brief associations may invite interpretive speculations by the analytically informed. Does playing both violin parts represent analyst and patient, or other pairs? What would one make of the fingers playing on the protruding pencil? Unfortunately, the only associations available at that time were those reported, and they were interrupted as the connection with the patient became clear, thus ending the reverie.

My current view is that analytic listening activated certain issues of mine to a degree that they temporarily interfered with understanding. These issues gained an outlet through the described

musical experience, which served as a compromise of resistance and expression. However, attention to the associations that accompanied the music ultimately permitted an expanded view of my patient's struggle.

I now present a more extensive personal example with the intent of demonstrating the depth and breadth of what may be condensed into musical expression. While I have no fondness for self-disclosure, at present it is my best source for what I wish to convey. Kantrowitz (in press), in publishing summaries of interviews with analysts regarding their use of personal material and their conflicts about publishing it, has made it easier for me to overcome my reluctance to employ this device.

The first patient I met with on a Monday morning was an educated entrepreneur who had struggled for weeks in trying to understand his relationship with his mother, whose inappropriately exhibitionistic and physically intimate behavior was experienced by him as sexually seductive. He painfully retrieved and revealed memories of his discomfort and shame at discovering his own sexual reaction and excitement in response to this stimulation. On this Monday, he reported a dream that clearly revealed that an incestuous relationship of some sort had been the content of his adolescent masturbatory fantasies. This I interpreted, and he reportedly found the session quite productive.

The following day, he described a dream that included his reviving from the dead a contemporary popular figure, whom he admired and who had been portrayed in the media as a nonconforming rebel. His associations led to the many religious stories told to him by his mother, a fundamentalist Christian reared in the South, about Christ rising from the dead, as well as many other religious miracles. As a boy, he was awed and frightened by what he now looked upon as myths used by his mother to control him. In this context, he also spoke about his mother's expressed attitude toward sexuality, which, in contrast to her seductive behavior, was restrictive and moralistic.

As he continued to work, two related themes emerged. One was his wish to return to his childhood view (his mother's) of sex-

uality, which would negate our work of the previous day. The second was to say that my recent interpretations had about the same validity as his mother's religious explanations. His rebellion was alive and well in the transference.

At the end of the session, I left my office to take my customary walk through the hallways of the building before meeting with my next patient. As I walked out, I was aware of a tune in my head that I recognized as part of the overture to Weber's opera *Der Frieschutz*. As I continued my walk, I was reminded of an event that I had recently mentioned to my wife. One day when I was thirteen years old and home from school with bronchitis, my mother, who was leaving the house, asked if there was anything she could get me. I told her I would like a recording of the overture to *Der Frieschutz*, which she said she would be glad to get. She came home several hours later, but with no record; she said she had asked to hear the record at the music store and found it so dull that she did not think it could be the one I had requested.² While I said nothing to her, I was keenly disappointed and angry, and felt she was ignorant. The revival of this memory then led to many associations of disappointments in her and feelings of contempt.

Throughout this particular Monday morning, more associations poured in. Surprisingly, neither these thoughts nor other tunes were in my awareness while I was working, but occurred during brief walks and a coffee break. One example is a memory from age nine. I was having a gastrointestinal upset for which my mother administered castor oil. I told her that it made no sense to treat diarrhea with castor oil, but she insisted in good faith that it was necessary to rid me of the poisons. She backed this up by pointing out that her sister was a nurse. I found that similar memories continued to flood my nonworking time.

² This opera's overture begins with a quiet French horn solo preceded by and accompanied by strings. Following this is a tremolo in the strings, and then a slow buildup of tension to a very exciting allegro that culminates with tremendous intensity. What my mother heard was the "dull" French horn, while what was in my head was the exciting allegro.

During my last session of the morning (the sixth), I made an interpretation to a patient that I do not believe I would have been able to make, or would have recognized, if our meeting had not been preceded by the morning's events. It had to do with pointing out a hostile maternal transference expressed by the patient indirectly in her comment that I had had a better mother than she had. Translated into the transference, she was complaining that I had had a better mother (and perhaps analyst) than I was being to her.

To recapitulate, my immersion into my patient's conflicts stirred memories from my past that first found expression in a musical fragment. The subsequent reported associations served as a bit of self-analysis that freed me to interpret a negative maternal transference in another patient that might otherwise have passed unrecognized.

During the remainder of the day, I was intermittently flooded with a variety of impressions and ideas. It dawned on me that I am almost always hearing a tune in my mind, except at such times that I'm immersed in my work or some other absorbing activity. At those times, I am not aware of any tunes. But in casual activities, such as walking, eating, or driving, there is always a melody in the background.

As I pondered the possible meanings of this dramatic experience, I began to imagine writing a psychoanalytic paper. This latter consideration led me to make a detailed record of pertinent psychic events. In addition to those reported above, they included references to those who had influenced my musical development: there were fond memories of my father's tenor, my mother's helpfulness,³ my pianist sister, and my first music teacher. By the end of the day, I felt exhausted and achy, but these flu-like symptoms disappeared as I experienced a flood of emotion—which left me with a better understanding of somatization.

During the ensuing months, as I examined similar occurrences, the prospect of writing a psychoanalytic paper evoked a num-

³ My mother was the first to tell me that putting a finger on a string of my violin would produce a new note.

ber of questions. Why are there always tunes in my head? Given that the experience is one of a spontaneous emergence and presence of music, what can we infer about the processes that lead to the formation of these tunes and that bring them to consciousness? In what form do they exist when not conscious?

I find it helpful to approach these issues as we do dreams and dreaming. In my view, Freud's (1900) consideration of dreams as "a sort of *substitute* for thought-processes, full of meaning and emotion" (p. 640, italics in original) is equally applicable to the experience of internally heard music. The music itself is comparable only to the manifest dream, not to the process of dream formation.

DISCUSSION

In the two vignettes presented, the transitory identifications necessary to the understanding of my patients and the analogous issues evoked in me found expression in the musical fragments mentioned. While the feelings were quite muted, the cognitive content of the affects aroused became progressively accessible.⁴ The many related thoughts and feelings came to be represented in consciousness by the musical fragments. I am not suggesting that these musical fragments have any inherent meaning related to the musical characteristics of the particular tune, or that they have anything to do with the composer's intentions, but rather that one can use a melody or composition to express a collection of affects—i.e., feelings plus cognitive content—in a parsimonious way by means of condensation. Thus, the music may well express more than can easily be put into words. These tunes are strictly personalized, and, furthermore, the same tune may have different meanings at different times, just as dream elements in different dreams do not always have the same meaning to the dreamer.

The melodies in the mind of the analyst at work can serve as outlets for inner needs, independent of those awakened by the analytic work, and in some ways may be protective of the latter. Of

⁴ Krystal (1988) considers cognitive content to be one component of an affect (pp. 5-8).

course, this is just as true of other collateral activities, such as drinking tea, doodling, or taking notes. Contemporary psychoanalytic literature and panel discussions sometimes convey an ideal picture of the analyst at work: one who is attending to the patient's associations with empathic, evenly hovering attention; is alert to inevitable countertransferences; and who carefully monitors any gratifications understood as enactments. But there are many potential intrusions on this idealized state that do not emanate primarily from the patient's experience. These may include somatic sources, such as pain or illness; personal or professional concerns; or unfulfilled needs of the analyst that are less conscious. Kris (1952) points out that "fantasies and thoughts hidden in doodles are those of which the doodler wants to liberate himself, lest they disturb the process of concentration" (p. 91). In Rapaport's (1951) words, "there is always drive-tension present" (p. 692). This psychoanalytic concept of omnipresent drive-tension appears to find potential independent validation in neurobiology's description of the brain's "seeking system" and those lower centers that energize it (Solms and Turnbull 2002, pp. 115ff).

While I have used analytic work for the purpose of demonstration, the same mechanism for protecting concentration can obtain in all activities. The following personal memory is an example:

On a warm day in March after a long hard winter, I went for an extended walk. While walking, I was trying to figure out how to begin writing my music paper and how to handle the extensive literature on similar topics. About ten minutes into the walk, I became aware of a persistent tune that for some time had been present in my mind, somewhat like the background music in a movie. I recognized it as the tune to the children's song "Me and My Teddy Bear." I could not recall what words followed the title. Why this tune?

My associations to this question included the following. My wife was in Mexico and could not be reached easily by telephone. My daughters lived out of town and my son was at work. Wasn't the teddy bear a transitional object? I recalled having read an analytic paper several

months earlier that proposed that music could serve as a transitional object. Then I became aware of the World War II tune "I Walk Alone," the first line of which is "I walk alone, but to tell you the truth I am lonely." I had no conscious awareness of feeling lonely. I would have to get the next line to the teddy bear song (an excuse to call my daughter?).

By this point in my meditations, I was on the return route home, and Teddy Bear was singing again.

This all began with trying to prepare a paper I had long postponed. Writing is a lone activity, but isn't there always an implied or expected audience/readership? Even if it is not published, there is contact with people in an editorial role (readers), and return comments are received. It appears that the tunes express in their content—but also in their presence—that the music is a form of company to deal with feared aloneness or its accompanying loneliness.⁵

One way of understanding these mental events is to consider the tune in the background as protective of my concentration on the writing, while expressing potentially less welcome feelings in a hidden form. As this mechanism began to fail, my attention was turned toward analyzing the presence of the tune. This brief introspection permitted the reinstatement of my consideration of the paper with the tune in the background.

In my presentation of clinical material, I demonstrated how a musical fragment can serve as an "aural road" (Nagel, in press) to unconscious content, and I emphasized the protective role that music can play by expressing meanings potentially disruptive to the ego's immediate mental activity in a form acceptable to consciousness. I do not suggest, however, that protecting ego functioning or avoiding discomfort are the only, or even the most common, generators of these auditory images. Music recently heard, practiced, or performed, or the anticipation of an upcom-

⁵ Nass (1993), in his study of creativity, concludes that the creative act "involves facing the most profound issues of aloneness and the continuous experience of separation" (p. 32).

ing concert, may also be primary precipitants of particular themes entering one's awareness. As with dreams, unconscious meanings may attach themselves to or be stirred up by the chosen melody.

Jaffe (1983) reported a somewhat different though related experience with melodies that occurred to him while analyzing. In the context of empathizing with his patients, he found "mood shifts at times getting signaled by specific musical themes The shift from a tone of lightness to one of pathos, for example, has regularly set off in my inner ear the sound of Mozart's G Minor Symphony" (p. 591). The emphasis here is on the usefulness of the melodies in revealing to the analyst his empathic response to his patient's feelings. Cognitive content is not addressed.

As one might anticipate, my further exploration of these issues inevitably led to more questions. What is the significance of the *presence* in the mind of music, regardless of the particular theme?

A number of psychoanalytic writers have addressed the possible meanings of perceptions of music (auditory images) to the individual. Not all differentiate internally heard melodies from musical stimulation emanating from an external source. In either case, music is described as serving as a companion, as an antidote to loneliness, as filling a void, and as serving as a transitional object. The means of reaching these conclusions varies along a continuum from applied metapsychology to direct clinical observation.

McDonald (1970), in the context of examining the Suzuki method of teaching young children to play string instruments, makes an analogy between musical development and the development of language. The latter is understood as "an auditory expression of the emotional tie to the parents" (p. 508). McDonald postulates that children use music as a "transitional phenomenon" (p. 519), and that some children have a special "transitional tune" (p. 519). She feels the transitional-tune concept is confirmed by observations of children and by autobiographical accounts of musicians, and she provides examples of both. She postulates that the transitional tune provides the child with protection against separation loneliness. The ability to reproduce the tune provides a sense of control over separation.

Rechardt (1987) also suggests that music can function as a transitional experience:

An infant less than twelve months old is capable of creating the illusion of mother's presence by making whimpering sounds, by sucking his thumb or by cuddling a soft object. *The child is soothing himself by the sounds he produces himself.* [pp. 516-517, italics added]

Rechardt refers to these observations as *transitional phenomena*. While I agree that an infant appears to be soothed by such activities, the conclusion that this constitutes creating an illusion of mother's presence is a leap of faith, in my view, and one that is probably based on Winnicott's original formulations. Winnicott (1962) states that "songs and tunes while preparing for sleep come within the intermediate area as transitional phenomena" (p. 89). While the term and concept of *transitional object* is generally accepted by the psychoanalytic community, it is well to remember that the idea of an object that is neither internal nor external, but a "possession" (p. 94) of the child that creates an illusion of maternal presence, is an inference—one based on multiple careful observations, but an inference all the same.

Closely related to the transitional phenomenon is the description by Kohut and Levarie (1950) of whistling in the dark as "an attempt to dispel the anxiety of loneliness by creating the illusion of a supporting group" (p. 71). While this feels intuitively valid to me, no direct data is given to support it. This and the authors' statement that silence is experienced as a threatening situation seem to be examples of a methodology described by Rechardt (1987) as "psychoanalytic theory of childhood development utilized and extrapolated toward a psychoanalytic theory of music" (p. 512). In a review of psychoanalytic literature on music, Nass (1989) expands on this approach by quoting a number of analytic authors (pp. 171-172) in the context of examining "common methodological errors encountered in the literature" (p. 177).

Feder (1982) also points out limitations of psychoanalytic articles on music. He feels that they privilege psychoanalysis and try to

force music to fit with psychoanalytic concepts (p. 302). Esman (1994) draws attention to the limitations of applied psychoanalysis to the creative process and to the attempts to link biographical events to specific productions. He questions the future possibilities of a psychoanalytic psychology of music, and states that “on the clinical level, the contributions will be small” (p. 852).

I am not suggesting that these statements by Recharadt, Nass, Feder, and Esman invalidate the conclusions of applied metapsychology, but rather that they point up limitations. Two examples by Rose (2004), however, support the contention that music produced by one’s self can provide the illusion of the presence of a protective other. In one instance, a young boy reports humming to himself in the context of imagined danger, and directly connects the humming to his mother’s singing to him (Rose 2004, p. 113). In a second example, a woman comforts herself in the face of isolation and loneliness by singing to herself, an act that for her creates the sense of having a companion who, Rose infers, represents her mother (p. 115).

Many observers, psychoanalytic and otherwise (Bernstein 1975; A. Freud 1963; Greenson 1954; Rose 2004; Storr 1992), have commented upon music as a companion, as a comfort in the face of loss, and as filling a longing or a void (Oremland 1975), and have suggested a connection between mother–infant communication through the prosody of speech (Rose 2004, p. 116)—as well as actual singing—as a possible source of mature musical enjoyment. Direct clinical observations are more sparse. Following are relevant excerpts from reports of the analyses of adult patients.

Greenson (1954) described a patient who “felt a constant pleasant humming sensation in his lips” (p. 234). This occurred during a euphoric interval in a patient who suffered “unpredictable mood fluctuations.” “Although no audible sound came from him, he felt as though he were making the sound ‘Mm . . .’ ” (p. 234). Through the analysis of a dream and accompanying associations, Greenson traced the “Mm” as representing an early “soft object” (p. 238) from infancy, and linked it to the patient’s nursing at his mother’s breast. In other words, the “Mm” sound was used by the patient

as a connection to his mother, and also as a denial of the feeling of "being abandoned and deserted" (p. 234). McDonald (1970), by elaborating more details of this report, creatively demonstrates the possibility that this sound represents a transitional phenomenon.

Oremland (1975) provided an extensive analytic report of a talented young musician. Much of the analytic work was devoted to phallic, oedipal, and castration issues (the patient played the trombone). During a later period in the analysis when the patient was not playing music, he reported having a "black void" within himself (p. 392). Previously, the patient had noted that, as far back as he could remember, he had experienced tunes running in his head (p. 392). In relation to the black void, the patient "advanced the idea that long before he began playing his instrument, really since childhood, 'tunes had filled a void'"; Oremland concluded that "the tunes in his head also served the function of transitional phenomena" (p. 402). He then hypothesized that the tunes "provided him with a sense of mother appearing when she was needed, mitigating loss" (p. 403). It is noteworthy that Oremland carefully refers to the latter as a *hypothesis*.

Boyer (1992) devoted an entire clinical report to the role played by music in the life of an asthmatic analysand, who ultimately reported that "no matter what activity involved him, whether at work or play, or even while talking to others, he was, with varying degrees of awareness, listening to music in his mind" (p. 61). Using detailed clinical excerpts, Boyer convincingly demonstrated his thesis that "music per se serves more primitive psychological functions than do its themes and lyrics, which symbolize, express and defend against more specific unconscious conflicts" (p. 65). Ample process notes illustrated that "the analysand was unable to achieve psychological separation from his mother and music served predominantly the function of retaining a life-supporting connexion with her" (p. 55). Furthermore, "the music came to symbolize the noise of air flowing through tubes into the steam tents and blood coursing through the umbilical cord, conceptualized as connecting him with his mother and making them permanently interde-

pendent”⁶ (p. 55). This fantasied fusion was repeated in transference-countertransference interactions (pp. 60-61).⁷

In short, these authors propose that self-generated music can serve as a transitional object, a companion, the illusion of a supporting group, or the presence of a protective other. It can fill a felt void, maintain a feeling of symbiotic attachment, and master the loneliness of separation. In these citations, there is an emphasis on the maternal representation of early developmental periods. The variety of transferences encountered in the analyses of adults suggests that musical experiences with mothers of later developmental stages, as well as with fathers, older siblings, teachers, and important others, can also contribute to this imagined sheltering presence. The capability of generating tunes can provide an individual with control, or imagined control, over unwanted separation. I would suspect that music in the mind functioning as described represents an internalized composite of many musical experiences.

After a long struggle with feelings of having been abused and neglected by her mother, a musician in analysis reported a brief dream in which she was hugging her daughter with great feelings of love. It was clear from subsequent associations that she was trying to deal with wishes to have a loving mother, as well as the desire to be one. She related that, preceding the dream, she had had great difficulty falling asleep. In order to help herself relax, she visualized a musical staff upon which she built musical chords. This imagery was both visual and aural.⁸ I asked her whether the music was serving as a companion. She responded by telling me that when she was a little girl, she would fall asleep while listening

⁶ “Steam tents” have been used for at least several generations to relieve the respiratory distress of croup and asthma. The steam may be provided in an elaborate structure or simply by running a hot shower in an enclosed space.

⁷ The fantasies, dreams, visual images, hallucinations, and brief psychotic transference experiences of this patient, as well as the analyst’s dreams and countertransference responses, appear to me to validate the symbolic meaning of the presence of music in this instance.

⁸ She would first build major triads that she could “hear.” She would then add notes, building chords at seventh, ninth, eleventh, and thirteenth intervals. At some point, the imagery became no longer aural, just visual.

to her mother, a professional musician, playing the piano, and that this was a great comfort to her.

Neuroscientists using EEG tracings and imaging with MRI and PET scans have studied the correlation between the simultaneous occurrence of auditory images and specific brain activity. In a study devoted to searching for brain areas and mechanisms that support the formation of musical images, Janata (2001) found that the images formed when we imagine or improvise a melody in our minds rely on long-term memory, which he locates in the pre-frontal cortex. Neuropsychologists have been able to map the brain locations that are activated when experimental subjects are asked to imagine melodies.

In a subsequent paper, Janata and colleagues (Janata et al. 2002) observed that the movements of a melody through the mind correlated with activity in the rostral parts of the medial prefrontal cortex. The significance of this for us is that this region is thought to play an important role in the processing of emotions and memories. The authors hypothesized that musical memories may interact with other memories in this part of the brain. This hypothesis, however, has not been tested.

I should point out that the experiments referred to were conducted with the subjects consciously imagining music or scanning through a melody. I do not know of any neuropsychological studies of spontaneously occurring tunes, or if such a study would be possible to conduct.

Neurologist Oliver Sacks (2002) provides evidence of links between music and memory in a series of vignettes involving the recovery of lost motor skills in the context of hearing music or imagining music. A most striking example was his own experience following an injury that left his leg paralyzed. He reported the occurrence of the following phenomena as his damaged nerves began to heal.

Strangely . . . I had no impulse to walk. I could barely remember how one would go about walking until, unexpectedly, a day or two later, the violin concerto played itself in my mind. It seemed, suddenly, to lend me its own energy, and I recovered the lost rhythm of walking like

remembering a once-familiar but long-forgotten tune. Only then did walking regain its natural, unconscious, kinetic melody and grace.⁹ [p. 4]

Solms (1997) has suggested that, when brain correlates of specific mental activity are identified, it is to our advantage to view these as examples of two equally valid perspectives on the same phenomena, rather than thinking of one as causing the other (p. 681, pp. 776-777). With this proposal in mind, I find it reasonable to consider the possibility that psychoanalytic data derived from associations to specific pieces of music may serve to support the neuropsychological hypothesis that musical memories may interact with other memories in a particular part of the brain.

Musical Imagery

So far, this paper has been devoted to exploring the reasons for and effects of the spontaneous appearance in consciousness of auditory images. Not everyone, of course, shares this experience, and among those who do, there are variations. The same is true for visual imagery. In describing his frequent experience of visual images, Gardner (1983) states, "Each pulls things together and informs me more quickly than if my ideas and feelings had to be or could be put into words" (p. 71).

Temple Grandin (1995), famous for her explication of the experience of autism, states:

I THINK IN PICTURES. Words are like a second language to me. I translate both spoken and written words into full-color movies, complete with sound, which run like a VCR tape in my head. Language-based thinkers often find this phenomenon difficult to understand. [p. 19]

While I do not know of any musical examples that parallel Grandin's extreme experience, there are many and varied examples of thinking in music. Composer Roger Sessions (1970) states that "composers think in terms of musical sounds, not in terms of ver-

⁹ The violin concerto Sacks refers to here is Mendelssohn's, a recording of which he had been repeatedly listening to while immobilized.

bal concepts" (p. 107). It is my impression that a combination of genetic endowment and early life experience predisposes one to an aural diathesis. Music, for many, is a more suitable vehicle than words for the expression of unconscious content, filled as it is with fantastic imaginings and dominated by the primary process. In other words, musical sounds can be used to represent one's inner life, just as words and visual images do.¹⁰

The following passage is taken from a letter from Mozart to his father, quoted by Nagel (in press):

I cannot write in verse, for I am no poet. I cannot arrange the parts of speech with such art as to produce effects of light and shade, for I am no painter. Even by signs and gestures I cannot express my thoughts and feelings, for I am no dancer. But I can do so by means of sounds, for I am a musician.

Note the emphasis on the struggle to express thoughts and feelings.

Mendelssohn wrote in a letter: "People usually complain that music is so ambiguous, that it leaves them in doubt as to what they are supposed to think, whereas words can be understood by everyone. But to me it seems exactly the opposite" (quoted in Storr 1992, p. 65).

What I am proposing is that the persistent presence (or intermittent but frequent presence) of self-generated tunes in consciousness is a characteristic mode of thinking—a characterological feature for some individuals. Stekel stated that "we never have single thoughts but always many, an entire polyphony" (quoted in Rapaport 1951, p. 313). The music accompanying simultaneous verbal thoughts is part of this polyphony.

In dealing with the motivations for and effects of internally generated auditory images, I have purposely neglected mentioning a most important one. I am referring to the inspirational experience of composers who frequently first hear determining motifs in their mind's ear, motifs that they not uncommonly attribute to outside sources (Nass 1975). I have delayed mentioning this ex-

¹⁰ Solms and Turnbull (2002, p. 273) provide a discussion of Freud's understanding of access to consciousness.

perience because it opens the subject of musical creativity, which is beyond the scope of this paper and has been studied at length by others (e.g., Feder 1982; Feder, Karmel, and Pollock 1993; Karmel, Feder, and Pollock 1990; Nass 1975, 1989, 1993; Rose 2004).

SUMMARY

The spontaneous occurrence in one's mind of musical fragments is a widespread phenomenon that serves to express significant affective constellations. The specific content of the latter can be revealed to the analytically informed through elaboration of free associations. Illustrations of this uncovering of meaning are found in the psychoanalytic literature (Reik 1953) and in examples in this paper.

My first two vignettes were taken from psychoanalytic practice, and they illustrate the potential of using internally generated auditory imagery to understand transference-countertransference interactions. Additional exploration has revealed that melodies appearing in the periphery of one's awareness during concentrated activity can help protect the ego from the distractions of internal desires or demands.

Maintaining one's focus on directed activity can be successfully effected with the help of isolation and repression. While any concentrated activity is subject to potential interference from within, the clinical engagement of psychoanalysis is particularly vulnerable to unwanted intrusions because of the regressive pull of suspension of judgment, the necessity for empathy, and the need to allow fantasy life to flourish. The protection of one's analytic functions from interference by desires or needs that compete for one's attention can be reinforced by the partial gratification afforded by what we might think of as background music. Allowing oneself to attend to the associations to the music, however, can actually be facilitating. This dual possibility has been illustrated and labeled *conflictual listening* by Smith (2000).

Three of the clinical case reports discussed here, by Greenson (1954), Oremland (1975), and Boyer (1992), address the meaning of the presence in consciousness of self-generated music, irrespec-

tive of any specific melody. Their detailed work in the clinical cases they describe points to music serving as a life-sustaining, omnipotent, maternal presence relating to early life experiences. I have suggested that the music can, and in many instances does, represent an internalized composite of experiences with non-maternal figures from more advanced developmental phases as well. Finally, I suggest that thinking in music is a characterological feature that is determined by genetic disposition plus life experience, and that it can be used for expressive, defensive, and adaptive purposes.

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2095 Bordeaux Drive
West Bloomfield, MI 48323

e-mail: Channing26@yahoo.com

AS AUGUST APPROACHES

An elegiac yet reassuring essay on why and how the prospect of the August summer vacation can stress even the experienced analyst, as well as the patient.

BY LEONARD SHENGOLD, M.D.

As an aging analyst, I can sense, as August approaches, some increase in anxiety, sadness, and weariness—some grieving—at the prospect of separation from my patients (alongside a bit of what Wordsworth calls “the philosophic mind,” which can put loss and change in perspective and so permit a concomitant happy anticipation of a long and active vacation). Wordsworth [1807], expressing resolution in relation to the loss of childhood and youth, has some relevant words about the adult’s loss of and separation from the wonderful “intimations of immortality” so natural to a child:

We will grieve not, rather find
Strength in what remains behind . . .
In the soothing thoughts that spring
Out of human suffering . . .
In years that bring the philosophic mind. [p. 590]

THE ANALYST’S COUNTERIDENTIFICATION

For the analyst, the prospect of a long August separation can feature looking forward to a relief from (analytic) year-end weariness. Yet the happy anticipation is frequently accompanied by an enhancement of weariness that comes partly from the sometimes prolonged onslaught of patients’ hostility—and varied reactions

to that hostility—that begins to be directed at the analyst in spring in anticipation of the impending August desertion. The patient's reaction is compensated for, and—for the analyst—tempered by, the usefulness of the analyst's ultimately becoming able to connect the patient's angry feelings about the present situation with those previously experienced in early childhood.

The impending separation also induces a counteridentification in the analyst. This involves expectation of, confrontation with, and sharing of the patient's regressive, emotionally charged, revived sense of parental abandonment.

Parting with the patient can reawaken the analyst's grieving for his or her own lost past (and also the—frequently excessive—unconscious rage associated with such sadness). This sense of loss can have considerable intensity at the start of the “young” analyst's career—an intensity ordinarily subsequently attenuated by acquisition of skill and comfort as he or she acquires more professional experience and sheds much of the anxiety of the beginner. When starting to work as an analyst, the neophyte's own training analysis has either recently been terminated or (less often) is still in the course of termination. During the termination phase of a training analysis, heightened emotions aroused by anticipations of loss of the parent from early childhood can easily be revived in—or may be still being evoked by—the analyst's loss of the training analyst as parent substitute. So both the distant and the recent past losses can come to life as the neophyte analyst faces the August separation from patients.

SEPARATION AND LOSS AT THE END OF AN ANALYSIS

A regressive narcissistic transference burgeons for all patients during the termination phase of an analysis (including a “successful” training analysis). The “success” that is needed for a training analysis requires mainly an acquisition of conviction about the power and potential effectiveness of the analytic process and enough knowledge of one's own unconscious to deal with patients with

relative comfort and little anxiety. Happily, there are usually important therapeutic achievements. But of course it is easier to be an analyst than to be a patient.

Much analysis of the transference, worked through and resulting in increased emotional conviction about connecting the past with the present, will of course have been accomplished by the time of the agreed-upon onset of the final phase of the patient's treatment. Yet the patient's agreement to set a date for stopping usually triggers a return to the intensive regressive dependency that accompanied earlier anticipations of separation from the analyst—often even a return to the intensity present at the time of the setting in and consolidation of the analytic transference neurosis, a time when the analyst has assumed for the analysand (at least intermittently) the very early developmental role of the “primal parent” (see Fliess 1956; Shengold 1989). In regression, this early imago can become the most important, and even at times the *only*, other that really matters.

With an emotional revival of earliest childhood, the adult patient also—painfully, stressfully, and sadly—will relive something of the subsequent (still early child's) developmentally crucial, conflict-laden relationship with the oedipal parent—at least during (and sometimes also between) analytic sessions. There is a general—although unpredictably chaotic—progression, interspersed at various times with repeated regressions, in the course of revivifying a dependence on one other individual: the primal parent who starts out as a part of oneself.

This initial symbiotic, basic core of psychic parental registration is then supplemented by the awareness of *two* (the separating self and the mothering figure), and next moves on to an awareness of *three* (individuated self, mother, father) predominantly meaningful entities in the world. This parent-based progression toward the awareness of others culminates in the oedipal period. In treatment, all these stages will become manifest again in the transference of past experiences and relationships onto the analyst during long periods of separation, culminating in the termination phase of the analysis.

FREUD'S "SITUATIONS OF DANGER"

The sinuous maturational path of the therapy evokes revival of all stages of the pattern of progression of what Freud (1926) calls the basic psychological danger situations of early childhood; all of them involve loss and separation. The first and most intense psychic danger is that of traumatic overstimulation (involving an intensity of anxiety that threatens chaos and annihilation, a too-muchness, that usually cannot be relieved without parental intervention). With further development, this threat is somewhat modified by the centrality of the danger of separation from and loss of the parent—a lesser impending disaster—and both catastrophic dangers continue to lurk in the mind of the child.

These terrible expectations are fed by the murderous aggression that erupts into consciousness beginning at the time that the primal parent is part of the self, and continuing, with transformations, into the oedipal period and beyond. One cannot live without the parent that one wants to kill. "Is there life without mother?"—a repeated question by one of my patients that I have used for the title of a book (Shengold 2000)—expresses a theme that continues in the mind in the course of the maturational trajectory into adulthood and old age. All the danger situations subsequently continue to remain in the mind and can be returned to in regression.

The at-times ecstatic happiness of childhood is increasingly shadowed and even sometimes transiently eclipsed by the impending separations and losses that maturation and individuation involve—losses that threaten to leave us parentless and alone in the universe. Paradoxically, the attendant expectations of the dangers associated with change and loss can make progression and achievement (changes that can be felt consciously for the better) subject to resistance and regressive reaction, in life as well as in therapy. It is hard to distance dependence on one's parents; a part of our minds resists growing up. Independent identity is always subject to regression, and in that sense it can only be partly achieved.

A THERAPEUTIC CLICHÉ

As most analysts know, these powerful emotional evocations at parting, these expectations that change will mean loss, should be pointed out and interpreted at the appropriate times. There should appear, in the patient's associations, relevant emotion-laden material about separation and loss inherent to the termination phase of a psychoanalysis. (It is necessary to point out resistances to the emotions evoked by termination, especially when there appears to be an absence of them.) It helps for the analyst to be fully aware that countertransference and counteridentification with the separating patient is also likely to be present at termination, and that without conscious awareness of this, the analyst's own resistances to the analytic termination process should be looked for.

AUGUST FOR ANALYSTS

As the long separation period of the August break approaches, increased regression in the analyst as well as in the patient is revived. Short separations (holidays, weekends, etc.) may also evoke the same intensities in both analytic partners. Even the last few minutes of the analytic session can be a conflict-ridden time for most patients when a deep transference has developed. Since the regressive pull is much less powerful for the analyst, whose dependency is much less intense, it is (again) far easier to bear being an analyst than being an analysand at these times of parting.¹

¹ And yet there can be a shadow of sadness at the end of the session for the analyst as well. Smith (2001) writes movingly, "I frequently become aware that I am not alone at both beginnings and endings of hours. At the end of an hour, as I become aware of the particular way I am slumped in my chair, or notice a familiar posture I adopt as I walk to the door, just for the moment I may feel like my own analyst—feel as if I am he, that is, a brief moment of primary or total identification. Beginnings and endings of certain hours, like other moments of joining and separation, stir, sometimes imperceptibly, our anxiety. They evoke a particular kind of conflict, more prominent, no doubt, for some analysts than for others, but, I suspect, problematic for all. Amongst other things they can revive, ever so briefly, the analyst's own sense of loss and aloneness, especially the loss of his or her own analyst" (p. 795).

Increasing experience brings a progressively lighter emotional burden for the analyst. Hostile ambivalence fades, and vacation and separation can increasingly be predominately positively and even eagerly anticipated.

THE AGING ANALYST

But neurotic shadows begin to return as the analyst ages and the termination of his or her *occupation* looms.² Aging past the middle years means contending with an increasing burden of losses: terrible external losses of dear friends and relatives, especially of older family members who figure psychologically as standing between oneself and death. There is also the onset of anticipation and reality of intrapsychic and physical losses (hopefully, minor and intermittent), of sharp intellectual and optimal physical functioning. The analyst will at some time have to lose his or her occupation. Awareness of these limitations cannot but evoke concomitant, necessary, and transient defensive quasi-delusions of immortality that accompany the sense of the diminution of promise and the awareness of the paucity of time that remains.

COUNTERBALANCE

The aging “shrink” may feel a narcissistically gratifying counterbalance to the shrinkage that comes with awareness of good professional functioning—functioning that can continue, and, optimally, even improve as one ages. Becoming increasingly conscious as one grows older of how much one does not and perhaps can never know will, hopefully, provide perspective and will deepen wisdom in relation to what one *does* know, even as memory be-

² When Othello is falsely convinced by Iago that Desdemona has cuckolded him, he feels he cannot go on with his life; this is marked by his emphasizing how his jealousy, pain, and rage in relation to the person he has loved so overwhelmingly and whom he will now lose will cause the end of his career as a soldier. His speech of renunciation and despair finishes with: “Farewell! Othello’s occupation gone!” (Shakespeare 1622, III/iii/357).

gins to falter. Augmentation of wisdom (an aspect of the philosophic mind [Wordsworth 1807]) makes one increasingly able to bear losses and to distance defensive narcissistic delusions of promise. If lucky, one can continue for a long time to do good and even better work despite the ravages of age. One hopes to share the transcendent creative ability possessed by some fortunate (humble, as well as great and famous) creative nonagenarians, whose productions and performances even continue and improve.

We know more about life in old age from great writers, artists, composers, scientists, and inventors, since their works can be grasped, studied, and written about; the later years of performers and more ordinary people have to be seen or heard about or imagined from the reports of others. I am thinking, for example, of great conductors like Toscanini and Klemperer, who as very old men hobbled and stumbled to the podium, but were transformed almost miraculously in the direction of masterful agelessness as soon as they raised their batons. Such achievements in the face of senescence are among the mysteries of psychic health, of skills, talents, and genius. Creative functioning in the elderly helps restore and further powers of integration in life and in art—until the inevitable end approaches in that final age of man that, as expressed by Shakespeare (1623) in *As You Like It*, threatens to leave us in “second childishness and mere oblivion. Sans teeth, sans eyes, sans taste, sans every thing” (II/vi/165-166).

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*1199 Park Avenue
New York, NY 10128-1712*

e-mail: lsheng@worldnet.att.net

BOOK REVIEWS

IMPOSSIBLE TRAINING: A RELATIONAL VIEW OF PSYCHOANALYTIC EDUCATION. By Emanuel Berman. Hillsdale, NJ: Analytic Press, 2004. 279 pp.

As the American Psychoanalytic Association and local institutes struggle to redefine themselves and to reexamine their methods for determining psychoanalytic competence, this book makes a timely appearance. Its author, a seasoned training analyst, has changed and enlarged his theoretical perspectives over time. As a member of the Israeli Psychoanalytic Institute, he has also been part of the debates surrounding recent innovations there. His experiences have led him to label psychoanalytic training “exciting and gratifying . . . conflict ridden, complex” and “impossible” (p. 2), by which I take him to mean unfixed and always in need of change and reexamination. His years of teaching and supervising have culminated in a theory of psychoanalytic education based on a relational perspective.

Berman feels strongly that in order to approach a theory of analytic education, one must know its history. The first part of this book, therefore, is devoted to the early development of relational theory through an examination of the differences between Freud and Ferenczi, Klein and Winnicott. The historical account is compelling and the section on the development of relational analysis in America, well described (though essentially old ground for many readers). Furthermore, the link between this history and current issues of psychoanalytic education is not clearly established. While Berman states that he is not in favor of theoretical schools of thought that foment divisiveness, his own historical account is clearly biased in favor of a relational point of view. Ferenczi and Winnicott are cast as heroes struggling against the more narrow, rigid authoritarianism of Freud and Klein. While this is true in many ways, his is an oversimplified account. And when Berman de-

scribes Ferenczi as “a fearless soldier who threw himself on the barbed wire so that all his fellow soldiers could step on his body to cross a difficult fortified border” (p. 53), we know we cannot expect a balanced examination of the contributions of relational theory to psychoanalytic education.

Despite this limitation (to which I will return), Berman raises a great many salient questions about analytic training. In his chapter “The Utopian New Person Fantasy,” he points out how the idealization of so-called correct analytic technique and the elevation of the training analyst who exemplifies its use has had stultifying effects on psychoanalytic education and innovation. He questions whether *analyzability* as an abstract concept outside a particular analytic dyad has any meaning. He wonders about the supposed ability of admissions committees to choose who will become a competent analyst and whether institutes can properly evaluate members for training analyst positions. He decries the tendency to perpetuate from generation to generation outmoded ideas about what analysis is, what training should be—ideas that depend on unrealistic models of an almost-perfect analyst and the ideal analysis.

A most interesting part of the book then follows, in which Berman delineates the Israeli Psychoanalytic Institute’s recent struggle in challenging the Eitingon model of governance and training. For those who are in the midst of a similar reevaluation of their own institute’s structures and procedures, it is a section well worth reading. He describes beautifully the strong emotions, the debates, and the compromises that have evolved out of heated discussions. Many readers will be familiar with the controversies described, such as criteria for appointment as a training analyst and the policy of interrupting an applicant’s analysis because it is being conducted by a nontraining analyst. The way these issues have been resolved in Israel (at least for the moment) may provide comfort to those dealing with similar difficulties.

Berman is clearly in favor of granting candidates as much freedom as possible in choosing a personal analyst, in selecting supervisors, in deciding with the analyst whether or not to attend a class the analyst is teaching. He also favors a curriculum that includes a

wide range of electives. He points out the incestuous aspect of training analyses (where analyst and analysand have so many acquaintances and friends in common) and emphasizes the difficulties of analytic work under these conditions.

As I read his chapter on "The Trainee's Personal Analysis and Its Dilemmas," I wondered why, as long as we still have a training analyst system, some may remain reluctant to allow candidates who have more than one American Psychoanalytic Association-approved institute in their city to choose a training analyst from another institute. Why is it preferable for candidates to undergo a training analysis with someone within the institute that they hope to join? Is the decision to limit a prospective candidate's choice in this matter based on theoretical differences between approved institutes, on the need for institute cohesion, or on economics—the desire to help feed "our own"? To be fair, in New York, Boston, and perhaps other places, this restriction has been eased.

Another interesting and original chapter deals with supervision and what Berman calls its "intersubjective turn" (p. 185). It is full of vignettes that illustrate the author's relational approach to teaching, one that emphasizes knowing the supervisee quite well so that both teacher and student can examine together the candidate's history, his or her thoughts and feelings, and their effects on the intersubjective nature of analysis and of supervision. Berman's approach requires supervisors to be willing to reveal, at times, the ways in which their own histories, thoughts, and feelings influence the supervisory process. There is much to learn from this approach and some readers may wish, as I did, that more space had been devoted to this complex theory of teaching.

Here again we face a limitation in Berman's book. For while he has many valuable things to say about what a relational point of view may bring to psychoanalytic education, he does not explore in any depth the possible misuses and limitations of such an approach. For example, a candidate or teacher can use self-disclosure primarily for exhibitionistic or competitive reasons, or can substitute examination of the supervisory relationship for learning more about the patient. Or supervision can be used as a substitute for needed analytic treatment.

Berman's vignettes, designed to illustrate how a relational approach is helpful, are convincing as far as they go. They clearly demonstrate his sensitivity as a teacher. But they lack a kind of balance that I, for one, am looking for in any discussion of classroom teaching or supervision. A teacher makes choices: when to intervene, what to say, what to emphasize when. A choice made, a path taken, means another path cannot be traveled. I wish Berman had shown us the pros and cons of his choices: in choosing to emphasize a relational approach in any situation, what did he deemphasize or leave out?

Psychoanalytic teaching today, if it is not to be polemical or rigid, should encourage curiosity: what has this theory, this particular intervention, this question to the patient done to help our understanding, and what might it have curtailed? What are some alternative approaches and what might they add to our understanding? This notion of a balanced education that Berman claims to favor is not always modeled in his book, which, while scholarly and informative, tends toward the polemical. Despite this limitation, the author raises questions about the functions of our institutes and the state of analytic education that we all must face and try to answer, aware that our answers may change as our view of psychoanalysis changes from generation to generation. Berman has given us a gift by writing a book in which he calls attention to problems of psychoanalytic education and tries to respond to them from a firmly held relational perspective.

DANIEL JACOBS (BROOKLINE, MA)

HATE AND LOVE IN PSYCHOANALYTICAL INSTITUTIONS:
THE DILEMMA OF A PROFESSION. By Jurgen Reeder. New
York: Other Press, 2004. 318 pp.

Jurgen Reeder has delivered a bombshell in a plain brown wrapper. The wrapper is a scholarly literature review, to explore “a certain form of inhibiting structure that seems to arise easily within certain professional cultures” (p. 3), including psychoanalytic institutions. Reeder, a training analyst at the Swedish Psychoanalytical

Association, wrote this book on a research grant from the Swedish Council for Research in the Humanities and Social Sciences. Although he leaves us with no question about his own position, he lets others speak for him as often as he speaks for himself. There are twenty-seven pages of endnotes and a 31-page bibliography that add to the (false) first impression of a dry scholarly work.

The bombshell is that this carefully reasoned project is a compelling indictment of the way psychoanalysis has been taught for the past eighty years. Reeder defines an analyst's "professional superego" and an "institutional superego system" that together constitute a "psychoanalytic superego complex" that is perpetuated by analytic institutions. He argues that "through the presence of a superego complex the institutions have a tendency to betray the very analytical spirit for whose promotion they have been devised" (p. 6).

This conclusion is not new, as Reeder acknowledges; in fact, his exposition follows several thinkers who have propounded similar ideas. Balint, Bernfeld, Arlow, Dorn, Kernberg, Cremerius, Dulchin and Segal, and Gitelson, among others, are cited repeatedly in a book that contains close to 400 referenced papers. In terms of its findings, this book might be seen as the cautious older brother to François Roustang's wilder and more impetuous book, *Dire Mastery: Discipleship from Freud to Lacan* (also cited by Reeder).¹ It is as if Reeder has taken Roustang's sweeping conclusion—that psychoanalysis is so personal that the term *psychoanalytic society* is a contradiction in terms—and done the careful work of making and updating the case behind it.

One of the major contributions Reeder makes in this book is not heralded by the title, and at first may even seem out of place in the project. Reeder begins the development of his study of institutions in a chapter called "Psychoanalysis as Praxis: A Personal View." He presents his own work and thinking around a brief clinical vignette. In the process of doing so, he exposes us to something very personal and to some extent idiosyncratic. I found it hard at first to understand why he would inject something so

¹ Roustang, F. (1982). *Dire Mastery: Discipleship from Freud to Lacan*, trans. N. Lukacher. Baltimore, MD/London: Johns Hopkins Univ. Press.

clearly specific to him in a work that is ultimately about training and institutions. But that is precisely the point: Reeder demonstrates that *all* analytic praxis is personal and idiosyncratic, experimental and creative—and it is just these traits that are inhibited by the “superego complex” that pushes analysts in training toward what he calls “normalization” and away from original and creative work.

Apart from its role in introducing the thesis of the book, this chapter could stand alone as a profound look at what goes into clinical work and clinical thinking, including an impressive look at the proper use of theory. Reeder identifies three kinds of analytic knowing. The first is embedded in clinical work and grounded in the shared experience. It is a common-sense knowing within the transference matrix, and its immediacy makes it inexpressible in our usual theoretical language. That is its power, but also its vulnerability; it is always subject to corruption into ideology.

The second kind of analytic knowing is clinical theory, which is by nature divorced from the unique experience of the clinical moment. Reeder suggests that clinical theory is a way for the analyst to distance him-/herself from the clinical experience, and with that necessary distance to formulate ideas in a way that makes it possible to communicate them, to provide a check against the tendency toward ideology, and to bring something fresh back into the clinical work. The third kind of knowing is metapsychology, which serves the same function with respect to clinical theory that the latter does for clinical experience: it is a check against the ideologizing of clinical theory. Reeder asserts that theory is fiction, divorced from actual clinical experience; he says, in fact, “every theory is a symptom, an idiosyncratic interpretation, and a compromise formation” (p. 43). He continues:

Fantasy characterizes psychoanalytic thinking from beginning to end. When, for example, Wilfred Bion describes how an analysand takes a part of the analyst into himself, as if sucking something out of him, and then expels it to have it deposited in a corner of the office . . . this is a fantasy that Bion offers . . . the analysand on the basis of their transference relationship The same fantasy function

has to be engaged in the construction of clinical theory.
[p. 43]

This kind of theorizing cannot be borrowed by another analyst; but we can take Bion's idea (fantasy) and deconstruct it, and make it our own (fantasy) through a process of assimilation. By this view, the idea of a "correct" theory makes no sense; theory becomes a heuristic device for the analyst to take back to the consulting room once it has been transformed into his or her own. It is only when received knowledge has been assimilated that the analyst is in the position to discover the analysand anew.

Reeder outlines the central functions of psychoanalytic training, beginning with candidate selection, and including training analysis, supervision, and seminars. He traces their historical evolution, starting with Freud and his disciples, who were self-selected by their curiosity and excitement about the task, motivated by the search for truth. Reeder contrasts this with the "professionalism" that followed—the word implying standards and membership, among other things—beginning with the formation of the Berlin institute in 1918, the creation of the class of training analysts, and what has come to be known as the tripartite model. The shift to professionalism meant an emphasis on protecting the profession from misbehavior and a concomitant de-emphasis on originality and creativity. This "normalization" of analysis and the vesting of all power in the training analyst caste laid the groundwork for a paternalism aimed at making the candidate accept anything that he or she is taught by supervisors, and encouraging an uncritical identification with authority. The centralization of power in analytic societies and governing bodies furthered this tendency and continues to the present day.

Reeder tracks the development of each of the training functions and shows how they have been corrupted by the institutional demand for normalization: applicants are chosen for their lack of disqualifying characteristics, rather than for their talent and motivation; the training analyst (especially in the past, when he or she had a direct say in the analysand-candidate's progression) serves as

a judge and controller of the candidate's process, thereby violating the vital function as guardian of the analytic situation (and therein communicator of the analytic ethos); the supervisor (also a training analyst) has the authority to intervene in the candidate's analysis by giving the candidate an assignment to take up something there; and the faculty has the power to judge. In each case, any difficulty the candidate (or colleague, for that matter) met with could be attributed to psychopathology or inadequate analysis. Even now that the training analyst is officially nonreporting, indirect influence through "unofficial" channels continues. The system breeds suspicion and fear, creating a paranoid atmosphere at the heart of psychoanalytic collegiality. This is the "hate" of the book's title, which the author sees as a projection arising from the super-ego complex.

Reeder illustrates this phenomenon brilliantly in his description of what he calls "the pursuit of the psychopath" (p. 181). Psychopathy "functions as a code word for establishing disapproval or depreciation of both candidates and colleagues" (p. 181). It begins with the admission process being turned into a kind of psychopathology seminar, rather than an assessment of ability, and continues through training as all questioning carries the threat of being sent back to the couch. *Psychopathy* is the ideal code word because, as Kernberg (cited by the author) pointed out, one of the psychopath's characteristics is the ability to hide his or her psychopathy (p. 182). So the candidate may be labeled, or the candidate's analyst implicated, in the exercise of political rivalry or power. Eventually, the system encourages a low (and presumably uncreative) profile and an identification with the aggressor.

Unlike Roustang, Reeder does not think the outlook for analytic institutions is hopeless. In his final chapter, he proposes some changes, which he concedes will not fix everything but which could improve the situation. To begin with, he recommends abolishing the training analyst designation. He thinks the candidate's analysis needs to be completely independent of the institution. Anyone meeting a standard of experience as an analyst should be able to analyze candidates. Further, he sees no reason why the ana-

lyst should necessarily be of the same institute; the analysis should be a requirement, but not a part of the training system itself. Reeder personally favors the Paris Psychoanalytic Society's system of having much or all of the analysis take place prior to application for candidacy.

Besides the educational advantage of divorcing the analysis from the training, Reeder is of the opinion that for an analysis to serve the purpose of contributing to the future analyst's work, it must be sought for therapeutic reasons, i.e., motivated by real pain; only then can the candidate have the experience he or she needs in order to be able to apply it to future work with patients. Personal analysis should be a prerequisite for graduation, but otherwise should have no part in the training program.

Next, Reeder advocates strengthening the supervisory system. Here the particulars are less clear, but he believes that anyone qualified to analyze a candidate should be qualified to supervise one as well. The candidate should have complete control in choosing from qualified supervisors, as he or she does in choosing an analyst. The supervisor should be prepared to deal with problems directly, without passing them off to the candidate's analyst, but also "without [the supervision's] being transformed into a new analysis" (p. 235). Reeder's very next paragraph unintentionally underscores the complexity of this point, when he refers (I think inadvertently) to supervisors and "their *analysands*" (p. 235, italics added).

Other recommended steps include seeking younger candidates, making power as transparent as possible, involving the candidates in their own evaluation process, and so on. The author does not have a specific format in mind (although he approvingly cites Kernberg's university model), but rather suggests that we need to experiment more. The goal is to give the candidate an experience in exploring ideas for him- or herself, rather than to pass on a doctrine.

Reeder is concerned in this book with identifying a fundamental problem at the center of analytic training, and he succeeds admirably in bringing this into sharp focus. He is less concerned

with the particulars of how to fix it—his final chapter is called “Concluding Reflections,” not “Solutions.” Reeder might be faulted for neglecting to take on the problems that the current system evolved to solve: how do we establish and maintain a body of analysts whose ethics and abilities are “good enough” (a phrase Reeder abhors) to ensure that analysands get what they need, or for that matter, to make it possible to say who is an analyst? The “search for the psychopath” may be a witch hunt, but that does not mean there are no psychopaths in our field. The conditions in place when Freud’s followers gathered around him out of love and curiosity no longer obtain; and as Roustang pointed out, even Freud’s open-mindedness became a demand for discipleship and an intolerance of dissent. A cynic might add that the looseness about confidentiality, not to mention such serious boundary violations as Jung’s involvement with Sabina Spielrein, as well as allegations of improper behavior on the part of other analytic pioneers, would suggest that our idealization of the Vienna Circle as a model for training is misplaced.

But that is not what this book is about, and we cannot fault Reeder for not choosing to write a different one. Here Reeder makes a compelling case that the current system does more harm than good, that our analytic institutions undermine the ethos of analysis. And at that task, he has succeeded impressively.

LEE GROSSMAN (PALO ALTO, CA)

THE BIRTH OF THE MIND: HOW A TINY NUMBER OF GENES
CREATES THE COMPLEXITIES OF HUMAN THOUGHT.

By Gary Marcus. New York: Basic Books, 2004. 278 pp.

Enormous progress has been made in just the past few years in understanding the way genes work. The human genome has been mapped out, as has the genome of a growing number of other species, including some of the primates to whom we are most closely related. We are on the threshold of solving some of the most challenging mysteries contained in how DNA prescribes and controls the way in which life forms are built and how they function.

We also are getting closer to better understanding our kinship with other species of life.

In this volume, Gary Marcus, Associate Professor of Psychology at New York University and a career laboratory investigator, takes us on a dazzling, whirlwind tour of the way in which genetic forces embryologically construct the human baby's brain and prepare it to tackle, comprehend, engage, and conquer the world. Reading the book is like attending a series of brilliantly clear, artfully constructed lectures that are as entertaining as they are informative. I consider myself fortunate to have taken the course and I heartily recommend it to others.

To quote the author:

The goal of this book is to unite the results of groundbreaking scientific research with studies of the psychology of humans and other animals—in other words, to take insights from the genome and use them to revamp our understanding of nature, of nurture, and of how they work together to create a human mind. [p. 11]

Marcus quickly gets to his central thesis: that the human brain is constructed in such a way as to prepare the newborn child to make immediate, effective use of the environmental input it encounters, and to do so in a remarkable fashion that deftly interweaves adaptation to the world and the establishment of control over it. Over the course of evolution, we have acquired genetically encoded, built-in capacities, which are active immediately upon birth, enabling us to accomplish this to a degree that no other species can match. One key ingredient is the ability to learn, and to learn rapidly and extensively; another is plasticity, that is, the ability to modify oneself so as to obtain a fortuitous fit with the particular details of what will be encountered in life: “We are more than anything else, born to learn . . . Nature bestows upon the newborn a considerably complex brain, but one that is *prewired*—flexible and subject to change—rather than *hardwired*, fixed and immutable” (p. 12, italics in original).

Marcus cites experimental evidence indicating that the neural architecture required to deal in species-specific fashion with the external world is fully present at birth; but it also depends upon experience to further shape and develop its functioning. For example, it is clear that ocular dominance columns in the brains of kittens “develop *in two stages*: a period of initial organization that does not require experience, and a later stage of [flexible] fine-tuning that does—rough draft followed by calibration” (p. 33, italics in original). He emphasizes that nature and nurture are inextricably interwoven: “Genes are useless without an environment, and no organism could make use of the environment at all if it were not for its genes” (p. 7).

Human genes, he maintains, are uniquely designed to produce beings with a capacity for communication and social interaction that is unparalleled elsewhere in nature. He seeks to “place the human brain in its evolutionary context . . . [and to] . . . take on the question of why humans, but not chimpanzees, are able to speak and acquire rich culture, given that our genomes are 98.5 percent similar” (p. 13).

He states:

I have occasionally heard psychologists talk as if all it would take to get a baby chimp (or baboon) to act like a human would be a loving human home. But every attempt to raise nonhuman primates in human environments has been a failure; no amount of Head Start will give us a talking chimp or a chimp with one-tenth the cultural variation found in humans The very ability to acquire culture is, I would suggest, one of the mind’s most powerful built-in learning mechanisms And that brings us to another learning ability no other animal appears to have: the gift for acquiring a communication system with the richness and complexity of language, a system for communicating not just the here and now, but the future, the possible, and the dreamt of. [p. 27]

As he notes:

We are awfully talented at learning new words A handful of chimps that have been exposed to sign language have done significantly better [than vervet monkeys], but even for those chimps, learning words seems to be a slow, painful process. Kanzi, the Albert Einstein of chimps . . . produces only about 250 words (lexigrams) after many years of constant contact with her eager caretakers. [p. 28]

Marcus states, furthermore, that: "Human children, unlike chimps of any age, are able to use what they know about one word (or set of words) to help them with another . . . [and] no other species seems to be able to make much of word order" (pp. 28-29). At this point, he launches into the main part of the book, which deals with (1) the way in which genes operate to form the brain and determine how it works, and (2) why our brain is able to be so enormously different from that of our nearest primate relative, even though only one and a half percent of our genome is different from that of the chimpanzee. He points out that genes do not express themselves as single units producing single, point-to-point effects, but in a complex, "IF-THEN" fashion that is similar to the mechanism that operates in computer software, and they do so in such a way that the activity of each gene influences multitudes of other genes in *their* activity. Variation in but a few well-placed genes can have an enormous effect on the structure and functioning of an organism. The fact that but 500 or so of our 30,000 to 33,000 genes are different from those of a chimpanzee does not prevent those numerically relatively few differences from making us profoundly different:

Rather than acting in absolute isolation, most genes act as parts of elaborate networks in which the expression of one gene is a precondition for the expression of the next. The THEN of one gene can satisfy the IF of another and thus induce it to turn on. In this way, a gene that is at the top of a complex network can indirectly launch a cascade of hundreds or thousands of others, leading to, for example, the development of an eye or a limb. [p. 61]

Marcus describes the way in which genetic “codes” regulate the process of embryological brain formation via the effect of specific genes that regulate “division, migration, differentiation, and planned cell death” (p. 72) in each species:

Genes guide neural development in precise and powerful ways, modulating virtually every process that is important in the life of a cell, by controlling the production of the enzymes and cellular components that give neurons their shape and form, by controlling the placement and guidance of the motors that move these cells, and by issuing the commands that, when necessary, lead to their death. [p. 74]

The formation of the brain is determined by the action of genes operating not singly but multiply, via “combinatorial cues and segmentation by gradually sharpening gradients Both provide ways of genetically inducing different parts of the brain (or body) to take on different functions” (p. 86). Genes also are extensible, that is, they are used many, many times as they act, and, via the utilization of chemical gradients, “a whole slew of cells can express the same gene, *but to different extents*” (p. 157, italics in original). “Such gradients,” Marcus notes, “allow thousands, even tens of thousands, of axons to organize themselves in a precise fashion using a tiny number of genes” (p. 158):

Instead of vaguely telling axons and dendrites to connect at random to anything else, which would leave all the burden of mind development to experience, nature provides the brain’s wires . . . with elaborate tools for finding their way on their own The precision with which an axon can find its way to its destination depends on its ability to sniff out just the right kinds of signals At least half a dozen major families of molecules play roles in axon guidance. [p. 95]

Internal regulation is only half the developmental story, however:

The same genes that are used to adjust synapses based on internal instruction can be reused by external instruction Animals . . . can alter their nervous systems on the basis of external experience. And the reason they can do it is that *experience itself can modify the expression of genes* Genes play an important role throughout life . . . and one of the most important ways in which they participate throughout life is by making learning possible. [p. 98, italics in original]

But there are important limitations to the effect of experience:

Not every gene or every brain connection can be modified by experience. Each species has different ways of connecting experience to gene expression The point is that whatever we do learn is made possible, in one way or another, by specific genetic mechanisms. Whether a particular species can learn a song or a sentence depends on the IFS and THENS that make up the genome. [p. 99]

New life forms emerge periodically in the evolutionary process, via “mutation, duplication, [and] divergence” (p. 115) within the genome. Marcus describes these mechanisms in some detail. Some of the changes have survival and reproductive advantage, so they persist, while with others it is just the opposite. A difference of 500 out of 30,000 genes can lead to extraordinary differences among species if it implicates master genes that affect many other, key regulatory genes, such as the ones that generate production of the “semaphorins and ephrins that guide the growth of the brain’s wiring” (p. 121), the genes that create cell adhesion molecules to which dendrite and axon growth cones are directed, and so on.

In the course of evolutionary progression, mammals have developed the four-millimeter-thick, six-layered, cortical sheet—the neocortex—that makes mammals so powerful. The brain has become extremely complex in cats, dogs, monkeys, chimpanzees, and humans, even though the basic layout is the same in all mammals. What makes our species uniquely powerful, however, Marcus main-

tains, is language: "If learning is the genome's most powerful trick for moving beyond itself, language is arguably the most powerful tool for learning—the mother of all learning mechanisms and the single thing that makes humans different" (p. 124).

"But why is it," he asks, "that we have language, and our chimpanzee cousins, who share more than 98 percent of our genetic material, do not?" (p. 128). Neuroscientists are close to answering this question, although it turns out to be a far more complex matter than once was thought: "Part of the problem is that we haven't yet figured out exactly what it is about the mind and brain that allows us to learn and use language in the first place" (p. 128). It turns out, as indicated by PET Scan and MRI studies, for example, that language involves not only Broca's and Wernicke's areas, but many other areas in the brain as well (and those two areas are involved in more than just language): "Just as there is no simple one-to-one mapping between genes and brain areas, there is no simple one-to-one mapping between brain areas and complex cognitive functions" (p. 129).

Marcus assumes that language did not develop in human beings out of general intelligence, but *together with it*:

Data are scarce when it comes to humans, but animal models suggest that . . . neural machinery for new tasks evolved as novel combinations of mostly preexisting components . . . 95 percent of the genes involved in the circuitry for building language also participated in the construction of other mental capacities . . . Because of the richness of gene regulation, a single gene may be used multiple times in the service of radically different functions . . . If the neural substrates of language are built using the same genetic cascades as the neural substrates of general intelligence, we shouldn't be surprised that some disorders affect both. [pp. 133-135]

He cites the many different forms that dyslexia takes to illustrate the complexity of auditory, visual, organizational, and motor functions implicated in language. He asks:

If language is an amalgam of off-the-shelf components shared with other primates and a small number of human-specific components, which human-specific components might have made the difference? One possibility is that something special about human *social* cognition might have been significant. For example, both Michael Tomasello, an expert on primate social cognition, and Paul Bloom, a psychologist whose principal interest is in how human children learn words, have contrasted chimpanzees' apparent ineptness in understanding the goals and intentions of others with human children's relative facility for such things. [p. 136, italics in original]

From birth, he notes, human children are keenly attuned to the rhythms, cadences, and phonemic patterns they hear when their parents and others speak to them. Cats and dogs also appear to focus attentively on people's voices and body language, with seemingly keen interest in what they are thinking and feeling, while chimpanzees do not seem to demonstrate such interest. "From the time children start learning the meanings of words," Marcus indicates, "they recognize that it is important to take the beliefs of others into account" (p. 137).

Another crucial factor in the acquisition of language is recursion, the "ability of humans to combine simple elements into more complex ones that *can in turn serve as elements in further combinations*" (p. 138, italics in original). Significantly, "the evolutionary addition of a new data structure for recursion—which is mathematically close to what programmers use to store folder structures—could be tiny from the genetic perspective, but profound in its consequences for communication and thought" (p. 139). Such an addition might have occurred slowly in the course of time or it might have occurred relatively quickly. It is not yet clear which one it may have been.

An interesting finding is that:

A disproportionately large number of the differences between our genomes and those of chimpanzees are found

in what are called the *CpG islands*, stretches of DNA that are strongly associated with the regulatory IF sequences that govern when genes are expressed. In fact, although less than 1 percent of other sequences differ, roughly 15 percent of all CpG islands differ from chimp to man. [pp. 142-143, italics in original]

Understanding the origin of language requires appreciation, Marcus points out, that a relatively small number of new genes can powerfully affect the workings of preexisting ones: “The genome encodes structure not as a bitmap but as a process,” in which “genes work in combination, not isolation,” so that “the incremental effect of adding a new gene to a genome may not be linear but exponential” (p. 156). Genes work, furthermore, via a compression-decompression process similar (and actually superior) to that employed by computer engineers to transmit huge amounts of information through relatively narrow bandwidth.

In addition, the long strips of nucleotide-sugar molecules of which genes are composed can fold into multiple configurations, each of which may have a different impact on the forming of the embryo. Researchers also are just beginning to figure out what the heretofore, presumably “silent” portions of DNA between those that have been identified as active actually do and what the bits of microRNA or “pseudogenes” that are generated by some of our genes do after they are produced. Genetic functioning is an exceedingly complex process, and it is becoming increasingly evident that a relatively small number of genetic differences among different species can lead to enormous differences among those species. Nature appears to operate so parsimoniously that, in terms of genetics, quality tends to rule over quantity.

Genes also are not static in their expression:

Molecular biologists cannot simply discern from an organism’s genome what its finished product will look like. The *Bicyclus anyana* butterfly (which . . . grows up to be colorful if it is born in the rainy season but gray if it is born in the dry season) and fish that change their gender

(according to the presence or absence of a large, dominant male) show how obsolete the one genotype-one phenotype idea is. A single genome can be expressed in many different ways; there is no one-to-one mapping from genotype to phenotype. [pp. 166-167, *italics in original*]

Finally, Marcus describes beginning efforts at developing genetic treatment for a variety of ailments, including neurological ones. We are nowhere near developing such treatments for emotional ones. He expresses hope that neuroscience will yield “insight into the precise nature of the complex interactions between nature and nurture” (p. 177), but acknowledges that that lies in the future. As yet, it is possible only to raise questions rather than provide answers—but isn’t that what science is all about? Marcus is to be commended both for what he provides in the way of information about the way in which genes work and for the refreshing humility with which he refrains from offering more knowledge than he possesses. This book was so stimulating and even exciting to read that I fully expected to hear at the end that startling clinical cures were beginning to emerge from genetic research laboratories. Unfortunately, I had to accept that I was being more hopeful than realistic in this regard. Genetic reconstructions to cure physical and emotional ailments continue to reside beyond the horizon at present. But we do seem to be approaching that horizon line. As Confucius pointed out, a journey of a thousand miles begins with a single step.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

THE ETHIC OF HONESTY: THE FUNDAMENTAL RULE OF PSYCHOANALYSIS. By M. Guy Thompson. Amsterdam/New York: Rodopi, 2004. 182 pp.

M. Guy Thompson's *The Ethic of Honesty: The Fundamental Rule of Psychoanalysis* challenges the reader to revisit and rethink Sigmund Freud's basic principles of psychoanalysis through the prism of philosophy. Thompson illustrates how these tenets have become

blurred and diluted as psychoanalysis has evolved from its beginnings.

He devotes a chapter to each of eight technical principles. In the preface, he claims, "My method is to examine these technical principles and their tributaries phenomenologically, which is to say, from the analyst's *lived experience*, by exploring their internal consistency as they emerge from a clinical context" (p. xv).

Thompson begins with an examination of the fundamental rule. He builds his argument by citing Laplanche and Pontalis, Moore and Fine, Rycroft, and Strachey, and then shows how each fails to convey the essence of the fundamental rule in its entirety. He distinguishes free association from the fundamental rule, which entails a *pledge* to be absolutely honest with another person and never to leave anything out. In this first chapter, he discusses psychoanalysis and jurisprudence, Freud's conception of the super-ego, and guilt and authenticity, bringing in Heidegger, Sartre, and Rieff in order to compare and to contrast their concepts of guilt with Freud's.

In chapter two, "Thinking through Free Association," Thompson contrasts Lipton's and Greenson's definitions of free association, then compares them with Freud's, concluding that "Lipton's and Greenson's respective conceptions of free association rely almost entirely on analytic interpretation in order to fathom the unconscious meanings of the patient's discourse, while dismissing the efficacy of self-disclosure as a mutative agent" (p. 26). Thompson teases out the complexities inherent in free association and contrasts the phenomenological manner of spontaneously experiencing what one is saying by hearing it, with intellectualization and rationalistic comprehension. He concludes: "Whereas the epistemological point of view assumes the ability to comprehend one's experience is of critical importance, the phenomenological view holds that the ability to experience one's self-disclosures is the mutative element of psychoanalysis" (p. 34).

In chapter three, "The Way of Neutrality," Thompson again uses the opinions of others, including Schafer, Moore and Fine, and Laplanche and Pontalis, as a background against which to

highlight his own views and arguments. He is less successful here, but when he turns to the concept of hubris, he regains his footing. He sorts out “taking no sides” from “giving the impression of always being on the patient’s side, regardless of the foolishness a patient is bound to get into” (p. 49). He then segues into a discussion of neutrality from the philosophical viewpoint of skepticism. “Freud’s emphasis on the primacy of subjective knowing—i.e., knowledge that is rooted in personal experience—over theoretical or technical instruction is consistent with a skeptical sensibility” (p. 50).

He concludes the chapter with a discussion of the relationship of neutrality to abstinence. Neutrality, he points out, is specifically concerned with “the way the analysts divide their attention during the analytic hour, which is to say, with the analysts’ state of mind and the manner by which they bring their thoughts to bear on what their patients confide” (p. 52). He contrasts neutrality with the rule of abstinence, which is concerned specifically with those feelings that prompt analysts to behave seductively. He devotes much of this chapter to looking at how the distinction between neutrality and abstinence became muddled over time and offers his ideas about how Freud meant those terms to be used.

In the chapter devoted to the rule of abstinence, Thompson compares Greenson’s view of abstinence with those of Freud, who emphasized that:

The patient’s need and longing should be allowed to persist in her, in order that they may serve as forces impelling her to do work and to make changes, and that we must beware of appeasing those forces by means of surrogates. [p. 64]

The emphasis here is on withholding satisfaction. Later, Freud added another dimension to his view. According to Thompson, Freud argued that interpretations, which are meant to thwart the (unconscious) gain that patients derive from their symptomatology or from their (transference) relationship with the analyst, are essentially a tool of abstinence.

Thompson devotes the rest of the chapter to an intriguing discussion of Freud's views about human nature, the Enlightenment, the Romantics, and the irreconcilable tension between them and the impact they had on the development and history of psychoanalysis. With the comment that the relationship shared with the analyst is the fulcrum on which the patient's experience of abstinence is rooted, Thompson segues into the chapter on transference.

In "Phenomenology of Transference," Thompson proposes to

. . . examine Freud's conception of the transference with the aim of unearthing previously neglected elements of what the concept was originally intended to explain; in other words, I shall endeavor to determine specifically *what* transference is and the manner in which it is *experienced* by patient and analyst alike. [p. 79, italics in original]

He develops his argument that Freud's views about transference were rooted in his observations about the nature of love. He discusses Freud's three categories of the transference experience and concludes that it may serve both as a resistance to treatment and as the principal motive to persist in treatment. He also considers accusations that Freud handled transference ineffectually. In the Dora case, Thompson states, Freud learned the importance of eliciting the patient's candor: "The patient's capacity for candor now served a dual purpose: a) the revelation of secrets and, b) the resolution of transference. It was at this juncture that Freud's conception of analysis shifted from determining causation to instilling rapport" (p. 87). Thompson devotes the remainder of this chapter to the unobjectionable portion of the positive transference and the human need for friendship.

In chapter six, "The Enigma of Countertransference," Thompson states his position that:

The fundamental principles of psychoanalytic technique cannot be taken alone in absentia if one expects to benefit from their counsel. Since each interpenetrates the others,

in order to understand the function of one it is necessary to examine its facility in relation to the rest. [p. 95]

Thompson reviews some of the implications of the shift in the psychoanalytic conception of countertransference, and then urges a return to the original meaning that Freud gave to the term. In so doing, he advances another argument against what he sees as “unbridled use of interpretation, which may serve as a previously unrecognized source of countertransference intrusion” (p. 95).

Thompson begins with Freud’s idea that countertransference is essentially an unconscious phenomenon that impedes the analytic process. He links it to neutrality, which is most often breached by the commission of therapeutic ambition, and abstinence, which is violated when the analyst loses control of his or her emotions. He contrasts this way of using the term *countertransference* with the meaning given to it by Racker, that of a mode of communication. He quotes Winnicott at length, who believed that countertransference was “whatever spoils the analyst’s capacity to use his or her mind in a professional manner” (p. 103). He argues that “Racker’s conception of countertransference provides the analyst with unlimited power to impose upon the patient’s experience whatever the analyst imagines the patient’s experience is or should be” (p. 107).

Thompson introduces the topic of chapter seven, therapeutic ambition, as possibly the most obscure of Freud’s recommendations on technique. He locates its first appearance in Freud’s writings on the rules of abstinence and neutrality. While Freud failed to cite even one example of what he meant by therapeutic ambition, Thompson claims that “the overzealous use of interpretation is probably the most common violation of the rule against therapeutic ambition” (p. 109). He devotes this chapter to examples of what he believes are faithful to Freud’s admonition against such ambition and those he perceives to be at odds with it. In the first category, he offers comments by Fromm-Reichmann and Will. In the second category, he returns to his criticism of Racker, and he skewers Bion: “It is both Bion’s attitude and the force of his inter-

pretations that exemplifies the hubris of therapeutic ambition" (p. 119). He concludes with the observation that the time has come to question what we take our goals to be and the methods we employ to achieve them.

In the eighth and final chapter, "The Existential Dimension to Working Through," Thompson engages in an exploration of Freud's use of the term *working through*, which Thompson takes to mean *working through resistance to treatment*. By quoting from Moore and Fine and from Klein, he highlights ways in which these authors differ in their understanding of the term. To make his point, he at times quotes their words and then distorts what they have said. He contrasts what he sees as their reduction of working through to a rationalist form of activity, to Laplanche and Pontalis' and his own emphasis on the analysand's *experiencing* working through. He further elucidates Freud's technical principle of working through by citing Gray's writings about analysis of resistance and his criticism of Freud's conservative treatment strategy.

Thompson returns to a philosophical examination of experiencing, after stating that

. . . to genuinely "free" associate assumes nothing less than—forgive me—opening one's heart to another person, by taking that person into one's confidence and confessing one's innermost existence. Hence "working through" the resistance entails the ability to recover the capacity for candor that was momentarily lost. [p. 133]

Thompson concludes his last chapter with the reminder that therapy patients are never obliged to, but "they are nonetheless obligated, whether they like it or not, to live the choices they make and, finally, to make their peace with them, for better or worse" (p. 141).

Thompson's arguments are controversial in ways that stimulate reflection. His pairing of technical principles, playing one against another in order to both clarify their meanings and illustrate their ambiguity, is effective. This volume is decidedly not a how-to book; rather, it is a "how-not-to" book.

SARA S. TUCKER (CLEVELAND HEIGHTS, OH)

KEY PAPERS ON COUNTERTRANSFERENCE. Edited by Robert Michels, Liliane Abensour, Claudio Laks Eizirik, and Richard Rusbridger. London: Karnac, 2002. 149 pp.

Perhaps one of the most interesting ways to map the history of psychoanalysis is through the evolution of the concept of countertransference. It is a subject that has created much controversy, anxiety, and fascination. It is even possible to map divergent schools of thought by their use and relationship to countertransference. Initially viewed by Freud as the unhelpful stirring up in the analyst of unanalyzed and potentially disruptive impulses, it has developed into a central, sometimes *the* central, aspect of treatment, and is commonly accepted as a potentially mutative force in the work. This book succeeds in providing a comprehensive yet concise historical overview of the uses of countertransference, as well as an informative summary of current perspectives on the concept in different intellectual communities around the world.

Starting with North America, Theodore Jacobs reveals how countertransference has come to take such a central place in contemporary theory. Interestingly, he traces both the two divergent currents in the understanding of countertransference to Freud, the first being the more familiar view that the analyst is limited by his or her own neuroses. However, Jacobs also traces the opposite view of countertransference—that it is not only inevitable, but a way to access the unconscious of the patient—to Freud's recognition that analysis involves unconscious communication between the two participants. He suggests that Freud's advice to the analyst to attune his or her unconscious to that of the patient, much as a telephone receiver is attuned to the transmitting apparatus, paved the way for the idea that countertransference contains elements of the unconscious of the patient, and that unconscious transmission is a two-way street.

Jacobs presents a rather exceptional overview of the history and current usage of countertransference. In a fair and unbiased manner, he traces the origins of current viewpoints back to Ferenczi, Stern, Deutsch, Glover, Strachey, Low, and Fliess. He explains the

liberating step in the use of countertransference as a consequence of World War II and the widening scope of the type of patients seeking treatment. He does not simply limit his discussion to Heimann's seminal work, but also identifies Winnicott and Little as substantial influences in the evolution of countertransference. Winnicott demonstrated that the evocation of intense feelings in the analyst is an essential part of the treatment, and Little exposed the analyst's conflicting motives of reparation and unconscious aggression, which result in simultaneous wishes to cure and to keep the patient ill.

Jacobs explores how Reich's work in the 1950s and '60s solidified the view of countertransference as an interference, leading to a general silence in the United States regarding this issue. Changes appeared only in the mid-1970s, with shifts in power in the psychoanalytic world such that ideas outside the Freudian canon became influential. The works of Racker, Klein, object relations theorists, and self psychology proponents led to newer ideas, including the subjectivity of the analyst and the relationship between intersubjective aspects and the intrapsychic world. These continue to be rich and intriguing areas of exploration, and Jacobs includes a discussion of several current controversies surrounding them.

My only critique of such an expansive and thorough analysis of the concept of countertransference in North America is the relatively minor influence ascribed to relational theories, which, although relatively recently developed, have certainly had a major impact, albeit a controversial one, on the theory of countertransference in the United States.

From the viewpoint of British psychoanalysis, Hinshelwood provides a detailed description of the Kleinian approach to countertransference, with a brief historical introduction followed by an excellent comparative overview of its use amongst different schools. Many British Kleinians have accepted the implications of Heimann's claims that the analyst's emotional response is part of treatment and an important tool in understanding the patient's unconscious. Money-Kyrle added that it is necessary for the analyst to be in receipt of the patient's disturbance and in turn to be dis-

turbed. For Kleinians, an important part of the analyst's work is to determine what figure he or she represents for the patient at any given moment, while retaining knowledge of who he or she is to themselves.

The British independent group of analysts was influenced by many of Ferenczi's ideas, brought to London by Balint in the 1930s. This led to the more object relational concept of an interplay between transference and countertransference. Winnicott, too, saw the relationship between transference and countertransference in a more holistic manner, as an area constructed by both parties that could not be simply picked apart according to its separate contributions. Thus, Kleinians differ from independents in how they attend to the space between analyst and patient, with Kleinians analyzing this space in intrapsychic terms rather than intersubjective ones. For Kleinians, the risk of impinging on the patient's intrapsychic world, viewed as a violent form of object relating, is too great to support venturing into the concept of a mutually constructed transference-countertransference dynamic.

Hinshelwood then proceeds to provide a brief yet insightful comparative analysis of different schools' understanding and usage of countertransference. This is valuable both for students attempting to grasp the concept and for experienced clinicians wanting an overview of this complex issue.

From the Latin American view, Bernardi approaches the concept of countertransference by exploring the work of Racker and the Barangers in Argentina and Uruguay. In 1948, Racker, working simultaneously with but separately from Heimann, presented his idea that countertransference could be used as an instrument for understanding the patient's unconscious. Racker, drawing on works of both Freud and Klein, posited the interdependence of transference and countertransference, which he saw as forming a unity, each being constantly affected by the other. He described different modes of identification that arise between patient and analyst as *concordant* and *complementary* countertransferences, terms that are now familiar to all and that are closely interdependent, attesting to the brilliance of Racker in teasing out the complexity of the processes involved.

Madeleine and Willy Baranger, who published their ideas in the early 1960s but are less well known in the United States, foreshadowed many of the current usages and theories of countertransference. Their central concept was that analysis gives rise to a new *gestalt*, a bipersonal or basic unconscious fantasy of the couple that is quite different from the fantasies of the two individual participants. The shared unconscious fantasy is considered to be a new structure created between the two, with the analyst's involvement remaining constant rather than constituting a sudden impingement. In fact, the analyst must specifically allow him- or herself to be involved with each analysand.

Bernardi also takes us into the 1970s, where the influence of Lacan led to a new dialectic—no longer between Freud and Klein, but instead between Klein and Lacan. Following a discussion of the Barangers' work, Bernardi describes the contribution of Lacan in emphasizing asymmetry in the analytic relationship, and the idea that the "work does not consist in the unflinching exhaustion of 'imaginary petting'" (p. 107). The Barangers differed from Lacan in maintaining the concepts of unconscious fantasy and projective identification.

Bernardi does an excellent job of showing how the incorporation of new ideas has resulted in a rethinking and reworking of clinical concepts and practice. His focus on these major contributors allows the reader to gain a clear overview with depth and some insight.

Countertransference in France is addressed by Duparc, who begins with a historical perspective, followed by a presentation of the work of eight analysts who have contributed significantly to current theories. Duparc does well in opening the chapter with an explanation of why France, like the United States, began to seriously address countertransference only in the 1970s. He links the earlier silence to the disparaging way that Lacan viewed countertransference: prejudicially, as an embarrassment or impediment to the treatment. According to Lacan, the concept of countertransference suggested an imaginary, mirror-type, dual relationship between patient and analyst, instead of a language-mediated, triangu-

lar one. It also placed too much focus on preverbal, affective, and maternal influences. Duparc is critical of Lacan, suggesting that he refused to question himself, which was possibly linked to the "brevity of Lacan's own analysis and his difficulty, for which there is substantial evidence, in tolerating more than a modicum of transference from his patients" (p. 121).

Duparc then proceeds to detail the various contributions of more recent authors, highlighting theories of countertransference as a component of the *analytic space*, a concept described as a central organizing one for most French analysts. Countertransference is not considered a hindrance or a totality, or as something that requires self-analysis; rather, transference and countertransference are a dynamic couple operating in an analytic space that is both psychic and metapsychological. This space comprises both the topography of the interaction and the setting itself, and cannot be reduced to any single aspect of the experience of one or the other participant. The importance of the space viewed in this way can be traced to the influence of Winnicott, who helped the next generation of French analysts break free from Lacan's influence.

Unfortunately, Duparc then proceeds to list the contributions of several analysts in a section that becomes too dense and too brief to be fully appreciated. It might have been more helpful for the reader had he limited himself to the work of one or two of them, or continued to describe broader trends. The contributions that nevertheless stand out are, first, that of Viderman, who states, "It is because of the countertransference that things escape us; but it is by virtue of the countertransference that we perceive everything else" (p. 49). Second, de M'Uzan is characterized as one of the most original thinkers on countertransference; he describes the nature of the regression required of the analyst, whereby the analyst's psychical apparatus can be placed at the patient's disposal to create a kind of chimera endowed with a life of its own. De M'Uzan also conceives of the analyst's experience as a floating sensation, close to that of a slight depersonalization or sense of strangeness; he explores the interpenetration and the psychic receptivity required of the analyst.

Finally, Pontalis sketches out a scale of countertransferences. What begins as the analyst's own enterprise or project moves first to the second level, one of surprise, where there is psychic resonance with a sensitive point in the analyst. Then, at the third level, the countertransference takes hold in a place permanently assigned to the analyst, and at the fourth level, there is mastery, the countertransference proper, which threatens the sanity or intellectual competence of the analyst—or at least terrifies him or her.

Key Papers on Countertransference is a succinct, well-written summary of the historical development of the concept of countertransference around the world. It is interesting to both trace the history of the concept, going back eighty years, and to follow how differently it has been addressed in different countries depending upon the political and psychoanalytic influences at any particular time. I find the book to be more successful in its historical accounting than in its exposition of the current usage and controversies surrounding countertransference. However, it is far more than an introductory text, challenging the reader to integrate and arrive at comparative analyses within and among different schools of thought.

MELANIE SUCHET (NEW YORK)

101 DEFENSES: HOW THE MIND SHIELDS ITSELF. By Jerome S. Blackman. New York, NY: Brunner-Routledge, 2004. 216 pp.

Jerome Blackman's wry, self-parodying title acknowledges that his form is *The List*. What is a list? A collection, a catalogue, a primer, a handbook, a hodgepodge, a miscellany, a treasure trove. Enumerating 101 is a way of saying that there is something arbitrary not only in the absurdly specific number, but about the categories and taxonomies themselves. Understatement and playful self-awareness are part of this book's appeal, and clear, often crisp writing part of its pleasure.

Blackman aims "to provide a framework that explains the origin, properties, and causes of defensive activity" (p. ix). Noting Freud's first mention of defenses over a century ago, he locates himself, comfortably, in the tradition of Anna Freud (1936), who

enumerated the first list, and of Charles Brenner (1982), who writes that there are “no specialized defense mechanisms” (p. 75); rather, “defense is definable by its consequence, not by the method used to achieve it” (p. 8).¹ Blackman’s theoretical orientation combines elements of ego psychology, structural theory, Mahlerian object relations theory, and modern conflict theory. Establishing tone and context early on, Blackman writes in the introduction: “There are probably an infinite number of defenses—not only the 101 I’ve listed” (p. xiii). He offers as examples: looking away; screaming at someone; saving money; and playing golf. I pause only at the word “probably”; is there *anything* that wouldn’t be appropriate to add to this list?

Blackman’s point: “Whatever the mental activity or behavior, if it shields you from experiencing unpleasant emotion, it is *defensive*” (p. xiii). Having thus cautioned against overvaluing enumeration, and sidestepping concern about blurring of distinctions—after all, playing golf describes a different order of activity from, say, denial in fantasy or repression—he proceeds to list 101 specific defenses, for naming itself serves a purpose. Most especially, there is value for the student who must learn to spot defense and work comfortably with it. This is a clever way to frame his enterprise, and evocative: this reader was amused to remember a friend’s tale of coming home, a fledgling trainee, to immerse herself in the TV “soaps”—an activity she turned into a comic but rigorous exercise in identifying defenses.

But who else is this book for? How useful is it? What are its pleasures and its limitations? Blackman captures the scope of his undertaking with characteristic understatement in the opening acknowledgments:

This book is dedicated to the many students, from many disciplines, that I have enjoyed teaching over the past 28 years, who encouraged me to organize my handouts in one place, but not just for students. I hope that others will also find it a user-friendly discussion of defenses, along

¹ Brenner, C. (1982). *The Mind in Conflict*. New York: Int. Univ. Press.

with some ideas about how defenses can be used in diagnosis and treatment. [p. xi]

The goal is modest, the broadening of audience apt. By not inflating the accomplishment, Blackman conveys good-natured permission to read past whatever may not appeal, thereby facilitating the reader's appreciative bobbing for treasure.

The book is fun. Friendly, capacious, tongue-in-cheek, a bit condescending, it's the sort of volume one might keep next to the bed to dip into now and again, not only amusing to pick up and easy to put down, like mail-order catalogues, but also richly diverse, like the lists and catalogues of Whitman, the Ten Commandments or the Seven Deadly Sins. A compilation of one experienced teacher's time-tested nuggets, it is not a "story," or a "thesis," but a gathering of stories—101 definitions interspersed with vignettes (some of them masterful), rules of thumb, tips and clinical wisdoms, tables, charts, mnemonic devices, summary sheets, a cornucopia of examples.

List though it is, the book is organized into eight chapters. Blackman sorts the first 56 of the 101 defenses by the psychosexual phase in which they develop; the remaining 45 are bunched with casual illogic as "assorted." One chapter focuses on diagnosis, and three subsequent chapters elaborate (in one of Blackman's soggy phrasings) "selecting the proper treatment and then successfully utilizing both interpretive and supportive techniques" (p. 112). The final chapter summarizes assessment of suicide risk. There follow five various appendices, including a summary/list titled "Schizophrenia: History of the Development of Diagnostic Criteria," a two-page distillation called "A Bit of History of Object Relations Theory," and a lively short essay—it is unlike anything else in the volume—written for the *Virginia Opera Voice* (2000), an appreciation of Bizet's *Carmen*.

Mischievously, almost in parody of "structure," that's not all: the volume ends with a "Post Script: Some Disclaimers," reminding the reader yet again of the limited aim (I wondered, are disclaimers and postscripts defenses?), and then a set of unusually read-

able “Notes.” Finally, there is even an insert: a pared-down reprise titled “Pocket Reference to 101 Defenses: How the Mind Shields Itself” that made me think of a foreign language travel dictionary. In packing it all in, the volume is willing to feel haphazard and overstuffed; examples, after all, are infinitely collectible, and lists grow dull. On the other hand, the book can be enjoyed for the loose collection it is, the goodies uneven and not always clearly linked.

Readers will surely differ in what they like, but I’ll offer a gem to my taste. The copious examples used to elaborate the defenses are sometimes sublime. To illustrate *splitting* and *projection*, for example, Blackman puckishly quotes the children’s rhyme:

What are little girls made of?—sugar and spice and every-
thing nice!

What are little boys made of?—snakes and snails and pup-
py-dogs’ tails! [p. 24]

Here, in a playful turn of mind, Blackman cites two linked, three-part lists within his own list, adding the comedy of inspecting the little rhyme through the magnifying glass of our scholarly attention. His smiling respect for childhood verses, folk wisdoms, and such suggests a generous vision, and also serves as a corrective, perhaps, to pretentious theorizing—whether that involves overvaluing the scientific approach or idealizing the high-minded or poetic.

Another pleasure is the compression of the acronym, that handy (though cornball) mnemonic device. To help in assessing the capacity for object relations, for example, Blackman offers “Warm-*ETHICS*: Warmth, Empathy, Trust, Holding environment, Identity, Closeness” (p. 93). To help you determine the presence of a defense, there is *YWTAQ*: that is, you notice the person “re-lates in ways that make You Want To Ask a Question” (p. 121). And I was amused by (though here medical students may cringe) the “4-point rule for inductive determination of the presence of a defense”: the acronym “*WEBS*—What?!, Empathy break, Bull, and

Shoulds”—four reactions in the therapist “that can tip you off that people in treatment with you have pathological defenses at work” (p. 122). (The modifier seems wrong to me here. If Brenner is right that defense is defined by consequence rather than by method, then pathology resides not in the defense but in the underlying symptom.)

This teacherly, whimsical, tolerant approach of course has its limits. What might the student preoccupied in the clinical encounter with thinking through *AORTICS* (the mnemonic for remembering autonomous ego functions) be vulnerable to *missing*? In elaborating the *A* of *AORTICS*—it stands for Abstraction ability—Blackman at one point cautions the student, “contrarily, in people with excellent abstraction ability, overexplanation or overinterpretation by the therapist can be sensed by them as an insult; with such people, simply pointing out a defense is often sufficient to bring about insight” (p. 139). Indeed! Blackman’s ironic cautioning here may verge on insulting the student. There is no tidy mnemonic to aid in calculating how to make this sort of fine judgment, a human skill not learned from lists. The mnemonic device may be far more appropriate to memorizing the bones of the foot.

It is clear from this volume that Blackman is a skilled teacher, one who not only knows how to compile, codify, and attractively package information, but also understands that these humble aids, while useful, do not constitute a solid education. Blackman wraps the book up, as he began it, claiming modesty; the final sentences of the postscript read: “I have enjoyed seeing some student therapists keep a list of defenses (also ego functions) on the wall over their desks. This book is essentially a bit of an elaboration on that list” (p. 184). I imagine Blackman would also enjoy the student’s choice to pin over the desk, next to prized lists and mnemonic reminders, say, Jacques’ lines in *As You Like It*, the “Seven Ages of Man,” or some other great classic.

What *are* the classic lists or catalogues? What makes them great? I think of the Ten Commandments, the Bill of Rights, and of Jacques’ speech. I think of *The Oxford English Dictionary*, and also of Laplanche and Pontalis’ lexicon of Freudian terminology,

The Language of Psycho-Analysis. I would include, too, the Sears Roebuck catalogue, that weighty miscellany of clothing, household, and yard goods I pored over for hours as a child. Each of these compilations creates order and each has a different excellence: the moral authority of the Bill of Rights; the psychoanalytic lexicon's precise formulation of the concepts that define a discipline; the detailed, colorful, American abundance of the mail-order catalogue.

101 *Defenses* is not at that level, but it is respectable. I would recommend it to students—residents in psychiatry, psychology graduate students, perhaps even beginning psychoanalytic trainees—and, in the same spirit as Blackman, to anyone who likes a lively read and is drawn to the special relaxations and intermittent rewards of a rich catalogue. I'd say, "Keep this book in the stack wherever you have to wait for a bit." For a balanced education, though, I would urge the reader also to keep nearby one from my own list of favorites, Shengold's *Halo in the Sky: Observations on Anal-ity and Defense*,² as well as selections from Ella Freeman Sharpe's list of compulsory reading "for analytical qualification" (p. 256).³

Unlike Blackman, Sharpe is a profoundly ambitious writer and thinker; a master teacher, she, too, would subvert solemn, polysyllabic jargon. Sharpe includes on her compulsory reading list, among other things, *Nursery Rhymes*, the *Alice* books, Grimm, Andersen, Greek myths and tragedies, *Struwpeter*, and Shakespeare's plays. And she writes, "Were I an arbiter of training, I should set an examination on those books as a final test by which the would-be analyst should stand or fall" (p. 256).

The teacher Blackman might smile at Sharpe's account of how she would then examine the fledgling analyst on the story of three blind mice—a pomposity-deflating choice after Blackman's own heart. Sharpe writes:

² Shengold, L. (1988). *Halo in the Sky: Observations on Anal-ity and Defense*. New York: Guilford.

³ Sharpe, E. (1930). The technique of psycho-analysis. *Int. J. Psychoanal.*, 11:251-277.

Faced by a cross-examination on children's nursery rhymes in terms of psycho-analytic theory, with an application to the struggles going on in ourselves or in our patients, would any of us do more than scramble through it? To pass it creditably would mean that one had a good chance of being a creditable technician. [p. 256]

Blackman's good sense and Sharpe's challenging extension of that quality into theory both attest to the importance of such additions to the student's playlist of allusions, cases, tips, and principles.

ELLEN PINSKY (CAMBRIDGE, MA)

QUESTIONING AUTHORITY: ESSAYS IN PSYCHOANALYSIS, 1970-1996. By Stanley A. Leavy. Victoria, British Columbia, Canada: Trafford Publishing, 2005. 224 pp.

This volume collects ten previously published essays by Stanley A. Leavy, M.D., Clinical Professor of Psychiatry at Yale University and Training and Supervising Analyst at the Western New England Institute for Psychoanalysis, now retired from both institutions. Dr. Leavy is an analyst with diverse intellectual interests. He is strongly influenced by Lacan, as well as by the phenomenological tradition in philosophy and the romantic tradition in literature; he is also a critical thinker who is open to questioning even those thinkers and traditions from which he draws.

Two essays aspire to introduce Lacan, whom Leavy regards as the “most important innovator since Freud” (p. 75), to an American audience. He appreciates Lacan’s exclusive focus on the psychoanalytic setting, and, in particular, his sharp eye for “paronomasias,” words that unintentionally reveal a deeper realm of meaning. Leavy clearly explicates Lacan’s well-known claims about the unconscious—that it is “the Other” and that it is structured “like a language.” Leavy is captivated, as many analysts were in the 1970s, with language as a symbolic realm that lies at the heart of clinical work. He emphasizes his identification with a hermeneutic perspective on psychoanalysis, quoting Ricoeur to the effect that we

are concerned with “talk, not tissue” (p. 68). Yet, such a position rests on a false dichotomy that is no longer satisfying: the either/or obscures the more challenging effort to account for both/and.

Leavy is attracted to the side of Lacan that takes intersubjectivity seriously. He bypasses some of the complexity of Lacan’s thought—sometimes intentionally stating so, sometimes not. For example, Leavy does not mention Lacan’s later ideas about what lies beyond signification, which is conceptualized in terms of the “real” and “the object ‘a.’” Ultimately, we are presented with a softer version of Lacan that acknowledges the experience of mystery, but perhaps does not fully address the elusiveness of integration and the inevitability of alienation. Still, Leavy’s work is admirable in contributing to the opening up of Freudian thinking with his exploration of Lacan, not to mention other figures like Klein and Jung.

One of the most illuminating chapters in the book, “Self and Sign in Free Association,” concerns Leavy’s notion of a “depressive background,” defined in terms of deficiency in a sense of being, which becomes manifest in “a feeling of emptiness, lack of inner content, lack of self-worth, a general sense of impoverishment, with a mood of grayness and purposelessness” (p. 109) as well as “negativity” (p. 110). This phenomenological description of people who are characterologically depressed is noteworthy, as it reinforces the fact that there is currently no way to capture this by using DSM criteria.

Leavy also has a fascinating chapter, “Against Narcissism,” which, as the title suggests, argues that the concept is unclear and unhelpful. Leavy maintains that it is problematic to conflate the many senses of narcissism. The connotation that has to do with moral conduct—that is, selfishness, for instance—ought to be distinguished from the sense that pertains to the psychic need for withdrawal. Leavy points out that in Freud’s essay on narcissism, nineteen distinct aspects are invoked. Moreover, Leavy argues that we ought to be cautious in making the assumption that self-esteem must be at odds with the love of others. He comes to the conclusion that narcissism lacks a unified, clear meaning and thus is not a proper diagnostic term.

Leavy has a chapter on homosexuality that is well intentioned though a little problematic. He reflects on the difficulties that gay men continue to face as they grow up, and he expresses consternation about how homosexuality has been conceived in psychoanalysis—rejecting ideas such as that it is caused by developmental fixation or psychotic or prepsychotic tendencies. Leavy then proposes his own essentializing interpretation: that male homosexuality entails a search for a narcissistic object (p. 136). It is questionable whether a preference for same-sex relations must mean that one is engaged in a search for objects like oneself; such an assumption fails to grapple fully with all the complexities of the actual subjective experience of homosexual identities, which are both more varied and differentiated than Leavy suggests.

One way to shed light on the problem here would be to pose the question of whether heterosexual object choice must be based on difference. I am inclined to question Leavy's speculation that there are reasons to be "less hopeful" about family life for homosexuals as compared to heterosexuals (p. 139), which seems to be out of touch with recent social trends. Leavy's foray into the topic of homosexuality culminates with the assertion that psychoanalysts need to take account of writing from other fields. This is, perhaps, a good starting point rather than a compelling conclusion.

Leavy's admirable willingness to think widely and independently is in evidence throughout the book. The most recent essay included here was written ten years ago, however, and one impression that I was left with was how much has changed in the psychoanalytic world. It is not as if there are no representatives of the view that psychoanalysis ought to restrict itself to clinical data and that neurobiological findings have, at best, limited relevance. Yet, such a position seems to doom psychoanalysis to maintaining an intramural, isolated worldview. There is now simply too much exciting research on the mind and emotions from other fields to ignore. This should not be taken as an affirmation of science over hermeneutics; only a statement that being dismissive to science is one-sided and limiting. Nevertheless, I see much of value in Lea-

vy's application of theory to clinical practice as elaborated in this book's wide-ranging essays.

ELLIOT L. JURIST (NEW YORK)

INFECTING THE TREATMENT: BEING AN HIV-POSITIVE ANALYST. By Gilbert Cole. Hillsdale, NJ: Analytic Press, 2002. 210 pp.

I first read Gilbert Cole's *Infecting the Treatment: Being an HIV-Positive Analyst* in 2003, shortly after it was published. I was pleased the following winter to find Cole scheduled for a "Meet the Author" Program at the American Psychoanalytic Association's meetings of January 2004. I felt proud that this association, of which I am a member, and its Program Committee recognized what I believe to be an important book so soon after its publication. I eagerly anticipated a lively exchange over what was surely to be a challenging and perhaps controversial topic.

My enthusiasm and pride were quickly squashed, however, when only a handful of people attended Cole's "Meet the Author" session—mostly fellow members, past and present, of the Committee on Gay and Lesbian Issues. Although we did have a lively discussion, I could not help but think of the analysts who were missing out on this opportunity and wondering why they had stayed away. Were the competing programs that much more compelling? Or was it possible that a program entitled *Infecting the Treatment: Being an HIV-Positive Analyst* was too anxiety provoking for our members?

I also began to wonder who the target audience was for Cole's book and, by extension, for the "Meet the Author" program. Would a book about an HIV-positive analyst be of interest only to gay and lesbian analysts? Although I believe that Cole intended the book for a more general audience, I concluded that gay and lesbian analysts and therapists would likely represent the vast majority of clinicians who would take it upon themselves to read it. I felt this would be a most unfortunate fate for this daring and compelling contribution.

In *Infecting the Treatment*, Cole invites the reader along on his journey through the challenges he faced upon entering psychoanalytic training while knowing that he was HIV positive and the complex dilemmas he encountered with his patients. The book oscillates between careful reviews of the relevant literature and Cole's candid revelations of his private reflections, clinical encounters, and treatment decisions.

Cole begins his book with a foray into the subjective experience of an HIV-positive psychoanalyst. He contextualizes his experience within the world of psychoanalysis by providing a careful review of the literature on the analyst's illness and disclosure of illness to patients, including the role of countertransference. The sparse psychoanalytic literature on HIV and AIDS is also included in Cole's review. The next chapters focus on the author's own experience as an HIV-positive analyst and his work with patients, where he is particularly concerned about disclosure of his HIV status. He considers the ethical dilemmas he has faced with an array of patients, many of whom were also HIV positive. A chapter on the experiences of other HIV-positive analysts provides alternative perspectives and experiences, and portrays a broader spectrum of HIV-positive analysts. Cole concludes *Infecting the Treatment* by reviewing the theoretical, philosophical, and technical perspectives that have informed and influenced him and have allowed him to continue working as a psychoanalyst.

Although Cole's literature reviews and the theoretical and philosophical discussions are illuminating, it is his candid descriptions of his internal struggles as an analyst with an invisible yet potentially life-threatening disease, striving to be present and genuine with his patients, that I find most compelling, challenging, and personally useful. In taking up the issue of disclosure of his HIV status, Cole deconstructs many of the assumptions analysts have held about transference and technique. He compares the traditional analyst, who aspires to anonymity, with the HIV-positive person who fears the disclosure of his dangerous infection:

There is destructive potential inside him, but as long as he maintains his secret and his distance, protecting the

other from what is inside him, there is no risk of contamination It is safe. Of course, by safe we mean that the transference will be more nearly isolated, readable, interpretable. [pp. 57]

The assumption that the analyst's personal disclosures would "infect" the transference and therefore sabotage the analysis has been challenged, Cole points out, by analysts who have recently shared their experiences of self-disclosure with patients.

Cole relies on the work of analysts who have written about their disclosures, such as Jody Davies,¹ to begin considering his own dilemmas with patients, but he does not stop there. He grapples with questions, anxieties, the potential impact of disclosures, and the multiple meanings and angles unique to each patient he encounters. Cole was faced with the dilemma of what to tell a patient about his HIV status primarily in two typical scenarios: HIV-positive patients who were seeking an HIV-positive therapist, and patients who had read the obituary of Cole's lover, which identified him as the surviving partner. In each of the clinical encounters that the author describes, he shares with us his efforts to consider psychoanalytic technique, the therapeutic impact, countertransference contributions, and ethical considerations in the clinical choices he has made.

Chapter three, "Disclosure and Contagion," begins with Cole's deliberations on self-disclosure with a patient who recently became HIV positive and was willing to work analytically only with an HIV-positive analyst. This brief but very thoughtful vignette is followed by a detailed account of the period leading up to and following the disclosure of Cole's HIV status in the analyses of two other patients (both of whom had read the obituary of his lover): Kent, an HIV-positive man who had recently begun treatment at the time the obituary appeared, and Jasper, an HIV-negative man who had been in analysis for two years. Each of these accounts is rich in layers, as Cole struggles with the resultant personal and

¹ Davies, J. (1994). Love in the afternoon: a relational consideration of desire and dread in the countertransference. *Psychoanal. Dialogues*, 4:153-170.

clinical complexities. The author contemplated the meanings of his HIV status to his patient Kent for a year and a half before the issue came to the foreground in the analysis. With Jasper, it was a matter of months from the time the patient acknowledged seeing the obituary before the question of the analyst's serostatus became prominent. These clinical illustrations are poignant and effectively convey the tone of the sessions, as well as the workings of this analyst's mind.

Cole reveals himself to be living with anxieties, uncertainties, paradoxes, and multiple meanings throughout his work, being mindful of the potentials for both opening and foreclosing possibilities for his patients. Although he focuses specifically on the issues related to the HIV-positive analyst, Cole's diligence and thoughtfulness form part of an inspiring model for addressing the countertransference contributions in any clinical decision. It is neither the fact of the analyst's disclosure nor the content of the disclosure that Cole has found to have the greatest impact on the treatment, but the process leading up to and following from the disclosure that either inhibited or promoted the analysis.

In grappling with the various elements of being an HIV-positive analyst, Cole has also struggled with ethical pressures regarding the decision to disclose his medical condition before beginning a treatment. Chapter four, "A Duty to Disclose?," provides a moving account—distinct from the typical circumstances when Cole considered disclosure—of a consultation with a patient, Jack, whose previous analyst had died two and one-half years into his treatment. That analyst had not informed the patient of her illness, instead telling Jack that she was going on vacation when in fact she was having surgery. Hearing about Jack's traumatic experience of losing his analyst, Cole felt he had an ethical duty to inform his prospective patient of his HIV status. Unsettled by competing feelings, wishes, and interests, Cole chose not to disclose in the initial consultation—hoping, actually, that the patient would decide on another analyst and take him off the hook. But when Jack chose to continue, Cole scheduled an additional consultation to inform him of his condition, believing that the patient needed this information in order to make a fully informed decision.

Cole effectively draws the reader into this dilemma, evoking the pressures and anxieties of being confronted with such complexity. Acknowledging that the disclosure of his seropositivity may be overdetermined, Cole provides a compelling argument in support of his clinical choices:

Although I operate assuming that I will survive the length of any new treatment that I take on, I could not offer my services without making Jack aware of the potential of my becoming ill because of a condition I did know about when he began analysis. Knowing also that I cannot expect to guarantee him that I will survive as long as we work together . . . I did know that I could guarantee him that his experience of losing an analyst and not knowing anything about the circumstances of that loss would not be repeated. [p. 91]

Although pressured by the sense of an ethical imperative in the face of Jack's traumatic loss of his previous analyst, Cole persevered in analyzing his countertransference, striving to make the most informed choice of which he was capable. To his credit, Cole does not climb onto a soapbox, extolling the virtues of self-disclosure; instead, he allows the reader access to the workings of his analytic mind, showing his decision-making process and the resulting impact of his actions on patients.

The questions that Cole raises, particularly with this latter clinical vignette, extend to situations involving analysts with illnesses other than HIV. Although Cole does not argue that any analyst with a life-threatening illness has an ethical obligation to disclose that fact to prospective patients, he asserts that patients, under certain conditions, are entitled to know more about the analyst than we are typically accustomed to revealing. Cole suggests that ethical obligations have been insufficiently considered in the contemporary debate on the analyst's self-disclosure. His extensive review of ethical guidelines and practices among analysts and mental health practitioners, although informative, becomes a distraction from his personal reflections about individual patients, a phenomenon much more rare in the psychoanalytic literature.

Cole devotes a chapter to the experiences of other HIV-positive analysts. Included is an account of his difficulties finding other HIV-positive analysts who were willing to talk about their seropositivity. Cole relied on semistructured interviews with the three subjects he eventually found, from which he developed composite stories to convey these analysts' experiences. The tone of this chapter shifts from the lively and candid self-reflection and disclosures of previous chapters to the detailed reporting of research findings. Although his intention is to provide the reader with a diverse perspective on the experience of HIV-positive analysts, this chapter adds little to the substance of Cole's contribution, in my opinion.

In an effort to provide further theoretical grounding for his positions, Cole includes the philosophical, educational, and experiential underpinnings of his decision-making with regard to self-disclosures. In his final chapter, he explores the roles of identity, repetition, narrative, power, and subordination as they play out in the clinical encounter. Recognizing that his idealization of his identity as a psychoanalyst was constraining him, Cole embarked on a journey of reconceptualizing his psychoanalytic identity, including a deconstruction of the "Platonic ideal" and a foray into method acting. Although the survey he presents is intellectually rigorous, the reading of it becomes dry and tedious when compared to the discussions of his clinical encounters and internal deliberations.

When Cole shifts his attention away from himself and his internal workings and encounters with patients, his prose is less inviting and distracts from the genuinely unique and bold offerings of this contribution. To read his account of his work as an HIV-positive analyst is to be drawn into his world, to grapple with death and desire, helping and hindering, opening and foreclosing, fantasy and reality, contagion and inoculation, love and hate. And although we recognize the uniqueness of living as an analyst with HIV, we will also be coaxed by this reading this book into questioning the assumptions within our own analytic identities. Though it may well have been anxieties stimulated by the provocative title of the book

that kept so many analysts away from his “Meet the Author” session, I believe that any therapist considering the meanings of analytic identity and anonymity will find reading *Infecting the Treatment* worthwhile.

GARY GROSSMAN (SAN FRANCISCO, CA)

Book Review Editor's Note: We are pleased to publish the following English translation of a review that originally appeared in a Paris weekly news magazine, *Le Nouvel Observateur* (February 9, 1999; Number 1817). The subject book is a French novel that has not yet been translated into English. The review has been translated and appears here by permission of *Le Nouvel Observateur*.

LE PSYCHANALYSTE. By Leslie Kaplan. Paris: POL, 1999. 464 pp.

"The Glory of the Couch"¹

From frequent encounters with psychoanalysts, this author has stolen their stories, and in her writing they become parables.

"Talk to me. Why don't you ever talk to me. Talk. What are you thinking about? What? I never know what you're thinking about." These are the exact words that his father said that day: that is the gist of what Marc tells Simon Scop, his psychoanalyst. Marc is furious each time he thinks again about this scene. His father had taken him out for ice cream, something he rarely does. "I still see him with his tweed jacket, his bow tie and handkerchief in his vest pocket; I still have the smell of his English eau de toilette in my nose I opened my mouth to start to talk to him and then he said to me, 'Aren't they beautiful, these verses?'" And the words went back down Marc's throat. His father recited a poem—it was all over. Marc's words remained within him; he was forever disappointed by this father who didn't want to listen to him. And then,

¹ Translation by Richard B. Simpson.

all of a sudden on the couch, the question comes to him for the first time: "I wonder why, among all the possible poems, my father chose precisely that one?" And Simon Scop says laconically: "Yes, why?"

Emotional intelligence! It is with artistic finesse, free of any obligation to be reserved, that Leslie Kaplan lifts the veil from the intimate theater of Simon Scop's office. He is a good Freudian—cultivated, up-to-date, sensitive, open, a reader of Kafka, endowed with that essential Lacanian touch, as silent as he has to be yet supple, a teacher, a sleeping wildcat, capable of dazzling speed and sharp recall. Certainly, Kaplan is not Scop—she is "just" a novelist, but she knows the music and she has a fine ear.

Le Psychanalyste is the author's tenth novel and the third volume of her trilogy, *From Now On*. As someone who has seen psychoanalysts, she knows very well that these professional listeners are dazzling storytellers who possess hidden treasures, irresistible anecdotes, and passionate narratives—a vein not much capitalized upon by novelists.

Kaplan does not forget that the experience of the couch remains a high-risk adventure. No guarantee of success is posted at the entrance to the temple. For that matter, what would healing be when the illness is the human condition? Are we capable of accepting our mortality? Or our condition of being limited to one sex? "So that's all I am!" That? A man or a woman, astonished to be alive, scared of suffering, driven wild by desire. Can we be delighted to know this? And why do we thirst so deeply for truth, when truth sometimes hurts so much? At what point is it possible to say, without deception, that the unconscious has made itself heard, that speech has bypassed appearances, the treatment has worked, or the gamble was worth the stakes?

Inspired by what he or she hears, day after day in the chair, each psychoanalyst can but give new forms to these trick questions. The journey is often monotonous. Suitably tortured about it, the *psys* end up confessing that they are often bored. Years go by on an ocean of becalmed drives—sometimes a few fireflies in

the night and then all at once, gusts of wind and tidal waves. Opposing currents, inertia, and obstacles are essential to the way ahead, but treatments are as different from each other as are the people involved—each one with its own tempo, its own atmosphere. Litanies, lamentations, jokes, fatal blows, drillings, excavations. The analyst–patient couple, like a married couple, in Anthony Burgess’s excellent phrase, comprises a civilization to itself alone. It is often what is most obscure and most confused that illuminates. All of a sudden, after weeks of silence, the psychoanalyst intervenes. And if it’s the right moment, if the two unconscious are in tune, the interpretation is an arrow that both changes the points of reference and is charged by consequences. But how to convert that into literature?

In *Le Psychanalyste*, the blank of the page remains present and mysterious, analogous to the undecipherable landscape of the unconscious, to all that is neither thought nor writ, to the immense secret that founds psychoanalysis. On this background of crazed laughter, despair, relief, revelations, anxieties, impatience, Kaplan delights in all the colors of her extensive palette. Eva, Edouard, Louise, Sylvain, Marie, Jérémie, Marc, and the others have in common that they go to see Simon Scop. With her learned alchemy, Kaplan succeeds in making from their parallel accounts a novel rather than a collection of short stories.

Thus, from page to page, Simon Scop is stubbornly watching for an opportunity. He looks for the child in the adult, for sparks in the darkness. Floating attention, vague hope. In a month, in a year. Louise: “My husband doesn’t love me because he doesn’t find me strong enough.” Simon Scop comes out from his silence: “It is perhaps the other way around . . .” In the following session, Louise thanks him: “When you said ‘It is perhaps the other way around,’ I had the feeling that it opened, that it opened—I was breathing, rather than suffocating; all at once there was an extraordinary space . . .”

This vast freedom of space comes as the advantage of doubt.

CATHERINE DAVID (PARIS, FRANCE)

SECRETS OF THE SOUL: A SOCIAL AND CULTURAL HISTORY OF PSYCHOANALYSIS. By Eli Zaretsky. New York: Alfred A. Knopf, 2004. 429 pp.

Eli Zaretsky's engaging new book, *Secrets of the Soul: A Social and Cultural History of Psychoanalysis*, presents a persuasive argument for the intimate and mutually reciprocal role that psychoanalysis has played, in its multiple and shifting forms, in the intellectual, political, and philosophical developments of the twentieth century, and posits certain psychoanalytic ideas as both the intellectual driving force and the most adept explanatory paradigm for modernity itself. The work is detailed, vivid, and exhaustively researched.

Zaretsky presents a thick contextual background for psychoanalytic ideas and delineates the multiplicity of ways in which psychoanalytic thinkers drew from and influenced their various cultures. Ranging broadly—geographically as well as temporally—Zaretsky discusses, in addition to developments in Europe and the United States, psychoanalytic movements in Asia, India, Turkey, and Japan; his expansive work includes thorough treatments of various fascinating historical moments, such as the role psychoanalysis played in African American culture during the Harlem Renaissance, in communist Hungary, and in the 1960s counterculture in the United States. Both swooping panoramas and richly detailed, *Secrets of the Soul* presents a picture of psychoanalysis as embattled, fragmented, and imperiled, and sets out both to rehistoricize it and to argue for its relevance to current times.

Provocatively describing psychoanalysis in his introduction as “a pseudoscience whose survival is now very much in doubt” (p. 3), Zaretsky attempts a salvage operation, and this, more than a history, seems to be the core of his ambitious work. Zaretsky came to Freud from his involvement in the New Left in the 1960s, and he “aims to identify and affirm the emancipatory dimension of analytic thought” (p. 3). While the voyage the work takes is always an interesting one, and casts light on some less well-known manifestations and applications of psychoanalytically derived ideas, it does

not so much clarify the history of psychoanalysis as it makes an argument for the intricate relationship of psychoanalysis to what the author identifies as key political-social goals of modern life. It is, in other words, a polemic rather than a history, albeit an engaging and at times a convincing one.

Polemics are likely needed. Proclamations about the death of Freud, and worries about the current marginalization of psychoanalysis, abound. In a sense, this work serves as a very effective rallying cry for a reader needing to be convinced of the richness that psychoanalysis brings as a framework for modern life and to be educated about how it has defined and driven the development of key ideas about privacy, gender, interiority, change, and power. Zaretsky is in fact at his most compelling when he describes the ways in which psychoanalysis could be used variously in the service of rebellion or of conformity, and how these liberatory versus restrictive forces waxed and waned in the history of psychoanalytic approaches to feminism, gay rights, and religious and ethnic identity. He also makes an intriguing argument for his belief that current developments in modern life, such as the dispersal of individuality into mass culture, and the projection and generalization of fantasies into an omnipresent media, may signal an irrevocable abandonment, in a social and cultural sense, of the internal, private, and individual focus necessary to sustain any of the psychoanalytically derived psychotherapies.

Where Zaretsky falters, however, is in a difficulty separating the content of what he wants to write about—psychoanalysis—from an explanatory lens heavily influenced both by a sociological agenda and by a dehistoricized version of the very psychoanalytic thought whose history he wants to describe. While he argues that psychoanalysis has not been sufficiently historicized, his work, at its best a vivid and packed voyage into all the corners of modern life touched by psychoanalysis, has the feel of a sociology treatise smuggled into a historical work. Zaretsky uses a mass of carefully researched historical material to support an *argument about* psychoanalysis, which is different from writing a *history of* psychoanalysis. It follows that he is at his strongest when he describes

how psychoanalytic ideas have been and can be used as social critiques, and at his weakest when describing the actual construction and development of psychoanalytic theory.

Secrets of the Soul is divided into three parts, according to the three industrial revolutions serving as the setting in which psychoanalytic history is described. The first part, "Charismatic Origins: The Crumbling of the Victorian Family System," describes Freud's emergence just as the era of the first modernity, embodied by the Enlightenment, gave way to the second modernity, described by Zaretsky as "associated with mass production, mass democracy, and the rise of women, homosexuals, and racial and national minorities" (p. 7). He states that "Whereas philosophy was the hallmark of the first modernity, psychoanalysis, along with modernist art and literature, was the hallmark of the second" (p. 7).

Zaretsky captures some of the Utopian zeal and revolutionary excitement of psychoanalysis' early years—although his setting of the scene and introduction of key characters is marred by a striking error when he mentions "Kraepelin's view that dementia praecox was psychological in origin" (p. 72). As our guide to clinical developments, he is less reliable than he appears.

The book's second section, "Fordism, Freudianism, and the Threefold Promise of Modernity," argues that Fordism, a term the author uses to describe both the second industrial revolution and the emergence of modern private life that accompanied it, ended up needing Freudian ideas to explicate and manipulate workers' inner lives (p. 139). In this section, as he describes the spread of psychoanalysis far beyond its birthplace, Zaretsky offers an intriguing hypothesis of why psychoanalysis fared so differently in Europe than in America: he argues that in the more traditional, established European societies, psychoanalysis remained marginalized and critical of the establishment, while in the more fluid environment of the United States, it utilized a space prepared by a fascination with "mind-cures" to become very mainstream, and having been thus absorbed, lost its uniqueness and its potential as social critique. The author gives short shrift, however, to the enormous influence on American psychoanalysis of the European émigrés driven there by the Second World War.

The final section of the book, "From the Psychology of Authority to the Politics of Identity," follows the various ends to which psychoanalysis was used to define questions of identity, self-determination, sexuality, and power in the 1960s and '70s, described by Zaretsky as the period of the third industrial revolution.

Any author who describes personal life as "the product of surplus labor" (p. 64) approaches history with a particular etiological theory in mind. Zaretsky's interest in how beliefs and theories are related to socioeconomic conditions of the time clearly reflects the thinking of Max Weber, whom the author mentions, along with Antonio Gramsci, as a key influence on his work. Zaretsky's point of view is essentially a Marxist one, and it is somewhat jarringly combined with a frequent metaphor of psychoanalysis as church or sect, used as a pervasive trope throughout the work. (Zaretsky compares Lacan to Martin Luther and Otto Kernberg's work to the Counter-Reformation's Council of Trent.)

When, for example, Zaretsky argues that psychoanalysis played a role in the second industrial revolution analogous to that played by Calvinism for early capitalism, serving as a personal inner motivation, the confusion between external developments and personal ones is profound; the fact that psychoanalysis could be mined for truths applicable to a particular historical development is hardly the same as providing a closely reasoned web of etiological relations between the two. It is also unclear whether Zaretsky is presenting a history of a science, a clinical practice, a religion, or a social group. All of these can be considered aspects of what psychoanalysis is and was, but rather than making explicit this confusion—which seems to be an unavoidable part of constructing a history of psychoanalysis—Zaretsky shifts continually between various approaches, metaphors, and focuses, so at times the book reads as a social history, at others a Marxist critique, and at others a history of science.

This sort of casual weakness combined with an overdetermined quality underscores how this work fares better as an argument than as a history. Zaretsky presents interesting information about the ambivalence of early feminists to psychoanalysis, even

as he states possible common aims: "The new woman and the homosexual presaged the unfolding of personal life. They aspired to relations whose governing norm was neither sameness nor difference but rather individuality. Psychoanalysis gave expression to this norm" (p. 45). The problem, Zaretsky argues, is that at this early stage, psychoanalysis and feminism were "out of phase" (p. 57). The idea that a political women's rights movement can at some point be *in phase with* psychoanalysis is an idea that may be a rich one for feminist thinkers, but not one, with its comparison of different modalities of thought, that assists a history of psychoanalytic ideas.

It is in places like this in the work that the split between argument and history is most vivid; Zaretsky is impassioned and persuasive as he describes what psychoanalytic thinking can provide to the disenfranchised and marginalized. But he is vague at best, inaccurate at worst, when he describes the history of theoretical approaches in psychoanalytic thought.

This latter enterprise is undermined by the author's use of undefined, inaccurate, or historically premature psychoanalytic terms. Zaretsky states that "The analysis of transference was at the center of every individual analysis" (p. 10). This was not so in the beginning, and the history of how this developed is not clarified. Hysterics are described as sensitive to "preconscious and unconscious cultural currents" (p. 24), before these terms have been defined or historically introduced. He confusingly describes Irma's dream as "anticipat[ing] . . . [Freud's] first model of the mind: preconscious, unconscious, organic" (p. 33).

In general, there is a problem with the use of terms such as *psychoanalysis*, *transference*, and *unconscious* before these terms have been defined and placed on a temporal developmental line, so that a vague, popularized, and ahistorical view of psychoanalysis coexists oddly with the declared task of the work—which is to demonstrate precisely how these ideas came to be, what was meant by them at different times, what was discarded/kept/revised by generations of subsequent thinkers.

This linguistic confusion reflects a more serious one: a concatenation of psychoanalytic developments with social and political

change, without an explicit argument about the directions of influence. The author describes major phases of development in Freud's thinking unfolding along with the unfolding of various sociological developments. While this serves to give a rich contextual background to Freud's work, it suggests a causality that posits economic shifts as prime factors in transforming society. This assumption, however, is never quite made explicit, even as it acts as a powerful underlying idea.

This approach also gives short shrift to the clinical observations that drove Freud's theoretical developments. There is very little attention paid to psychoanalysis as treatment rather than as philosophy; again, the reasons for this omission are not clarified, and it cripples both the description of how Freud and following psychoanalytic thinkers arrived at various theoretical revisions, and, even more importantly, the discussion of what psychoanalysis has to offer today.

There was a major shift in the history of psychoanalysis from an initial focus on content (memories of infantile sexuality) to a focus on methodology (analysis of transference and ego defenses). This shift had many consequences, as it became evident that a methodological approach would allow theorists to arrive at very different conclusions while considering themselves still heirs of Freud. Zaretsky's conceptualizations founder on this central problem, which he recapitulates implicitly by his own narrative choices. Fundamentally, in an odd stance for a historian describing theoretical developments, Zaretsky presents himself as both a supporter of Freudianism and resolutely atheoretical. While he gives a vivid picture of the various schisms and scandals, rifts and arguments affecting psychoanalytic developments, he is inherently more of a joiner than a splitter, although again, this is not made explicit or problematized as a historiographical choice.

In prefacing his weakest section, that treating most recent developments, Zaretsky writes:

It is often said today that psychoanalysis is "pluralistic" or "polycentric," that it has no agreed-upon core theory.

Perhaps. But until the end of the sixties, it did have a core theory: the analysis of the resistance. All the classical theories, such as object relations, North American ego psychology, and Lacan's theory of narcissism, were devoted to this goal. [p. 169]

But most analysts would not consider all of these to be "classical" theories, and might heartily disagree about their being more similar than different. And Zaretsky, even while he presents a very polarized view of modern psychoanalytic conditions ("Although a medical wing survives, the strongest voices in North American psychoanalysis today are feminists and supporters of gay liberation" [p. 339]), seems to argue for a commonality to those various sects and schools that he is identifying and extracting as the most useful legacy of the field.

This commonality is first of all implied in his decision to describe developments in a variety of psychoanalytic terms. Zaretsky writes, "the psychoanalytic *Männerbund* mobilized the passive, dependent, and homoerotic feelings of its members" (p. 57). He opines that "Freud can be described as outing the white male professional's passive and dependent wishes" (p. 61). He speaks about whether or not prominent female analysts bonded strongly with their mothers. Even as this type of language underscores just how pervasive and popularized psychoanalytic terminology has become, it raises a key problem at the core of this work: What version of psychoanalytic theory is informing such descriptions? Is Zaretsky speaking from a Kleinian, ego psychological, or object relations perspective, or turning to psychoanalysis as a literary, descriptive device?

Zaretsky writes, "The deepest contribution of psychoanalysis lay not in its ideas but in the range of experiences it made available" (p. 62), and that "it is not so much a mode of treatment as a set of understandings that we need to protect" (p. 342). But if psychoanalysis becomes this general, what actually does it encompass? When Zaretsky writes of the rift with Adler, noting that "Ideally, psychoanalysis should have been able to include both men" (p. 96),

one can ask, what is this ideal? The answer, for the author, seems to be an economic-political one: "Far from being especially appropriate to the middle classes, then, in the long run psychoanalysis had the greatest meaning for those who were marginalized or excluded from the dominant sources of power" (p. 62).

It may be that, as polemic, this is precisely what we need to hear; that during this current time of social change and political difficulties, during a phase in which the golden promise of the drug era has somewhat faded, a resurgence of psychoanalysis's potential, in a medical, social, and cultural sense, is possible, and that another swing from obscurity to centrality is about to occur.

Zaretsky presents psychoanalysis as a system of ideas whose primary importance is in their reflection of, and reaction to, social and historical currents, with occasional clinical applications. As psychoanalysts immersed in clinical work, we might instead describe psychoanalysis as a clinical system from which occasional thinkers borrow ideas for social critiques. Of course, this only means that this book is aimed less at analysts than at historians and sociologists. But when Zaretsky implies that various political stances originate necessarily from psychoanalysis, rather than borrowing, adapting, and exploiting some of its ideas, he reminds us that psychoanalysis is partly what a community of users wants it to be, and that this can change over different periods and cultures. He leaves the reader wondering, therefore, about what we need or want psychoanalysis to be now. And this can be a useful inquiry.

DARIA COLOMBO (NEW YORK)

PSYCHE AND SPIRIT: DIALECTICS OF TRANSFORMATION.

Edited by W. W. Meissner and Chris R. Schlauch. Lanham,
MD: University Press of America, 2003. 270 pp.

The prologue and epilogue to this series of essays introduce and create convergence among otherwise widely ranging reflections on issues at the threshold between religion and psychoanalysis. The stretch the reader must make in reading them is well worth

the effort. Each contribution stands on its own and has its own value, and the chorus raised by all of them together is impressive if not harmonious.

These papers emerged from the presentations of individual participants in a seminar on psychic transformation that met once a month for eight years, from 1993 until 2001. Taking as a springboard narrative accounts rather than systematic analysis via any particular methodology, the participants sought to explore whether perspectives of psychoanalysis and psychology could help to describe, interpret, or perhaps to explain the “transcendent,” the “Really Real,” and why persons are religious.

Ana-María Rizzuto, a believer and psychoanalyst, defines *belief* as a basic function of the mind that is ever present and no more optional than experience (p. 5)—that is, “unconsciously and consciously organized structuration of patterns and contents . . . registered and articulated into dispositions and action patterns as well as into conscious imagery and verbal contents” (p. 3). Transformational processes are internal perceptual, emotional, feeling events that modify defenses and relate experienced realities in new ways, challenging existing beliefs and transforming them into new beliefs. The ongoing transformation of self-experience throughout the individual’s personal development interconnects separate, plural versions of self and nonself within the matrix of societal beliefs, both cognitive and affective, shaping the neurological processes by which a person perceives and experiences.

The psychoanalyst facilitates a dialectical processing as unconscious beliefs come to verbalization, and pathogenic, preverbal, somatic beliefs are brought to transformation, Rizzuto continues (p. 6). These earliest beliefs about oneself are somatic experiences of well-being, communication, and attunement in relationship to parental objects, establishing or failing to establish a trust not only in the parental figures but in the believing process itself (p. 9). Believing makes reality metaphorical and not merely concrete (p. 10), as growth through adolescence and adulthood, on up to the last moments of life, reorganizes the personality through successive revisions and elaborations of conscious, sec-

ondary processes (pp. 11-12). The wish to be safe, not to be alone, to have another person there who wants to be there, which grounds the possibility of attachment and relationship, develops into the further need to believe that the other person who cares and wants to be there is able to see the subject externally and internally, and to reflect this back (p. 14).

Belief in the nonvisible presence of God comes as the "complex intertwining of belief, fantasy, conflict, defense, and interpretation of internal and external perceptions," notes Rizzuto, allowing the child to "accept things and events that transcend his or her direct knowledge" (p. 16). In this sense, for Rizzuto, religious beliefs are never purely religious, since religion is a form of relatedness, and relatedness always involves belief in visible and invisible realities capable of providing personal meaning (pp. 17-19).

Brian O. McDermott, a Jesuit theologian, considers the process of "passing over" from one's own tradition to a very different one. Using the developmental psychology of Robert Kegan, McDermott follows the experiential path of Trappist monk and mystic Thomas Merton, whose Christian consciousness was enlarged by Buddhist, Japanese, and Chinese religious texts. The Christian notion of a personal God and the "nondualistic a-theism" of Buddhism, while seeming to be interpretively and theologically incomparable, are actually in need of each other (pp. 29-30). The passing over from the one to the other allows an "indwelling" in which one can have a certain consciousness without "being had by it" (p. 33). Thus, by a process of differentiation/disidentification, one can enter Zen without ceasing to be a Roman Catholic Christian, integrating Zen emptiness and Christian emptiness in that

. . . depth of our being where we become united with God
. . . deeper than all particular forms or structures of consciousness To be oriented by this "place" that is no-place in us where God dwells is to be a self who is no-self, a self that is beyond particular partial forms of self-hood. [pp. 35-38]

Chris R. Schlauch likewise considers self, self as at once religious and nonreligious, self that is I as self-agent with other selves in the world and in time, in a way not stuck in the Cartesian split between subject and object, but instead moving between self and not-self, where a particular mode or sense of self developmentally emerges from conscious/unconscious to a consciousness of I/me that is self-consciously religious (pp. 54-55). A religious sense of self can predominate and organize other senses of self, right up against all the boundaries of self at the limit of finite/infinite, the ordinary/something more, in a self-disclosing connection or reconnection in unity or oneness of Power, Presence, Other with oneself (p. 65).

Vanessa Rumble, writing from the perspective of modern philosophy, discusses the dialectical tension between the individual's inviolable freedom and divine initiatives. Considering the dialectic of desire between Plato's idealistic presentation of the superior reality of the unchanging and invisible, and Nietzsche's materialistic promise of the rebirth of the finite, Rumble sees how both of these "keep happiness at a safe distance" in light of the human obstacles to true human happiness (p. 76). Rumble finds in Plato and in Nietzsche the rediscovery of the sublime within the human individual, as it is also rediscovered in Freud's attempt to appropriate unconscious meaning in the decentering of the conscious, autonomous self, and in Lacan's transition from the imaginary to the symbolic (pp. 85-90).

Bennett Simon, a devout Jew and psychoanalyst, explores the psychic dynamic of observance of particular religious prescriptions and the relationship between belief and practice in "keeping Kosher." There can be parallels between kosher or orthodox religious observance of laws and practices, such as dietary rules, and the rules or orthodox practice of psychoanalysis, including the ambivalent presence of rebellion and submission in both (p. 111). Ultimately, freedom from superego-driven definitions of psychoanalytic purity and psychoanalytic heresy can open up the psychoanalytic process and allow us to be surprised at what the unconscious can do, just as such freedom can allow the richness of

traditional religion to concretize the spiritual in everyday life, rather than reducing it to conflict-defense formations and symptoms.

Moving decisively beyond traditional psychoanalytic presumptions to explain—or even to explain away—religious practices as merely psychological (if not psychopathological), William W. Meissner, a Jesuit Catholic priest and psychoanalyst, revisits congruities and incongruities between psychoanalytic practice and the process of spiritual formation found in the so-called Spiritual Exercises of Saint Ignatius. Both processes involve further disengagement from libidinal or narcissistic attachments for the sake of enhancing freedom and the capacity to choose freely and with self-determination. The one following the exercises does so in an effort to discern and follow the will of God by following the movements of grace and dying to what enslaves the self, just as the analysand seeks to abandon him- or herself to speaking in a way that is more and more free of the control of the executive function of the ego (p. 129), at once overcoming the domination of excessive narcissism and becoming more open to the stirrings of the unconscious (p. 136).

In the process of the relationship between the retreatant and the retreat director, Meissner sees the same real alliance and relationship that are found in the psychoanalytic dynamic between the analyst and the analysand, unavoidably including elements of transference (p. 133). While lacking the notion of the unconscious, the Ignatian Spiritual Exercises involve affect with intellect (p. 127) in a process of “working through,” which delves deeply into the psychosexual and psychosocial development of the individual (p. 125) through reaching into his or her interiority. Just as affective changes are significant in the Ignatian discernment of spirits and in understanding the responsiveness of the exercitant to grace, so for the analyst the shifting moods and affective reactions of the analysand must be interpreted in order to understand the course of the analysis (pp. 136-137).

Brita L. Gill-Austern moves from the perspective of a psychology of religion and spirituality to consider the Western woman’s experience as that of “she who desires.” The socialization of wom-

en as desired objects has taken them away from being *desiring* subjects (p. 159). Male ways of characterizing God and seeing man as created in God's image have made women the "'other' who is less than, worse than," and have emphasized self-abnegation, passivity, irrationality, and self-sacrifice, to the point that women have lost their deepest self and their desire, with repression, depression, addictions, and eating disorders as the consequence (pp. 154, 157). This situation can be remedied by the presence of "companions who will dwell with her," and by the reconstruction of traditional images of God and the sacred, including forms of feminine agency (p. 165), spirituality that emphasizes mutuality (as in the Christian Holy Trinity), and contemplative prayer (p. 170)—all aimed at helping women know themselves as beloved, loved, and desired by God.

From the perspective of linguistics and literature, Robert Kiely studies nineteenth-century art critic John Ruskin's writing about a Renaissance painting by Fra Angelico, the depiction of Saint Lawrence and Saint Cosmo in the San Marco Altarpiece. This writing serves as an example of how an artwork can lead the beholder to "witness the glory of God" (p. 179), so that the artwork is an occasion of transformation, leading the one viewing it to engage with something outside the self—a painting, sculpture, or building, for example. This allows the individual to confront and give shape to some of his or her deepest conflicts, fears, anxieties, and desires in the way that a beholder temporarily manages them (p. 177). This transformative power of art thus works like that of psychoanalysis in that, by not looking literally or allegorically, the beholder embarks on an introspective, decentering process, like free association (p. 180). The conflation of painter, subject, and viewer leads to insight or identification that becomes a profound and personal sharing.

In an interplay of psychoanalytic, philosophical, and theological perspectives, Eileen Sweeney concentrates on the narrative pattern traced through medieval theology and philosophy, purporting that these texts are not so much aimed at reaching propositional conclusions through argumentation, but rather constitute a

practical exercise in pursuing God (p. 200). Much as Freud hypothesized that believers in God attempt to deal with feelings of vulnerability and abandonment by substituting a perfect, divine object of love, one that will compensate for imperfections of paternal and other finite loves (p. 201), so, too, did two of the greatest theologians of that age, Anselm of Canterbury and Peter Abelard, not only seek God, but also tried to negotiate the realities of absence and presence through their theology (p. 202). In the “narrative, lived experience” of emotional prayers and meditations intervening within a more formal, systematic, or abstract reflection, Anselm negotiated his struggle with longing by focusing on objects perfect beyond his desire for them, so that they did not leave him vulnerable to loss and abandonment (p. 212). Abelard tried in his theology to guarantee salvation, without which, as his poems reflect, there would be a horror of eternal separation (p. 215).

In the book’s epilogue, Meissner reviews the various contributions to the discussion of transformation, particularly in light of the transformation achievable through the psychoanalytic process (p. 226). While noting the parallels between psychoanalytic working through, which moves beyond narcissistic self-centeredness, and the Christian conversion from selfishness to selfless love, Meissner emphasizes the unique insistence upon the reality of grace that is essential to the Christian understanding of transformation (p. 228). Grace flows from God’s love, given by God as the gift of union, of communion in love—bestowed not from outside but from within, and then flowing out through natural psychic processes and transforming them, taking them beyond anything that could be achieved on the merely natural psychic level (p. 229). Unlike Freud’s reductive understanding of the God representation, for Meissner, this representation serves as a point of psychic entrance into the transitional space through which God is subjectively known and loved, and where grace comes into play in the process of psychic transformation (p. 252).

The self, through its plurality of versions, reaching even into the nonself, through disidentification and differentiation, in the

nexus of the ever-new revisions of cultural and personal belief systems decentering the self into self-giving love, the grace that transforms is indeed divine love. Surely, then, the psychoanalytic process is a graced alliance of trust between two persons who must always somehow believe, listen, and interpret beyond themselves—listening not only to the unconscious past nor interpreting only the heretofore unspoken wish, believing not only in the transformation taking place in self-disclosure, but experiencing in all of this, however implicitly and preconsciously, the Really Real transcendent and personal love of God, whose grace sustains every love, every belief, and every desire.

THOMAS ACKLIN (LATROBE, PA)

ABNORMAL PSYCHOLOGY. Edited by James Hansell and Lisa Damour. Hoboken, NJ: John Wiley & Sons, 2005. 633 pp.

In his introduction to Thorndike's 1905 textbook, *The Elements of Psychology*, William James wrote that for any given discipline, textbooks offer a window into the soul of the culture. James Hansell and Lisa Damour's new textbook, *Abnormal Psychology*, offers just such a window with a wonderful view—if not of what our culture is like now, of what it could be.

Hansell, who teaches in the Department of Psychology at the University of Michigan, is a graduate of the Michigan Psychoanalytic Institute and has published extensively in the psychoanalytic literature on psychotherapy process and outcome and in gender and sexual identity. Damour teaches in the Department of Psychology at John Carroll University and is an expert on the training of graduate teaching assistants. Both are recognized educators in the field of psychology. The overriding aim of their textbook is to introduce students to the fascinating complexities of abnormal psychology from a point of view that includes multiple theoretical perspectives and attention to the patient as a whole person.

While recognizing the overwhelming importance of diagnosis and of the need for textbooks to be consistent with the DSM-IV-TR system (which this one certainly is), Hansell and Damour

argue that by making the DSM system the backbone of their content and organization, most textbooks of abnormal psychology miss what is most important and interesting about the field. They take the position that, while diagnosis is indispensable, "it is not the most interesting, helpful, or complete way to think about [a] . . . person" (p. ix). In their view, students learn best how to think both about the person afflicted with mental suffering *and* the intellectual problems at stake when invited to consider psychopathology in terms of the core concepts and controversies that shape our efforts to understand mental illness.

To this end, Hansell and Damour set an ambitious intellectual agenda, approaching the task of defining, classifying, explaining, and treating abnormality through repeated reference to six core concepts that are reviewed and discussed throughout the book. These concepts are the importance of context in defining and understanding abnormality, the continuum between normal and abnormal behavior, cultural and historical relativism in defining and classifying abnormality, the advantages and limitations of diagnosis, the principle of multiple causality, and the connection between mind and body.

In accord with the principle of multiple causality, the authors present an integrated approach to multiple theoretical perspectives used in contemporary practice, emphasizing how these perspectives overlap and complement each other, rather than suggesting that they represent distinct and competing points of view. These multiple theoretical perspectives include psychodynamic, humanistic and existential, behavioral, cognitive, sociocultural and family, and biological. *Abnormal Psychology* is divided into fourteen user-friendly chapters for a semester of study. Chapters one through four explore the core concepts; chapters five through fourteen explore major diagnostic categories, taking up each in relation to these core concepts and multiple theoretical perspectives.

In the eighty years or so since references to psychoanalysis first began to appear in textbooks of psychology, the psychoanalytic point of view has often been subject to distorted, impoverished,

and even downright hostile treatment.¹ Hansell and Damour's book presents a model of how a contemporary psychoanalytic point of view can be integrated into a sophisticated and complex approach to the study of psychopathology. The authors present an overview of the psychodynamic perspective in an introductory section on theoretical perspectives, devoting more space to it than to any of the other perspectives except the biological. They revisit the psychodynamic point of view in each subsequent chapter as one component of an integrated approach.

In contrast to most other textbooks that equate psychoanalysis with Freud, these authors' review opens with the comment that "much of today's psychodynamic theory differs vastly from Freud's original ideas" (p. 40). After reviewing in detail "Freud's Early Model" and "Freud's Later Model" (including discussions of the invention of psychoanalysis, topographic theory, drive theory, structural theory, ego psychology, the concept of defense, and specific defense mechanisms), the authors update psychoanalytic theory with a discussion of the object relational and self psychology models of the mind. In another welcome change from textbooks that continue to cite Jung, Adler, and Horney as the most important neo-Freudians, *Abnormal Psychology* refers to the work of Klein, Mahler, Kernberg, Bowlby, Kohut, Schafer, Greenberg, and Mitchell, among others. The section on psychodynamic treatment interventions reviews the concepts of free association, insight, the therapeutic relationship, resistance, transference, countertransference, interpretation, and working through. A brief clinical vignette is presented to illustrate how these concepts are applied to the treatment situation. A short discussion of the effectiveness of psychotherapy refers to the work of Luborsky and Crits-Cristoph.

¹ For more on this topic, see the following references: (1) Blumenthal, A. L. (1990-1991). The introductory psychology textbook. *Int. J. Social Educ.*, 5:11-28; (2) Bornstein, R. (1988). Psychoanalysis in the undergraduate curriculum: the treatment of psychoanalytic theory in abnormal psychology texts. *Psychoanal. Psychol.*, 5: 83-93; and (3) Park, S. & Auchincloss, E. L. (in press). Psychoanalysis in introductory textbooks of psychology: a review. *J. Amer. Psychoanal. Assn.*

A weak point in Hansell and Damour's presentation of the psychodynamic perspective is their failure to elucidate the specific contributions of psychoanalysis to an understanding of psychopathology. They leap from an overview of theories of mind to an overview of treatment without presenting a theory to explain what might go wrong that would justify the treatment as described. Most glaring is the failure to define the psychoanalytic concepts of *neurosis* and *borderline personality organization*, an omission that becomes disconcerting when, after an excellent discussion of the limitations of descriptive diagnosis, these terms appear with no explanation in a diagram entitled "Psychodynamic Diagnosis: An Alternate Classification System," which plots a dimension of severity (neurotic-borderline-psychotic) against a dimension of personality typology. The failure to explain what the terms *neurotic* and *borderline* mean renders the diagram incomprehensible to readers unfamiliar with the proposed classification system. Aggravating to this reader is also the attribution of this classification system to McWilliams, with no reference to the work of Kernberg, from which it derives. Arguably the most important psychoanalytic psychopathologist since Fenichel, Kernberg is cited in the sections on general theory and dissociative disorders, but oddly not in sections on classification or borderline personality disorder.

There are also startlingly few references to the seminal work of Gabbard² and Vaillant.³ Sections on anxiety and depression could benefit from reference to the important research of Milrod and others,⁴ as well as Busch and colleagues.⁵ Finally, with regard to the question of research, Hansell and Damour could do more to counter the antipsychoanalytic shibboleth that psychoanalytic the-

² E.g., Gabbard, G. O. (1990). *Psychodynamic Psychiatry in Clinical Practice*. Washington, DC: Amer. Psychiatric Press.

³ Vaillant, G. E. (1978). *Adaptation to Life*. Boston, MA: Little, Brown & Co.

⁴ Milrod, B. L., Shapiro, T., Cooper, A. & Busch, F. N. (1997). *Manual of Panic-Focused Psychodynamic Psychotherapy*. Washington, DC: Amer. Psychiatric Publishing.

⁵ Busch, F. N., Rudden, M. & Shapiro, T. (2004). *Psychodynamic Treatment of Depression*. Washington, DC: Amer. Psychiatric Publishing.

ory is unempirical or unproven. Their project would benefit from a review of Westen's introductory textbook, which refers extensively to the many empirical studies related to psychoanalytic ideas.⁶

Despite these shortcomings, Hansell and Damour's *Abnormal Psychology* is a unique and important contribution to our field. For the most part, the authors have been brilliantly successful in their ambitious program of introducing students to the study of mental illness in a way that calls for an understanding of patients' suffering in its full complexity. Furthermore, *Abnormal Psychology* is beautifully illustrated with art by famous painters (many of whom suffered from mental illness) and with engaging clinical vignettes (many about the lives of well-known historical figures), and it addresses intellectual controversy involving such lively characters as Elaine Showalter (on "Modern Hysteria") and Daphne Merkin (on a "First-Person Account of Sexual Masochism"). One does not necessarily expect a textbook to be fun and interesting throughout, but this one is. Hansell and Damour's students are fortunate indeed!

ELIZABETH L. AUCHINCLOSS (NEW YORK)

⁶ Westen, D. (1996). *Psychology: Mind, Brain, and Culture*. New York: John Wiley & Sons.

ABSTRACTS

CANADIAN JOURNAL OF PSYCHOANALYSIS¹

Abstracted by Louise Carignan

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Healing through the Search for Truth: The Well-Tempered Analytic Situation. Jean-Pierre Bienvenu, pp. 399-420.

By revisiting different metaphors utilized in the French-speaking and English-speaking literature to describe the link between the psychoanalytic setting and its therapeutic action, Jean-Pierre Bienvenu assesses fundamental components of the analytic situation for their capacity to foster and contain a process of illusion, which will paradoxically yield an intimate experience of truth. Put together, the metaphors of the *nuclear reactor* (Laplanche), the *maternal reverie* (Bion), the child playing alone in the presence/absence of the mother (Winnicott), the *dream space* (Green), and the *improvisational theatre scene* (Bienvenu) offer a comprehensive portrait of how the analytic situation functions.

For the illusionary process to be beneficial to the ego, a parallel process of disillusionment must be set in motion, but in a dose tolerable for the analysand, who gradually accepts being confronted with certain “truths” about him- or herself. Bienvenu notes that our psychoanalytic understanding of truth has migrated from its original definition as historical truth via the psychical truth of unconscious fantasies, and toward a conception of truth that emerges from a form of creative intersubjectivity. De M’Uzan’s notion

¹ The *Canadian Journal of Psychoanalysis* publishes articles in both French and English. In these abstracts, the language in which the title appears indicates the language of the article. Quotations from French articles have been translated into English by the abstractor.

of *Chimera* is discussed as an illustration of the latter model, which becomes more relevant when the analysis departs from being organized around transference neurosis and castration anxiety.

Bienvenu's paper studies the existential, relational, structural, and technical conditions that allow such transformational processes to occur. He remarks that the effective source of the analytic process has progressively been located closer to the analyst's activity than to the analysand's. Highlighting the double position occupied by the analyst, who must be present and authentic in his or her inner experience but also keep that presence partially excluded from the field of the analysand's perceptual reality, the author concludes that it is only when the emotional presence of the analyst is felt by the analysand that a disillusionment can be constructive rather than traumatic.

Infant Observation: Its Relevance in Teaching Psychoanalysis and Psychotherapy. Michel Grignon, pp. 421-433.

In this paper, Michel Grignon addresses the current debate about the usefulness of infant observation in psychoanalysis from semantic, epistemological, and teleological perspectives. He argues that authors such as Wolff and Green, who have written about the irrelevance of infant observation, do not take into account the existence of at least two different traditions of infant observation. The first tradition, which is traceable to Anna Freud, centers on a method of objective observation of factual behavior, originally based on a notion of Viennese empiricism. It gave rise to modern infant research, as exemplified by the work of Spitz, Emde, Stern, and Lebovici.

The second method of observation, pioneered by Bick, is centered on emotional experience, and utilizes the concept of projective identification as defined by Klein and subsequently enlarged by Heinman, Money-Kyrle, and Bion. The discussion of each observer's written and oral narrative takes place in a small group under the leadership of an experienced analyst. By experiencing the transformations in their initial report, modified by verbal shar-

ing and further elaborated via the complex questioning and thinking of the group, the students (in analysis themselves) discover subjective bias, improve their capacity for self-observation, and develop a tolerance for multiple meanings.

Grignon contends that most criticisms of infant observation apply to the first tradition only, and that this second method is profoundly analytical because it rests on the working through of the group process, mediated by the multiple, fluctuating projective and introjective identifications of all its members. Infant observation, like psychoanalysis, can never be direct observation, but proceeds through complex constructions, deconstructions, and at times reconstructions. He proposes to redefine its purpose, which centers on an emotional experience preparing future psychoanalysts for their clinical experience, rather than on the learning of a developmental science. "In that sense, infant observation is at the centre of modern psychoanalytic preoccupations questioning the nature of the psychoanalytic process, the scientific status of its knowledge, and the evidence of its efficacy," concludes Grignon (p. 429).

Exotica: Unraveling a Perverse Solution to Trauma. Louise Carignan, pp. 492-506.

This analysis of the film *Exotica* (1994), by Canadian director Atom Egoyan, is one of three essays on Canadian films included in this second installment of the journal section entitled "Elective Affinities: Studies in Implied Psychoanalysis," edited by Charles Levin. Abstracts of the other two essays, both on films directed by David Cronenberg, follow.

Egoyan's film is largely set in a Toronto strip club called Club *Exotica*, visited each night by a tax auditor named Francis. Francis is mesmerized by the act of a young stripper, Christina, who performs dressed in a schoolgirl's uniform and whose erotic dance perversely mimics an innocent girl's sensuality. This pivotal and recurrent scene is understood in terms of a collusive, perverse ritual that enables the central characters to disavow a splintering psy-

chic trauma in their past, involving the sexual murder of a child. The repetitive sexual ritual at the club provides a means of turning back and triumphing over their painful memories, but at the cost of emotional alienation and stagnation.

The author analyzes how *Exotica* engages the viewer in a reconstructive journey that unfolds like an allegorical and rather surreal psychoanalytic process, which moves beyond the protagonists' collusive sexualized defense, toward the possibility of integrating dissociated memories and feelings, and toward the dissolving of denial required for the working through of trauma. The central theme of the sexual murder of an innocent child is viewed more broadly as a metaphor for the unavoidably traumatic aspects of sexuality.

"Whether it is envisioned in terms of the child coping with the surge of sexual drives, or of the impact upon the child of being born into a world pregnant with adult sexual messages or signifiers, trauma and loss of innocence are inevitably associated with psychosexual development," says the author. From this perspective, "Christina's schoolgirl act is symptomatic of a wish to reinstate an illusion of childhood innocence by locating the source of sexual intrusion outside the self" (p. 505).

Deadly Narcissism in Cronenberg's *Dead Ringers*. Judy Vogel, pp. 507-521.

Dead Ringers depicts the tragic story of twin brothers Elliot and Berverly Mantle, two gynecologists who shared a fascination with the insides of female bodies. Cronenberg emphasized that he saw the field of gynecology as a metaphor for the mind-body split. "I make . . . [the Mantle twins as children] extremely cerebral and analytical. They want to understand femaleness in a clinical way by dissection and analysis, not by experience, emotion, or intuition" (p. 510).

In her essay, Vogel explores how "the brothers are involved in a highly symbiotic and narcissistic relationship with each other, resulting in confusion in self-object differentiation as well as distortions in intrapsychic reality at a superego level. In a Mahlerian

sense, they have never really been psychologically born. This equilibrium is threatened and eventually destroyed by Berverly's attempt to form a separate relationship with a woman" (p. 507).

The author argues that David Cronenberg's film implicitly addresses the dynamic of the Mantle brothers' *folie à deux* as a metaphor for the most secret and primitive relationship with one's self and one's own body.

The Body of the Imagination in David Cronenberg's *Naked Lunch*. Charles Levin, pp. 523-536.

Charles Levin's analysis of Cronenberg's adaptation of William Burroughs's novel *Naked Lunch* focuses on the director's cinematic rendition of the act of writing. Cronenberg stated that "in order to really convey the experience of writing . . . you have to be courageous. You have to turn it inside out and make it physical and exterior. That's what I've done with *Naked Lunch*" (p. 535).

Levin argues that "Cronenberg represents the process of writing in such a way that the viewer seems to be experiencing it from the imaginary perspective of a dynamic unconscious process. In part, this unusual perspective is built up by interweaving the bizarre scatological imagery characteristic of Burroughs's writing with biographical details about Burroughs, which Cronenberg has infused with symbolic significance and structured into a narrative based on the myth of Orpheus and his perilous descent into Hades" (p. 524).

The author explores some of the film's key metaphorical imagery as a vehicle for depicting converging themes in Burroughs's life, devoting special attention to the problem of symbolization and its relation to the body and the unconscious.

XII, 1, Spring 2004

Quand l'analyste meurt: séduction et travail de deuil. Martin Gauthier, pp. 17-45.

The sudden and unprepared-for death of the analyst raises many questions pertaining to the nature and impact of the loss in-

curred by the patient, and the fate of the psychoanalytic work. Is this a unique type of loss? Can it become elaborated symbolically and mourned in the context of another analysis? How does this compare to the mourning that occurs with a natural termination? A review of the literature underscores the traumatic potential of such loss, often complicated by the analyst's denial or avoidance of issues surrounding serious illness and other countertransference concerns.

Drawing from his experience of the first year of resumed analysis with two female analysands whose former analyst had died suddenly, the author offers some reflections on transference and on the work of mourning in light of Winnicott's theory of the use of an object and Laplanche's seduction theory. Martin Gauthier describes how the mobilization of mourning turned out to be intimately related to the unfolding of the transference to the new analyst. Although the death of the previous analyst had revived traumatic early losses in both patients, these two women were eventually able to pursue their analyses despite the emergence of a powerful transference resistance to engagement. The new analyst was experienced in fantasy as already dead, while the representation of the former analyst was idealized.

Beyond conflicts around aggressiveness, it seemed that these patients had unconsciously associated the death of the previous analyst with an overwhelmingly exciting seduction scene, in which the analyst had not survived their "ruthless love." The actual death of the analyst had consequently interfered with their emergence from a world of "subjective objects." They were left with a sense of confusion between libidinal and aggressive urges, and the belief that liveliness or pleasure is dangerous and destructive, giving rise to schizoid defenses. Working through these issues enabled mourning to begin, and concurrently allowed the patients to engage in the new analytic relationship.

In addition to losing a transformative object and an "area of illusion" while in a state of regression, the analysand who suddenly loses his or her analyst is also confronted with the "shadow" of this object and the shadow aspects of their connection. "He is abruptly catapulted into a third position with regard to what was and called

upon to introject what the analytic relation had set in motion.² It is a massive confrontation, under conditions of great passivity,” says Gauthier (p. 39).

XII, 2, Fall 2004

Analysts Involved in Research: Preliminary Observations and Hopeful Signs. Brian M. Robertson, Elisabeth Banon, Patricia R. Csank, and Daniel E. Frank, pp. 195-216.

The authors describe some of their experiences as a group of psychoanalysts involved in the planning of a large multinational research project (the LPPRG). The proposed study is a comparative, randomized, controlled trial of three active treatments, including psychoanalysis, with supportive clinical management as a control.

The authors' main contribution to the planning has been to write research guidelines for the psychoanalytic arm of the project. They document some aspects of the process involved in the writing of these guidelines and outline the table of contents of the guidelines. The authors conclude with a detailed discussion of the unexpected benefits for their work as analysts as a result of their involvement in the research planning. These benefits mirror the experiences of other groups of analysts involved in systematic research projects.

Editor's Note: In conjunction with the following article abstract, the reader may wish to refer to an original article in this issue of *The Psychoanalytic Quarterly* by Dr. Dominique Scarfone, "A Matter of Time: Actual Time and the Production of the Past," pp. 807-834.

² *Abstractor's Note:* The author is using the term *third position* descriptively here, rather than conceptually, to imply that the analysand is looking at the two poles of his relationship with his former analyst from a new vantage point, and is thereby confronted with the shadow aspects contained in any relationship.

Preserving the Psychoanalytic Stance: Research and the Operational Closure of Psychoanalysis. Dominique Scarfone, pp. 217-224.

Dominique Scarfone's text is a discussion of the preceding paper by Robertson et al. and of another theoretical paper by Kernberg,³ also published in this Special Issue of the *Canadian Journal of Psychoanalysis* on Psychoanalytic Research, co-edited by Brian M. Robertson and Christopher Perry.

"Let me begin by stating my belief that, in dealing with the human soul, we are compelled to take interest in every possible knowledge related to the human condition," writes Scarfone. "It ensues that, in my opinion, psychoanalysis can hardly dispense with the contributions of research, conceptual or empirical as it may be. Only, matters are not that simple. The question is, Who does what, and what role should psychoanalytic institutes play in this regard? The subject is replete with controversial issues. I will address them under three headings: (1) the nature of psychoanalytic knowledge, (2) psychoanalytic practice and research practice, and (3) the politics of research and psychoanalytic institutions" (p. 217).

"In what sense is a research psychoanalytic?" asks Scarfone. He observes that, while the papers of both Kernberg and Robertson et al. present this issue straightforwardly, it cannot help but be theory laden. For instance, Kernberg's biological take that a possible reward of neurobiological research may be a clarification of the biological predisposition to unconscious motivation (the drives) may not gather a consensus among psychoanalysts. Beyond this, the issue of *resistance* in analysand and analyst alike and a concern for the specific nature of psychoanalytic knowledge—the "core psychoanalytic fact" or the fragile set of phenomena that become observable and operational only insofar as the analyst is able to adopt and maintain an *analytic stance*—dramatically complicate the picture of psychoanalytic research. These concerns demand a principled discussion about the specific nature of the research in question and its relationship to the psychoanalytic method.

³ See Kernberg, O. F. (2004). Rewards, dangers, findings, and attitudes in psychoanalytic research. *Canadian J. Psychoanal.*, 12(2):178-194.

“How do the requirements of systematic research meet those of the analytic method?” is the second question raised by Scarfone. “Manualizing” the analyst’s interventions and standardizing the goals of treatment, for instance, are both major departures from the analytic method. They strongly challenge the analyst’s freely hovering attention, and, more importantly, the setting of goals suggests that the participants already know and agree on what has to change; resistance therefore becomes mainly resistance to observable change, rather than resistance to the awareness of unconscious psychic reality.

When analysts engage in systematic research, they are soon caught in a stream of concepts and methods extraneous to the analytic setting, which threaten the “operational closure” of psychoanalysis, says Scarfone. *Operational closure* is a concept borrowed from theoretical biology, accounting for the sum of mechanisms that provide a living entity with the vital boundaries needed to preserve its structure from falling apart. Scarfone also argues that indiscriminate research training in institutes would compromise the candidates’ ability to establish the operational closure needed to engage in psychoanalytic practice.

XIII, 1, Spring 2005

Editor’s Note: The following article was republished in *The Psychoanalytic Quarterly*, Volume 75, Number 2 (April 2006), in an English translation by Dr. Richard B. Simpson.

Le malentendu. Jacques André, pp. 1-18.⁴

Dissymmetry in the psychoanalytic relationship as a condition for the psychoanalytic cure is a backdrop to French analyst Jacques André’s paper. “There can be no analysis between people who hear

⁴ The text of this article was presented at the Annual Scientific Meeting of the Canadian Psychoanalytic Society, Montréal, Québec, June 5, 2004.

(understand, or get along with) each other," says the author (p. 5). The apparent commonality of language between the two protagonists constitutes a primary obstacle to the cure. It creates an illusion of sharing, communication, and symmetry that can mask "enigmatic signifiers" embedded in the analysand's language. A *malentendu* (or misunderstanding) is a moment when the most ordinary and familiar, to the point of being imperceptible, suddenly becomes the most surprisingly strange or "foreign." As an analytic event, it owes less to a lifting of repression than to a sudden eruption of the uncanny.

André's paper focuses on instances in which the analysand's very style of speaking, rather than conveying meaning, becomes an uncanny object for the analyst. Building on Laplanche's notion that the analytic situation re-creates elements of the enigmatic encounter between *infans* and adult, he states that the analytic endeavor comes closest to the process of learning to speak when these primitive forms of psychic life encoded in the analysand's language are questioned. (It should be kept in mind that the word *infant* is derived from the Latin *infans*—"one who does not speak.") Analysis can be a revival or an invention of these forms.

André illustrates his thesis by providing impressions of his analysis with two female patients who had not "learned to speak," meaning that they could not use language to express their subjectivity, although both had careers related to language or communication. He devotes particular attention to the enigmatic signifiers encoded in the semantic style of the second analysand, who had pronounced schizoid personality traits. She did not use negations in her speech (*ne . . . pas* in French), so that she never said either *yes* or *no*; she said nothing of her own, remaining in a sort of blank neutrality where she was neither present nor absent.

A long analysis eventually linked this state to the patient's early history, a period between being out of the womb (prematurely) and being born. She also could not organize her experience in time, having no category for the past. André argues that, in order to be able to place her early breakdown in the past, she first had to become able to "be" in the present—that is, to "be in the presence of" the analyst.

Les manifestations de l'archaïque et les fonctions de l'analyste. Louis Brunet, pp. 57-76.

Certain archaic transferences threaten the very possibility that an analytic process can take place. Louis Brunet's paper addresses theoretical and clinical issues pertaining to the "archaic," with a view to offering some thoughts on the role the analyst must play when faced with the analysand's archaic anxieties, particularly when the latter cannot make use of the analytic situation as a facilitating environment and perceives the analyst as an absent or inadequate object.

The author first characterizes the archaic in psychoanalysis in largely economic terms, as: a quantitative excess (associated with the drives or objects) that threatens to overwhelm or break into the ego, intense primitive anxieties (of void, falling, disintegration, fragmentation), sensations of chaos threatening integrity, and radical defensive solutions of disinvestment of the self or the object, aimed at "freezing" the chaos. He notes that the Kleinian paranoid-schizoid position is already a defensive organization of or against the archaic through splitting and projective identification.

Adding to Winnicott's idea of the analyst as a facilitating object who must be reliable, stay alive, and refrain from reprisals, Brunet believes that the analyst must also propose a creative answer to destructivity in those cases, a notion he borrows from French analyst René Roussillon. "The 'interpretative act' is seen as an answer to the negation and fantasized destruction of the object stemming from organizations of the archaic," says Brunet, and the analyst's interpretation becomes "a relational gesture," creating a contrast with the position the analyst occupied on account of a counter-transference identification with the absent object. The analyst has to find a way of offering a rebuttal to the destructiveness in the patient's archaic inner world, and must "help the patient create the object and be able to use it" (p. 58). A brief clinical example is given.

XIII, 2, Fall 2005

Un aspect du fantasme nécrophilique. François Sirois, pp. 242-254.

This paper presents some aspects of a necrophilic fantasy. Such fantasy bridges pregenital anxiety about loss and genital anxiety about the sadistic component of love. It is usually encountered as *necrophilic equivalent* when the love object is chosen or fantasized on the basis of its features akin to those of a dead object: inanimate, sleepy, unresponsive. A review of the literature shows the fantasy linked to the following aspects: (a) guilt for having received life and love at somebody else's expense; (b) clinging to a lost object; (c) destructive curiosity about the sexual object; and (d) dreadful experience of the maternal object.

Clinical material demonstrates how such fantasy appeared through dreams and later in a transference pattern, whereby the analyst was experienced sequentially as an inanimate object and as a living object. Childhood history revealed how the patient had been used as a decoy, hostage, and ransom to assuage intergenerational anxiety, probably about another child who had been lost.

Le privilège musical. Christian Godbout, pp. 303-329.

Christian Godbout introduces his rich, erudite, lyrical essay in terms of a personal reflection on the affective power of music. Music owes its power to stir to its affinities with the early, presymbolic, sensorial world, argues the author. As a modality of symbolization, it is the "closest to the immediate, the un-mediated" (p. 308). The privilege of music, according to Godbout, resides in allowing access to and catalyzing traces of primordial experiences, and eluding the representational attenuation habitually undergone by emotional experience. He believes that Nietzsche's analysis of music as reflection of a Dionysian experience of the world refers to this connection between music and primordial intensities or excesses. At the same time, listening to music also has holding qual-

ities, akin to “bathing in an element, being surrounded by it, finding oneself enveloped, being inside an envelope of sound” (p. 310).

Drawing from a number of examples taken from a repertory of classical music, such as the final presto in Beethoven’s *Appassionata*, the author then focuses on a particular type of musical experience, a powerful moment of a dramatic nature that he refers to as a “race to the abyss” (musical scores are provided). “It is as though these powerful moments allude to some primordial and tragic ‘shock,’ one that could hypothetically be understood as the shock of the disappearance of the immediate, sensorial, and holding relationship to the maternal universe,” says Godbout.

Such powerful moments seem to conjugate the “refinding of the sensorial world of infantile life via music itself” with the “loss of the same world via the particular dynamic of the ‘race to the abyss.’” According to the author, “this overlap allows one to grasp the idea that music acts simultaneously as a symbolic container of emotional experience, and as a catalyst of that experience [This is] a paradox that is recast, by way of conclusion, in the Winnicottian theory of the transitional object” (p. 304).

Errata: Dr. Marita Torsti-Hagman, author of the book *Harvesting Free Association*, which was reviewed in the April 2006 issue of *The Psychoanalytic Quarterly*, was incorrectly identified on the journal's cover as "Hagman" rather than as "Torsti-Hagman"; and on p. 630 of the review of Dr. Torsti-Hagman's book, the name "Renata Gaddini" was incorrectly substituted for "Eugenio Gaddini." The *Quarterly* regrets these errors.