Psychoanalytic Quarterly, LXXV, 2006

IDENTITY: RECENT FINDINGS AND CLINICAL IMPLICATIONS

BY OTTO F. KERNBERG, M.D.

After a review of foundational contributions to the concept of identity, including Erikson's, the author discusses the research methods and findings of the Personality Disorders Institute of the Joan and Sanford I. Weill Medical College of Cornell University regarding the concepts of normal identity and identity diffusion, toward an elucidation of the psychopathology of personality disorders—their etiology, diagnosis, and treatment. The application of an object relations theory model to analyze the development of identity clarifies the relationship of individual identity with the social and cultural frame that influences identity formation and may amplify the effects of pathological identity development. Detailed excerpts are presented from a diagnostic structural interview at the Personality Disorders Institute.

INTRODUCTION

The study of severe personality disorders has increasingly pointed to the importance of the differentiation of normal identity from the typical identity disturbances of severe personality disorders. In fact, the assumption that it is precisely the syndrome of identity diffusion that characterizes all severe personality disorders or borderline personality organization has made the clinical assessment of identity and identity disturbances most important diagnostically and in designing the strategies of treatment. The assessment of changes in identity disturbances has become for us an essential aspect of the evaluation of structural intrapsychic change.

Empirical evidence indicates that a temperamental disposition to negative affect, affective dyscontrol, and generalized impulsivity characterize individuals prone to develop borderline personality disorder (deVegvar, Siever, and Trestman 1994; Gurvits, Koenigsberg, and Siever 2000; Silk 2000; Steinberg, Trestman, and Siever 1994; Stone 1993b; van Reekum, Links, and Fedorov 1994; Yehuda et al. 1994). But it is the presence of severe identity disturbances, when added to these temperamental characteristics, that is directly related to consolidation of this personality disorder (O. Kernberg 1984, 1992). This has made the study of identity, its origin, development, and psychopathology highly relevant for contemporary research on etiology, psychopathology, and treatment of severe personality disorders.

A REVIEW OF ERIKSON'S CONTRIBUTIONS

Given that the subject of identity and pathology or breakdown of identity was barely touched upon by Freud (who referred, however, to the ego's [*Ich*] tendency toward integration of its disparate instinctual dispositions and objectives [Bohleber 2000]), it was only following the pathbreaking contributions by Erikson (1950, 1956) that the concept of identity became a fundamental contribution to psychoanalytic theory and exploration of character pathology. Cultural and sociological concern with the vicissitudes of individual identity in a rapidly changing world may have contributed to the popularity of the concept following Erikson's theoretical and clinical formulations. More recently, concern with the development of the self has replaced the focus on the concept of identity in general psychoanalytic literature, although the study of normal and abnormal identity has become central in research on the psychopathology of severe personality disorders.

Erikson first formulated in 1950 the concepts of normal ego identity, identity crisis, and identity diffusion as the crucial characteristics, respectively, of normal personality development, adolescence, and severe personality disorders. He returned to the defi-

nition of the concept of ego identity in 1956, stressing the importance of the conscious sense of individual identity, matched by unconscious strivings for continuity of the individual's self experience. He described identity as an overall synthesis of ego functions, on the one hand, and as the consolidation of a sense of solidarity with group ideals and group identity, on the other. Erikson stressed that ego identity has both conscious and unconscious aspects, and that it develops gradually, until a final consolidation of its structure occurs in adolescence.

Adolescence may present with an identity crisis, that is, a period of a lack of correspondence between the view of the adolescent by those in his or her immediate environment derived from the past, and the adolescent's relatively rapidly changing self experience—with the latter, at least transitorily, no longer corresponding to others' view of the adolescent. Thus, identity crisis derives from a lack of confirmation by others of the adolescent's changing identity. This normal identity crisis, however, must be differentiated from *identity diffusion,* the pathology of identity characteristic of borderline patients.

Erikson (1956) described identity diffusion as an absence or loss of the normal capacity for self-definition, reflected in emotional breakdown at times of physical intimacy, occupational choice, competition, and increased need for a psychosocial self-definition. He suggested that the avoidance of choices reflecting such identity diffusion led to isolation, a sense of inner vacuum, and regression to earlier identifications. Identity diffusion would be characterized by the incapacity for intimacy in relationships because intimacy depends on self-definition, and its absence triggers the sense of danger of fusion or loss of identity that is feared as a major calamity. Identity diffusion, Erikson went on, is also characterized by diffusion of the time perspective, reflected either in a sense of urgency regarding decision making, or else a loss of regard for time in an endless postponement of such decision making.

Identity diffusion also shows in the incapacity to work creatively and in breakdown at work. Erikson described as one con-

sequence of identity diffusion the choice of a negative identity, that is, a rejection of normally assigned social roles, and the establishment of an identity on the basis of a socially unacceptable, rejected, oppositionally defined set of identifications, an abnormal identity found in a "totalistic" embrace of what society rejects.

OTHER KEY CONTRIBUTIONS TO THE CONCEPT OF IDENTITY

Blos (1967, 1979), in his fundamental contributions to the analysis of developmental features of adolescence, has described a *second individuation,* characterized by the adolescent's gradual detachment from internalized infantile objects, through a process involving temporary regression to preoedipal conflicts and, particularly, the reactivation of the negative oedipal complex. Powerful regressive currents activating dependency needs, intense conflicts around homosexual and heterosexual urges, and defenses against these impulses evolve in the context of the strengthening of a mature ego ideal and further development of ego identity. The restructuring of the adolescent's superego, clarified by Jacobson (1954), represents an important aspect of this structural reorganization and overcoming of infantile oedipal prohibitions. It needs to be stressed that the normal symptomatic manifestations of these changes are represented by the identity crisis of adolescence. In cases of severe psychopathology—characterized, from early childhood on, by identity diffusion, pathological expressions of conflict around dependency, so-called negative identity (rigid identification with a rebellious, antisocial, oppositional, alienated social subgroup)—chronic and chaotic dominance of polymorphous, perverse infantile tendencies illustrates the incapacity to resolve the challenges of adolescent psychic restructuring.

Westen (1985, 1992), in reviewing the empirical and theoretical literature on self and identity, summarized the major components of identity as

> . . . a sense of continuity over time; emotional commitment to a set of self-defining representations of self, role

> relationships, and core values and ideal self standards; development or acceptances of a world view that gives life meaning; and some recognition of one's place in the world by significant others. [Wilkinson-Ryan and Westen 2000, p. 529]

Allen et al. (1993), Hauser (1976), and Hauser and Follansbee (1984) enlarged upon several types of identity problems and pathology originally mapped by Erikson: identity achievement, moratorium, foreclosure, and identity diffusion. Identity achievement reflects normal identity; moratorium implies a postponement of the resolution of the integration processes leading to a normal identity; foreclosure refers to a rigid role commitment to a group identity or to a pathological parental identity, or to a combination of isolation and submission to the identity of a leader or a group. Thus, foreclosure represents a particularly severe form of negative identity. Marcia (1966, 1980) further studied the development of ego identity and its relevance to adolescent development.

Masterson (1967, 1972) and Rinsley (1982) described the difference between the identity crisis of normal adolescence and identity diffusion in adolescents with severe personality disorders. Masterson, particularly, pointed to the permanence of severe identity disturbances in adolescence, thus complementing Offer's (1973) research stressing the normal identity characteristic of adolescents without major psychopathology.

Wilkinson-Ryan and Westen (2000), in summarizing their research on identity disturbance in borderline personality disorder, concluded that:

> Identity disturbance in borderline personality disorders is characterized by a painful sense of incoherence, objective inconsistencies in beliefs and behaviors, overidentification with groups or roles, and, to a lesser extent, difficulties with commitment to jobs, values, and goals. These factors are all related to borderline personality disorder regardless of abuse history, although a history of trauma can contribute substantially to the sense of painful incoherence associated with dissociative tendencies. [p. 540]

At the Personality Disorders Institute of Cornell University, we developed an Inventory of Personality Organization (IPO), which assesses reality testing, primitive psychological defenses, and identity diffusion, and have applied this instrument to both clinical and nonclinical samples. We found that the hypothesized combination of identity diffusion and primitive defenses with maintenance of reality testing was significantly correlated with a high level of negative affects and aggressive dyscontrol, the phenotypes characteristic of borderline personality disorder (Lenzenweger et al. 2001).

IDENTITY AND OBJECT RELATIONS THEORY

At the Personality Disorders Institute, we have studied the psychopathology, clinical diagnosis, and psychotherapeutic treatment of identity diffusion on the basis of the application of contemporary psychoanalytic object relations theory. We have applied this theory to an understanding of the development of normal and pathological identity and, in the process, we have defined and further explored the characteristics of identity diffusion (O. Kernberg 1976, 1984, 1992).

In essence, our basic assumption in the application of contemporary object relations theory is that all internalizations of relationships with significant others, from the beginning of life on, have different characteristics under the conditions of peak affect interactions and low affect interactions. Under conditions of low affect activation, reality-oriented, perception-controlled cognitive learning takes place, influenced by temperamental dispositions—that is, the affective, cognitive, and motor reactivity of the infant—leading to differentiated, gradually evolving definitions of self and others. These definitions start out from the perception of bodily functions, the position of the self in space and time, and the permanent characteristics of others. As these perceptions are integrated and become more complex, interactions with others are cognitively registered and evaluated, and working models of them established. Inborn capacities to differentiate self from nonself and

the capacity for cross-modal transfer of sensorial experience play an important part in the construction of the model of self and the surrounding world.

In contrast, under conditions of peak affect activation—be they of an extremely positive, pleasurable or of an extremely negative, painful mode—specific internalizations take place framed by the dyadic nature of the interaction between the baby and the caretaking person, leading to the setting up of specific affective memory structures with powerful motivational implications. These structures are constituted, essentially, by a representation of self interacting with a representation of significant other under the dominance of a peak affect state. The importance of these affective memory structures lies in their constituting the basis of the primary psychic motivational system, in the direction of efforts to approach, maintain, or increase the conditions that generate peak positive affect states, and to decrease, avoid, and escape from conditions of peak negative affect states.

Positive affect states involve the sensuous gratification of the satisfied baby at the breast; erotic stimulation of the skin; and the disposition to euphoric, "in-tune" interactions with mother. Peak negative affective states involve situations of intense physical pain, hunger, or painful stimuli that trigger intense reactions of rage, fear, or disgust, and may motivate general irritability and hypersensitivity to frustration and pain. Object relations theory assumes that these positive and negative affective memories are built up separately in the early internalization of these experiences and, later on, are actively split or dissociated from each other in an effort to maintain an ideal domain of experience of the relation between self and others, and to escape from the frightening experiences of negative affect states. Negative affect states tend to be projected, to evolve into the fear of "bad" external objects, while positive affect states evolve into the memory of a relationship with "ideal" objects. This development results in two major, mutually split domains of early psychic experience, an idealized and a persecutory or paranoid one, idealized in the sense of a segment of purely positive representations of self and other, and persecutory in the sense of

a segment of purely negative representations of other and threatened representations of self. This early split experience protects the idealized experiences from "contamination" with bad ones, until a higher degree of tolerance of pain and more realistic assessment of external reality under painful conditions evolves.

This early stage of development of psychic representations of self and other, with primary motivational implications—the move toward pleasure and away from pain—eventually evolves toward the integration of these two peak affect-determined segments, an integration facilitated by the development of cognitive capacities and ongoing learning regarding realistic aspects of self and others interacting under circumstances of low affect activation. The normal predominance of the idealized experiences leads to a tolerance of integrating the paranoid ones, while neutralizing them in the process. In simple terms, the child recognizes that it has both "good" and "bad" aspects, and so do mother and the significant others of the immediate family circle, while the good aspects predominate sufficiently to tolerate an integrated view of self and others.

This state of development, referred to by Kleinian authors (Klein 1940; Segal 1964) as the shift from the paranoid-schizoid to the depressive position, and by ego psychological authors as the shift into object constancy, presumably takes place somewhere between the end of the first year of life and the end of the third year of life. Here Mahler's (1972a, 1972b) research on separation-individuation is relevant, pointing to the gradual nature of this integration over the first three years of life.

Fonagy and Target's (2003) reference to findings regarding the mother's capacity to "mark" the infant's affect, congruently reflected to the infant, points to a related process: mother's contingent (accurate) mirroring of the infant's affect, with marked (differentiated) signaling that she does not share it while still empathizing with it, contributes to the infant's assimilating his or her own affect while marking the boundary between self and other. Under normal conditions, then, an integrated sense of self ("good and bad"), surrounded by integrated representations of significant others ("good and bad"), which are also differentiated among each other

in terms of their gender characteristics and their status/role characteristics, determines normal identity.

The concept of ego identity originally formulated by Erikson included in its definition the integration of the concept of the self; an object relations approach expands this definition with the corresponding integration of the concepts of significant others. In contrast, when this developmental stage of normal identity integration is not reached, the earlier developmental stage of dissociation or splitting between an idealized and a persecutory segment of experience persists. Under these conditions, multiple, non-integrated representations of self split into an idealized and persecutory segment, and multiple representations of significant others split along similar lines, jointly constitute the syndrome of identity diffusion.

One might argue that, insofar as Erikson considered the confirmation of the self by the representations of significant others to be an aspect of normal identity, he was already stressing the relevance of that relationship between the self concept and the concept of significant others, but he did not as yet conceive of the intimate connection between the integration or lack of it on the part of the concepts of self and the parallel achievement or failure in the corresponding concepts of others. In other words, he was aware of the importance of integration or lack of integration of the concept of self, but not of the equally important function of the corresponding integration or lack of integration of the representations of others. It was the work of Jacobson (1954) in the United States—powerfully influencing Mahler's conceptualizations—and the work of Fairbairn (1954) in Great Britain that pointed to the dyadic nature of the development of early internalizations and created the basis for contemporary psychoanalytic object relations theory.

ETIOLOGY OF IDENTITY DIFFUSION

Regarding the etiology of identity diffusion, we may now formulate a proposal that integrates the findings regarding temperamental

predisposition to the development of severe personality disorders or borderline personality organization, particularly regarding the development of the borderline personality disorder in a restricted sense as formulated in DSM-IV, with early developmental and later psychosocial etiological factors. To begin, the genetic disposition to affect activation related to the pathology of neurotransmitter systems, involving particularly the biogenic amines (such as the serotonergic, the noradrenergic, and the dopaminergic systems), may determine an organismic hyperreactivity to painful stimuli represented by an inborn excessive development of aggressive affect. Presumably, the genetically determined hyperactivity of the areas of the brain that involve affect activation, particularly hyperactivity of the amygdala, contribute to negative affect activation (deVegvar, Siever, and Trestman 1994; Gurvits, Koenigsberg, and Siever 2000; Silk 2000; Steinberg, Trestman, and Siever 1994; Stone 1993a, 1993b; van Reekum, Links, and Fedorov 1994; Yehuda et al. 1994).

A genetic disposition may also be involved in a potential primary inhibition of areas of the brain involved in cognitive control, particularly the prefrontal and preorbital cortex and the anterior portion of the cingulum, the areas involved in determining the capacity for "effortful control" (Posner et al. 2002). Silbersweig and colleagues (in preparation), in a collaborative neuroimaging study with Cornell University's Personality Disorders Institute, found that patients with borderline personality disorder presented decreased activity in dorsolateral prefrontal and orbitofrontal cortex in contrast to normal control subjects during presentation of inhibitory words; and there was an inappropriately increased amygdalar activity in these patients in neutral word conditions. These genetic and constitutional dispositions toward excessive aggressive affect activation and lack of cognitive control would result in an inborn, temperamentally given predominance of the negative domain of early experience, one predispositioning factor to the development of identity diffusion.

Then, from the beginning of postnatal life onward, the relationship between infant and mother, particularly under conditions of

peak affect activation, reflected in the development of normal or pathological attachment, would represent a further determinant—a crucial one—of the predominance of the negative domain of affective experience. Bion (1967, 1970) stressed the crucial function of the mother in transforming the infant's sensorial impressions that are projected onto the mother in the form of *beta elements* into *alpha elements,* reflecting the mother's integrative emotional capacity. The infant's introjection of these modified sensorial elements determines the infant's tolerance of early negative affective experiences. Failure of this maternal function leads to continued predominance of pathological projective identification, bringing about a dominance of the paranoid segment of early experience by amplifying intolerable negative affective experience.

More recently, Fonagy and Target (2003) proposed that the mother, activating her normal capacity to mirror congruently the infant's dominant affect (particularly under conditions of negative affect activation), while signaling to the infant by means of her "marking" of the affect that she can empathize with it without sharing it, permits the infant to internalize mother's contingent, accurate and marked, differentiated emotional experience. The infant thus becomes able to reflect on his or her own affective experience, developing in the process the function of normal *mentalization* (Allen and Fonagy 2006). When the mother is unable to mark her congruent reactions to the infant, that is, when she reflects to the infant an intensity of negative affect that would seem to mirror the infant's incapacity to contain it, this experience amplifies the infant's dread of his/her own primitive negative affect—thus leading, I would add, once again to the predominance of the paranoid domain of experience. Or, when the mother is unable to congruently mirror the infant's affect, thus reflecting a deficient empathy with him or her, this also determines an intolerable intensity of negative affect in the infant that cannot be contained, which also increases the dominance of the negative segment of experience. By these mechanisms, then, the predominance of negative affect is reinforced and may lead to a severe restriction in mentalization.

There are several patterns of mirroring that may be risk factors for various types of psychopathology. Mirroring that is both unmarked and noncongruent may be a risk factor for borderline personality organization or even psychosis. As mentioned earlier, mirroring that is unmarked but contingent may contribute to an exacerbation of the infant's and small child's lack of capacity to contain negative affects. Marked but noncontingent mirroring—where the parent differentiates his or her own feeling from that of the infant, but there is no accurate reflection of the infant's or young child's feeling—may pose a risk factor for narcissistic personality disorder (Allen and Fonagy 2003).

All insecure attachment patterns involve contradictory, incompatible working models of attachment (Main 1995). The preoccupied person oscillates between good and bad evaluation of self and others; the unresolved person shows logically inconsistent simultaneous beliefs or sudden breaks in discourse; and the dismissing individual holds an idealized working model at the semantic level and a negative, contradictory one at the episodic level. The disorganized or unresolved individual is at still greater risk for identity diffusion because of the dissociated systems that are operative in such individuals (Diamond 2005). Levy (2005) proposes that the "Cannot Classify" (CC) category—assigned if an adult displays a combination of contradictory or incompatible linguistic patternings—may be the most extreme example of contradictory, incompatible working models of attachment.

In short, insecure attachment is likely a risk factor for identity diffusion, just as it is for borderline personality organization, but these three domains need to be clearly differentiated from each other. Attachment is a developmental sequence of particular modes of relatedness that co-determine the formation of internal models of self and other ("object") representations. The organization of these self and object representations leads, in turn, to identity integration or identity diffusion. In my view, identity diffusion is a structural, pathological consolidation of the internalized world of object relations, reflected in a stable lack of integration of the concept of self and of significant others. Borderline

personality organization is a specific psychopathological syndrome with common features characterizing all severe personality disorders, which reflects the subjective and behavioral consequences of identity diffusion and presents secondary defensive operations and symptoms that maintain it. Insecure attachment is an important risk factor for identity diffusion, probably superimposed on the temperamental disposition referred to before, and reinforced by other psychosocial risk factors to be mentioned further on.

The concept of mentalization (Allen and Fonagy 2006) includes the child's capacity both for reflecting on his or her own affect and for appropriately reflecting on the mother's affect; mentalization thus includes the capacity for *secondary representation* of one's own affect, the capacity to empathize with the affective experience of the other, and the capacity to appropriately differentiate between the affective experiences of self and other. In my view, the multiple meanings of mentalization do not consider sufficiently the difference between the early capacity for differentiation between self and object representation, and the later integration of contradictory representations of others as well as of self.

While I agree with Allen and Fonagy's (2003, 2006) idea that the function of abnormal attachment is an important contributor to identity diffusion, it does not do justice to the concept of integration or lack of integration of representations of significant others—in parallel to the integration (or lack of it) of the concept of self—implied in the concept of normal identity and identity diffusion as defined earlier. In other words, identity diffusion implies internal working models that reflect disorganized/disoriented representation of self and of others, derived from the splitting mechanisms that fragment the representatives of self and the representations of others in terms of polar opposite affect dispositions (P. Kernberg 2004).

There is ample evidence that a history of severe physical abuse and sexual abuse, and of the chronic witnessing of severe sexual and physical abuse, is highly prevalent in borderline personality disorder (Stone 1993a). There is also evidence that chronic pain related to physical illness in the first year of life is related to an

accentuation of aggressive behavior (Grossman 1991; Zanarini 2000). The effects of chronic abandonment and of severe chaos within the family structure, particularly the breakdown of ordinary intergenerational boundaries and chronic unpredictability of parental behavior, are further factors that increase the predominance of the negative domain of early experience, contributing to the development of severe personality disorders and, in the context of this analysis, of identity diffusion.

A study carried out by Levy (unpublished) indicates that, within a segment of a normal population that shows exaggerated negative affect and impulsivity as temperamental phenotypes, those subjects within that subgroup who, at the same time, evince severe identity disturbances also present with personality disorder, while those who do not present such identity disturbances do not. He concludes that, whereas negative affect and impulsivity may be broadband risk factors for the development of borderline personality disorder, identity disturbance appears to be a specific risk factor. This finding is consistent with earlier work (Garnet et al. 1994), which found that identity disturbance was the best predictor of the continuation of borderline personality disorder from adolescence into young adulthood.

In short, the major hypothesis regarding the etiological factors determining severe personality disorders or borderline personality organization is that, starting from a temperamental predisposition to the predominance of negative affect and impulsivity or lack of effortful control, the development of disorganized attachment, exposure to physical or sexual trauma, abandonment, or chronic family chaos predispose an individual to abnormal fixation at the early stage of development that predates the integration of normal identity: a general split persists between idealized and persecutory internalized experiences under the dominance of corresponding negative and positive peak affect states. Clinically, this state of affairs is represented by the syndrome of identity diffusion, with its lack of integration of the concept of the self and the lack of integration of the concepts of significant others. The question still remains of what other temperamental, psychodynamic, or

psychosocial factors may then influence the development of specific constellations of pathological character traits that differentiate the various constellations of severe personality disorder from each other, a subject that remains to be explored. The fact that much of the relevant research involves borderline personality disorder points to the need to carry out such studies involving other severe personality disorders.

From a clinical standpoint, the syndrome of identity diffusion explains the dominant characteristics of borderline personality organization. The predominance of primitive dissociation or splitting of the idealized segment of experience from the paranoid one is naturally reinforced by primitive defensive operations intimately connected with splitting mechanisms, such as projective identification, denial, primitive idealization, devaluation, omnipotence, and omnipotent control. All these defensive mechanisms contribute to distorting interpersonal interactions and create chronic disturbances in interpersonal relations, thus reinforcing the lack of self-reflectiveness and of mentalization in a broad sense, decreasing the capacity to assess other people's behavior and motivation in depth—particularly, of course, under the impact of intense affect activation. The lack of integration of the concept of the self interferes with a comprehensive integration of one's past and present into a capacity to predict one's future behavior, and decreases the capacity for stable commitment to professional goals, personal interests, work and social functions, and intimate relationships.

The lack of integration of the concept of significant others interferes with the capacities to realistically assess others and to select partners harmonious with the individual's actual expectations, and with investment in others. All sexual excitement involves a discrete aggressive component (O. Kernberg 1995). The predominance of negative affect dispositions leads to an infiltration of the disposition for sexual intimacy with excessive aggressive components, determining, at best, an exaggerated and chaotic persistence of polymorphous, perverse infantile features as part of the individual's sexual repertoire, and, at worst, a primary inhibition of the

capacity for sensual responsiveness and erotic enjoyment. Under these latter circumstances, severely negative affects eliminate the very capacity for erotic response, clinically reflected in the severe types of sexual inhibition that are to be found in the most severe personality disorders.

The lack of integration of the concept of self and of significant others also interferes with the internalization of the early layers of internalized value systems, leading particularly to an exaggerated quality of the idealization of positive values and the ego ideal, and to a persecutory quality of the internalized, prohibitive aspects of the primitive superego. These developments lead, in turn, to a predominance of splitting mechanisms at the level of internalized value systems or superego functions, with excessive projection of internalized prohibitions, while the excessive, idealized demand for perfection further interferes with the integration of a normal superego. Under these conditions, antisocial behavior may emerge as an important aspect of severe personality disorders, particularly in the syndrome of malignant narcissism, and in the most severe type of personality disorder, namely, the antisocial personality proper, which evinces most severe identity diffusion as well, underneath a pathological grandiose self (O. Kernberg 1984, 1992). In general, normal superego formation is a consequence of identity integration, and, in turn, protects normal identity. Severe superego disorganization, in contrast, worsens the effects of identity diffusion (Jacobson 1954).

The treatment of personality disorders depends, in great part, on their severity, reflected in the syndrome of identity diffusion. The presence or absence of identity diffusion can be elicited clinically in initial diagnostic interviews focused on the structural characteristics of personality disorders. The dimensional aspects—greater or lesser degrees of identity diffusion—require further research. From a clinical standpoint, the extent to which ordinary social tact is still maintained or lost is the dominant indicator of the severity of the syndrome. The diagnosis of identity diffusion or of normal identity, in short, acquires fundamental importance in the clinical assessment of patients with personality disorders.

THE CLINICAL ASSESSMENT OF IDENTITY

At the Personality Disorders Institute at Cornell, we have developed a particular mental status examination designated *structural interviewing,* geared to the differential diagnosis of personality disorders. In essence, this interview, which ordinarily takes up to one and one-half hours of exploration, consists of various steps of inquiry into the patient's functioning. The first step evaluates all the patient's symptoms, including physical, emotional, interpersonal, and generally psychosocial aspects of malfunctioning, inappropriate affect experience and display, inappropriate behavior, and inordinate difficulties in assessing self and others in interactions and in negotiating ordinary psychosocial situations. This inquiry into symptoms is pursued until a full differential diagnosis of prominent symptoms and characterological difficulties has been achieved.

The second step of this interview explores the patient's present life situation, including his/her adaptation to work or a profession, the patient's love life and sexual experiences, the family of origin, the patient's friendships, interests, creative pursuits, leisure activities, and social life in general. It also explores the patient's relations to society and culture, particularly ideological and religious interests, and his/her relationship to sports, arts, and hobbies. In short, we attempt to obtain as full a picture as possible of the patient's present life situation and interactions, raising questions whenever any aspect of the patient's present life situation seems obscure, contradictory, or problematic. This inquiry complements the earlier step of exploration of symptoms and, at the same time, makes it possible to compare the patient's assessment of his/her life situation and potential challenges and problems with the patient's interaction with the diagnostician as this exploration proceeds.

A third step of this structural interview consists in raising the question of the personality assessment by the patient of the two or three most important persons in his/her present life, followed by

the assessment of his/her description of the self as a unique, differentiated individual. The leading questions here are: "Could you now describe to me the personalities of the most important persons in your present life whom you have mentioned, so that I can acquire a live picture of them?" "And now could you also describe yourself, your own personality, as it is unique or different from anybody else's, so that I can acquire a live picture of it?"

As the fourth step of this interview, and only in cases with significant disturbances in the manifestations of behavior, affects, thought content, or formal aspects of verbal communication during the interview, the diagnostician tactfully raises questions about that aspect of the patient's behavior, affect, thought content, or verbal communication that has appeared as particularly curious, strange, inappropriate, or out of the ordinary, warranting such attention. The diagnostician communicates to the patient that a certain aspect of his/her communication has appeared puzzling or strange to the diagnostician, and raises the question of whether the patient can see that, and what his/her explanation would be for the behavior that puzzles the diagnostician.

Such a tactful confrontation will permit the patient with good reality testing to be aware of what it is in him-/herself that has created a particular reaction in the interviewer, providing an explanation that reduces the strangeness or puzzling aspect of that behavior. This response, in other words, indicates good reality testing. If, to the contrary, such inquiry leads to increased confusion, disorganization, and abnormal behavior in the interaction with the diagnostician, reality testing is presumably lost. The maintenance of reality testing is an essential aspect of the personality disorders; such patients may have lost subtle aspects of tactfulness in social interactions, but maintain good reality testing under ordinary social circumstances. Loss of reality testing presumably indicates an atypical psychotic disorder or an organic mental disorder: that finding would lead to further exploration of such a behavior, affect, or thought in terms of a standard mental status examination. In any case, a clear loss of reality testing indicates that an active psychotic or organic mental disorder is present, and that the pri-

mary diagnosis of a personality disorder cannot be established at this time.

Otherwise, with reality testing maintained, the interview would permit the diagnosis of a personality disorder, the predominant constellation of pathological character traits, and its severity in terms of the presence or absence of the syndrome of identity diffusion. The capacity to provide an integrated view of significant others and of self indicates normal identity. Good interpersonal functioning that does not include strange or puzzling aspects in the present interaction would not warrant the exploration of reality testing. Patients with borderline personality organization who present identity diffusion also typically evince behaviors reflecting primitive defensive operations in interaction with the diagnostician. These findings are less crucial than the diagnosis of identity diffusion, but they certainly reinforce that diagnostic conclusion.

While this method of clinical interviewing has proven enormously useful in the clinical setting, it does not lend itself well, unmodified, to empirical research. A group of researchers at our institute are presently transforming this structural interview into a semistructured interview, geared to permit the assessment of personality disorders by way of an instrument (the Structured Interview for Personality Organization, known as STIPO; see Clarkin, Caligor et al., unpublished) that is tailored to empirical research. The clinical usefulness of the structural interview, however, may be illustrated by typical findings in various characterological constellations.

To begin, in the case of adolescents, structural interviewing makes it possible to differentiate adolescent identity crises from identity diffusion. In the case of identity crises, the adolescent may present with a sense of confusion about the attitudes of significant others toward him-/herself and puzzlement about aspects of their attitudes that do not correspond to the adolescent's self-assessment. Asked to describe the personality of significant others, however, particularly from the immediate family, the adolescent's description is likely to be precise and in depth. By the same token, while describing a state of confusion about his/her relationships

with others, the description of the adolescent's own personality also conveys an appropriate, integrated view, even including confusion about relationships that corresponds to the impression the adolescent gives to the interviewer.

In addition, adolescents with identity crisis but without identity diffusion usually show a normal set of internalized ethical values, interests, and ideals, commensurate with their social and cultural background. It is remarkable that, even if such adolescents are involved in intense struggles around dependence and independence, autonomy and rebelliousness with their environment, they have a clear sense of these issues and their conflictual nature, and their description of significant others with whom they enter into conflict continues to be realistic and cognizant of the complexity of the interactions.

To the contrary, in the case of identity diffusion, descriptions of the most important persons in his/her life by an adolescent with borderline personality organization are vague and chaotic, and so is the description of the self, in addition to the emergence of significant discrepancies in the description of the adolescent's present psychosocial interactions, on the one hand, and the interaction with the interviewer, on the other. It is also typical in cases of severe identity diffusion in adolescence that there exists a breakdown in the normal development of ideals and aspirations. The adolescent with identity diffusion may display a severe lack of internalized value systems or a chaotic and contradictory attitude toward such value systems. The most typical manifestations of the syndrome of identity diffusion—that is, a clear lack of integration of the concept of self and of the concept of significant others—can be found in patients with borderline personality disorder, and, to a somewhat lesser degree, in patients with histrionic or infantile personality disorder.

In contrast, in the case of narcissistic personality disorder, what is most characteristic is the presence of an apparently integrated, but pathological, grandiose self, contrasting sharply with a severe incapacity to develop an integrated view of significant others; in fact, the lack of a capacity to grasp the personality of significant

others is most dramatically illustrated in narcissistic personality disorder. An opposite situation may emerge in patients with schizoid personality disorders, where a lack of integration of the concept of the self may be matched by very subtle observations of significant others. In the case of schizotypal personality, in contradistinction, both the concept of self and the concept of significant others are severely fragmented, similar to what is seen in cases of borderline personality disorders.

A DIAGNOSTIC STRUCTURAL INTERVIEW

What follows is a summary of an initial interview using the technique of structural interviewing to illustrate identity diffusion. Part of the interview has been briefly summarized, but the crucial segments illustrating identity diffusion are reproduced verbatim, with the exception of minor distortions involving names, professions, and places referred to in the interview in order to protect the confidentiality of this material.

The patient was a 21-year-old postgraduate student, married to a 21-year-old university student, who consulted because of depression, significant marital conflict, and decreasing functioning leading to interruption of her present studies. She presented a history of long-term depression since early adolescence, occasional self-cutting, and chaotic adolescent interpersonal relations. She had had a number of sexual relationships during her college years. Although the possibility of a bipolar illness had been considered in consultation with a college psychologist, there was definitely no history of a bona fide hypomanic episode, nor did the depressions present features that would justify their classification as a major depression.

Following her parents' divorce during the patient's early childhood, mother remarried, and the patient described a chaotic relationship with both mother and stepfather. The severe difficulties with stepfather in her adolescence led to bitter fights between the patient and mother, with mother kicking the patient out of the house. She then lived with an aunt for a time, until her marriage at the time of graduation from college.

She had several younger siblings and always felt that her mother preferred them, while she was the black sheep of the family. Her relationship with her husband was highly ambivalent, with the patient stating that she loved him, but that she did not know whether she had done the right thing in marrying him. Their sexual life was initially active and satisfying, but she gradually began to feel that all he wanted her for was sex, and she pulled away from him sexually. When their conflicts would become particularly intense, she would leave him and go back to her mother for weeks at a time, disrupting her attendance at school. In addition, her tendency to be late to class and toward provocative behavior had irritated her teachers and gotten her suspended from one class.

This was the information we had before the initial interview with the patient. The interview began with the therapist asking her to describe her difficulties, leading her to summarize, in a rather chaotic way, many of the issues mentioned above.

The therapist then asked several questions to clarify the nature of the patient's depression, in an effort to make the differential diagnosis between a chronic dysthymic reaction or characterological depression, on the one hand, or a major depression, on the other. Her information seemed clearly to confirm that this was a case of chronic, characterologically related depression.

In order to further clarify her present problems, the therapist then asked her about the difficulties at school. The patient said that she had been failing only one class, but she was dropping out because a teacher had told her she was no longer allowed to attend school (!). After several attempts by the therapist to clarify what had really happened, the patient provided the following information.

PATIENT: Yeah, because I was trying, you know. The teacher, he was completely unreasonable with me, being on medical leave, when I was obviously very ill. Um, you know, the first time that my cell phone went off in class and I left early was because my mom was coming to take me to the hospital because I had bronchitis. You know,

and he was just, he didn't even talk to me about it. I just got this e-mail saying, "you're no longer allowed to attend." I had talked to my T. A., and even my T. A. was saying that my grades were pretty good, you know, even on the exam where I had only attended one of the lectures, I got an 80—a "B"—on the exam. So my numerical grades were fine, but he just felt that I was a disruption in class.

THERAPIST: But why did he do that? Does he have a bias against you? Or is there something in your behavior that provoked that reaction in him?

PATIENT: I think that it's both. You know, he's very rigid, um, and he's very hard to be reasonable with when it comes to making, um, exceptions for persons who have difficulties. Um, like I said, with the medical leave, he wouldn't let me make up any of the work. He wasn't even trying to understand . . .

THERAPIST: So it sounds as if it was his problem?

PATIENT: Yeah, but like, I mean, I did, I did come late, like, later than a few minutes a couple of times, like, twice, and I left early twice. Like I said, the first time was when my mom was coming to take me to the hospital . . .

The interview then shifted in the direction of the therapist's exploration of the difficulties in the patient's marriage. Significant extracts from the transcript follow, in sequential order.

PATIENT: I just feel like no matter how hard I try to work with John about things, like with problems we have between us, it just doesn't go anywhere. And you know, like, communication—I try to communicate with him, but there are times when

he, and he just closes up. He just shuts me out and he also, like, when I try to talk to him about things that are upsetting me, he doesn't seem to get it. I just always, no matter how well things are going, I feel like, you know, things are going well, something bad is going to happen. You know, like, things are too good. You know, what's going to happen to bring everything back down again? Even when we're getting along, I feel like something bad is going to happen, like it's too good to be true.

They then talked about the patient's sexual relationship with her husband.

PATIENT: Like, I'm, like a lot of times, I'm just not, you know, ready or just not in the mood, you know, and feel—and he'll be like, "c'mon," and so I'll be like, "sure," you know, and "let's go ahead," and, but, a lot, again, you know, it's me trying to do something for him, you know, and make him think he's doing something for me . . .

THERAPIST: You don't see it as something you're doing for yourself.

PATIENT: No.

THERAPIST: And you don't see it as him showing his interest in you as a woman?

PATIENT: Not really. Like, yes and no. Like, yes, because he does say, you know, "you're so beautiful," whatever, but not, because a lot of the times he's just like, you know, he's just a horny teenager, whatever, you know. I don't even know how to describe it.

Up to this point in the interview, the therapist had focused first on evaluating the patient's present symptomatology, particularly

her chronic depression, and then on the main conflictual features of her personality as they might be influencing conflicts linked to her depression. He now shifted to evaluate identity integration by asking her to describe the most important persons in her present life, first, and then herself as a person. What follows are relevant extracts—again, verbatim interchanges in sequential order.

THERAPIST: Now, can you describe John a little more to me? How he is as a person, what makes him different from anybody else? What's unique about him?

PATIENT: He's very academic, highly intelligent, you know. His studies mean a lot to him—in fact, they come first. Um, he's very smart. I mean, he's made Dean's List every semester that he's been full-time. And he's very professional about his work, um, you know. He's in a research lab on campus as a work study, and he's just very professional about his work. And I feel that his work comes before I do. Um, he—he likes to, when he has time, he likes to sit back and relax and not have to worry about things. But, and he tells me this all the time, you know, he realizes how important it is for us to be able to communicate openly, but when he does get upset about things, he shuts himself off and he crawls within himself and he won't talk to me at all. Half, like, 95% of the time, I don't even know what's bothering him when he's upset. Um, he's, he gets very upset over things that I know that if I were to get upset over something and he doesn't understand why, it would upset me. He gets angry at me, you know, basically, the idea, "How can you let something so small bother you?" He's very quiet, very shy. He's very antisocial, almost. Um, at family gatherings he's okay if he knows everyone, but if you put him

in a situation where he's meeting more than two or three people at a time—that maybe I know, but he doesn't—he gets very flustered, very introverted, very upset. Um, you know, he likes to observe rather than take part. If he goes to, like he went to one party before I was up here, with a friend he went, and while everyone else was interacting he just kind of sat back and watched everyone else.

He's very, very concerned about physical health. Such as, you know, he sees, okay, heart disease is the number-one cause of death in this age group, this gender, whatever, and so what can I do to prevent myself from being at risk for heart disease? And so his diet is very low sugar, low fat, low sodium, and he works out two or three times a week. And you know, he's very imposing of, you know, "That's bad for you, don't do it." Whether it's something as minimal as tanning or something as big as a tattoo or my belly button pierced or whatever, you know, the little things I want to do for myself that I wanted for so long, long before he was even in the picture, and he's very imposing against them. Like, "No, you can't go tanning, it's so bad for you."

THERAPIST: Now that you've described him, it seems that another person who is important in your life is your mother.

PATIENT: Yes, she is.

THERAPIST: Can you describe her to me? What kind of person she is, so that I get a picture of her. What makes her different from other people? What's unique about her?

PATIENT: Well, my mom is really young; she's forty-five. Um, I actually fought with my mom for the, about seven years out of the past eight. You know, we're just very alike, so we butt heads a lot. It was always the big joke that the only things I inherited from my mother were her stubbornness and her anger. Yeah, because if my mom is right, she's going to argue to the end, you know. And I'm the same way. If I know that I'm right, I'm going to argue until you realize that I am, or whatever, you know. And when it comes to anger, I'm not an angry person generally, outwardly, at least, but more pent-up rage. But when I get angry, it's like lighting a cloth that's soaked in kerosene or something, you know. It's just, once I start, it's hard for me to stop.

She is, she can be very open, very warm, but she can also be very harsh, very demanding, very, I don't know, just very self-centered. I've heard her talk about me and my two brothers and I'm the "fucked-up child," Frank is the one with problems that can be worked with, and Bob the little angel. And, you know, yeah, I had my problems, but you know, when your mom tells you that she wishes that you were someone else, it has a big impact. You know, she can —when we get along, we get along really well— but when we're, when we don't get along, we don't get along, you don't want us in the same room with each other. And, the funny thing, though, is that our fights are always her yelling at me. I never fight back.

THERAPIST: Why don't you tell me a little more about yourself. How would you describe yourself as a per-

son, what is unique about you, what makes you different from other people, what would you tell me to portray a picture of you as a person?

PATIENT: I'm a religious person. I try very hard to be accepting of everyone in my religion—a lot of people who are Christians will say, oh, you know, gays are going to hell, whereas I say, so what, we're still taught to love. Because it's not like, even if somebody isn't going to heaven when they die, you're still supposed to love them as you would have them, or somebody else, love you. I'm a very accepting person, very empathic, empathetic person. Who, even if a stranger came to me and said, "I need somebody to talk to," I would sit down with them and listen and talk to them, if they needed a hug, or whatever, a shoulder to lean on, a shoulder to cry on. And that's something that I think is very unique about me, people have told me that it's unique about me, that I have been the type of friend that you'd want a friend to be.

You know, whereas everyone else, you know, somebody told me that, like, all of their other friends, they thought they were friends, but when they needed them the most, they weren't there and, you know, how in all these different ways I was such a good friend. And I think that's something that's definitely the most unique thing about me. You know, I can just pour out love, no matter how upset I am on my own, if somebody else is going through a rough time, I'll push me aside and I'll just, I'll say, "You know, why don't you talk to me, you need to talk, what's going on?"—just try to be there for them.

As I said, I'm not easy to get angry, but when I do, you know, I go off. And another thing is, I love kids, I love working with kids. I love playing with them, being around them, you know. Like I was down at the diner and this woman and her husband were there with their four kids, and one of the kids was crying and was really upset, and I went over to him and started singing the "bumblebee song," you know, just to make him in a better mood. That's just how I am, I love kids, I love working with them, being there.

THERAPIST: You told me that you tried to be open and loving.

PATIENT: Yeah.

THERAPIST: Would it be fair to say that that works with most people, but not with your husband? Because from what you've told me, some of it is that you can get rather easily angry at him and resentful, or am I wrong?

PATIENT: I don't know—like, I get frustrated with my marriage because I don't feel like he hears me. If I need somebody to talk to, he should be the first person to be there for me, and oftentimes he's not. You know, I do love him and I try not to push him away, but he doesn't make it very easy for me. If I'm upset and turn to my friends instead of him, he'll get upset about that, but what he doesn't realize is that I've been trying to talk to him. To open up to him.

In the last part of the interview, the therapist tactfully attempted to confront the patient with contradictions in her descriptions of her husband and of herself and in regard to the situation that

led to her suspension from school, in order to evaluate, first of all, reality testing, and, in addition, the capacity for emotional introspection. Again, what follows are selected segments of that interaction.

THERAPIST: But what I'm asking is to what extent are you really trying to take initiative in a loving way toward him, or to what extent you're contributing to an atmosphere in which he feels that most of the time you are sensitive, irritated, rejecting. I mean, I'm not saying that you may be doing the wrong thing by contributing to the problems, but the way you are talking to me about him gave me the sense of a kind of resentful attitude, as if you had a smoldering resentment; this is how you sound. Are you surprised that I should say that?

PATIENT: No.

THERAPIST: Am I the first person to say that?

PATIENT: To my face, I think.

THERAPIST: Well, let me remind you that you told me that other people had told you that the only way you are like your mother is in being stubborn. So, to what extent is it possible that this is going on in your attitude with your husband? Perhaps without your even knowing it? Second nature.

PATIENT: I guess it's possible.

THERAPIST: What do you think?

PATIENT: A lot of times, you know, I don't know why I—why I'm like that toward my husband.

THERAPIST: I'm exaggerating here a little, but in the relationship with your professor, one could raise the question, why was he so irritated with you? Why

would he have bad feelings toward you? Without being aware of it, were you contributing to it?

PATIENT: I guess—I mean, again, I don't know. I guess it's possible that I was without realizing it.

THERAPIST: And I was impressed by your saying that when everything goes well, you feel it can't last. Because the implication is that if you're afraid of destiny's not tolerating your being happy, you may be tempted to mess up your life, because at least then you know what's going on and nothing worse can happen.

PATIENT: A lot of times it doesn't get to that point . . .

THERAPIST: I beg your pardon?

PATIENT: A lot of times it doesn't get to that point, though, you know.

THERAPIST: Why not?

PATIENT: I tend to stay in my depression, I tend to stay at the point where I know, you know, like, well, everything else is messed up so this is gonna happen too . . . whatever.

Toward the end of the interview, they talked about the patient's plan to go back to her mother, once again, temporarily separating from her husband and abandoning her efforts to continue her studies. The therapist raised the question of to what extent there might be self-defeating forces at play, reminding her of her fantasy that things could not go well for her, and that they had already talked about how she might have contributed to her professor's resentment, as well as to her husband's angry responses to her.

The therapist gained the impression that the patient was clearly able to understand what he was saying, able to think about it and present arguments both in opposition to it and that implied a thoughtful acknowledgment of what he was saying. The contra-

dictory nature of her description of her husband's personality and that of her mother, and of herself—the latter perhaps the most striking aspect of the interview, in which completely contradictory self-representations of stubbornness and opposition, on the one hand, and loving openness, on the other, coexisted without touching each other—made the therapist conclude that she presented significant identity diffusion. Reality testing, however, seemed intact.

The overall diagnostic conclusion was that this was a patient with a personality disorder and borderline personality organization, with predominantly infantile or histrionic and masochistic features, presenting with a chronic characterological depression intimately linked to the self-defeating pattern evident in her relationship with her husband, in her studies, and in her social life.

After the interview, the therapist commented to the treatment team on his impression of the patient's interaction with him during the session. Her presentation had self-defeating features. She conveyed the impression of someone fearful, submissive on the surface, but suspicious and resentful underneath. She clearly seemed depressed, and had a history of not responding satisfactorily to several SSRI antidepressants.

Taking all these factors into account, the recommendation for treatment was transference-focused psychotherapy (TFP), an empirically tested, effective, modified psychodynamic psychotherapy for severe personality disorders (Clarkin, Levy et al., unpublished; Clarkin, Yeomans, and Kernberg 2006).

Acknowledgments: This paper represents work from the Cornell Psychotherapy Research Project, supported by a grant from the Borderline Personality Disorder Research Foundation. The foundation and its founder, Dr. Marco Stoffel, are gratefully acknowledged.

REFERENCES

Allen, J. P. & Fonagy, P. (2003). The development of mentalizing and its role in psychopathology and psychotherapy (technical report no. 02-0048). Menninger Clinic, Research Department.

———, eds. (2006). *The Handbook of Mentalization-Based Treatment*. Chichester, England: Wiley & Sons.

Allen, J. P., Hauser, S. T., Bell, K. L. & O'Connor, T. G. (1993). Longitudinal assessment of autonomy and relatedness in family interaction as predictors of adolescent ego development and self-esteem. *Child Devel.*, 65:179-194.

Bion, W. R. (1967). *Second Thoughts. Selected Papers on Psycho-Analysis.* New York: Basic Books.

——— (1970). *Attention and Interpretation.* New York: Basic Books.

Blos, P. (1967). The second individuation process of adolescence. *Psychoanal. Study Child*, 22:162-186.

——— (1979). Modifications in the classical psychoanalytical model of adolescence. *Adolescent Psychiatry*, 7:6-25.

Bohleber, W. (2000). Indentität. In *Handbuch Psychoanalytischer Grundbegriffe,* ed. W. Mertens & B. Waldvogel. Stuttgart, Germany: Kohlhammer, pp. 328-332.

Clarkin, J. F., Caligor, E., Stern, B. & Kernberg, O. F. (unpublished). Structured interview of personality organization (STIPO).

Clarkin, J. F., Levy, K. N., Lenzenweger, M. F. & Kernberg, O. F. (unpublished). Evaluating three treatments for borderline personality disorder: a multiwave study.

Clarkin, J. F., Yeomans, F. E. & Kernberg, O. F. (2006). *Psychotherapy for Borderline Personality: Focusing on Object Relations.* Washington, DC: Amer. Psychiatric Publishing.

deVegvar, M.-L., Siever, L. J. & Trestman, R. L. (1994). Impulsivity and serotonin in borderline personality disorder. In *Biological and Neurobehavioral Studies of Borderline Personality Disorder (Progress in Psychiatry),* ed. K. R. Silk. Washington, DC: Amer. Psychiatric Press, pp. 23-40.

Diamond, D. (2005). Personal communication.

Erikson, E. H. (1950). Growth and crises of the healthy personality. In *Identity and the Life Cycle.* New York: Int. Univ. Press, pp. 50-100.

——— (1956). The problem of ego identity. *J. Amer. Psychoanal. Assn.*, 4: 56-121.

Fairbairn, W. R. D. (1954). *An Object Relations Theory of the Personality.* New York: Basic Books.

Fonagy, P. & Target, M. (2003). *Psychoanalytic Theories: Perspectives from Developmental Psychopathology.* New York: Brunner-Routledge, pp. 270-282.

Garnet, K. E., Levy, K. N., Mattanah, J. J. F., Edell, W. S. & McGlashan, T. H. (1994). Borderline personality disorder in adolescence: ubiquitous or specific? *Amer. J. Psychiatry,* 151:1380-1382.

Grossman, W. (1991). Pain, aggression, fantasy, and concepts of sadomasochism. In *Psychoanal. Q.*, 60:22-52.

Gurvits, I. G., Koenigsberg, H. W. & Siever, L. J. (2000). Neurotransmitter dysfunction in patients with borderline personality disorder. In *Psychiatric Clinics No. Amer.,* 23(1):27-40.

HAUSER, S. T. (1976). Self-Image complexity and identity formation in adolescence: longitudinal studies. *J. Youth & Adolescence*, 5:161-177.

HAUSER, S. T. & FOLLANSBEE, D. (1984). Developing identity: ego growth and change during adolescence. In *Theory and Research in Behavioral Pediatrics,* ed. H. Fitzgerald, B. Lester & M. Yogman. New York: Plenum.

JACOBSON, E. (1954). The self and the object world. *Psychoanal. Study Child,* 9:75-127.

KERNBERG, O. F. (1976). *Object Relations Theory and Clinical Psychoanalysis.* New York: Aronson.

——— (1984). *Severe Personality Disorders: Psychotherapeutic Strategies.* New Haven, CT: Yale Univ. Press.

——— (1992). *Aggression in Personality Disorders and Perversions.* New Haven, CT: Yale Univ. Press.

——— (1995). *Love Relations: Normality and Pathology.* New Haven, CT: Yale Univ. Press.

KERNBERG, P. (2004). Personal communication.

KLEIN, M. (1940). Mourning and its relation to manic-depressive states. In *Contributions to Psycho-Analysis,* 1921-1945. London: Hogarth, 1948, pp. 311-338.

LENZENWEGER, M. F.; CLARKIN, J. F., KERNBERG, O. F. & FOELSCH, P. A. (2001). The inventory of personality organization: psychometric properties, factorial composition, and criterion relations with affect, aggressive dyscontrol, psychosis proneness, and self-domains in a nonclinical sample. *Psychol. Assessment,* 13(4):577-591.

LEVY, K. N. (2005). The implications of attachment theory and research for understanding borderline personality disorder. *Devel. & Psychopathol.*, 17:959-986.

——— (unpublished). The role of identity disturbance in the development of borderline personality disorder.

MAHLER, M. S. (1972a). On the first three subphases of the separation-individuation process. In *Int. J. Psychoanal.,* 53:333-338.

——— (1972b). Rapprochement subphases of the separation-individuation process. *Psychoanal. Q.,* 41:487-506.

MAIN, M. (1995). Recent studies in attachment: overview with selected implications for clinical work. In *Attachment Theory: Social, Developmental, and Clinical Perspectives,* ed. S. Goldberg, R. Muir & J. Kerr. Hillsdale, NJ: Analytic Press, pp. 407-474.

MARCIA, J. (1966). Development and validation of ego identity status. *J. Personality & Social Psychol.,* 3(5):551-558.

——— (1980). Identity in adolescence. In *Handbook of Adolescent Psychology,* ed. J. Addelson. New York: Wiley & Sons.

MASTERSON, J. (1967). *The Psychiatric Dilemma of Adolescence.* Boston, MA: Little, Brown & Co., pp. 119-134.

——— (1972). *Treatment of the Borderline Adolescent: A Developmental Approach.* New York: Wiley-Interscience.

Offer, D. (1973). *Psychological World of the Teenager: A Study of Normal Adolescent Boys.* New York: Harper & Row.

Posner, M. I., Rothbart, M. K., Vizueta, N., Levy, K., Thomas, K. M. & Clarkin, J. (2002). Attentional mechanisms of borderline personality disorder. In *Proceedings Natl. Acad. Sci., U.S.A.,* 99(25):16366-16370.

Rinsley, B. R. (1982). *Borderline and Other Self Disorders.* New York: Aronson.

Segal, H. (1964). *Introduction to the Work of Melanie Klein.* New York: Basic Books.

Silbersweig, D. A., Levy, K., Thomas, K., Clarkin, J., Kernberg, O. & Stern, E. (in preparation). Exploring the mechanisms of negative affect and self regulation in BPD patients and controls prior to therapy.

Silk, K. R. (2000). Overview of biologic factors. *Psychiatric Clinics No. Amer.*, 23(1):61-75.

Steinberg, B. J., Trestman, R. L. & Siever, L. J. (1994). The cholinergic and noradrenergic neurotransmitter systems and affective instability in borderline personality disorder. In *Biological and Neurobehavioral Studies of Borderline Personality Disorder (Progress in Psychiatry),* ed. K. R. Silk. Washington, DC: Amer. Psychiatric Press, pp. 41-62.

Stone, M. (1993a). *Abnormalities of Personality.* New York: Norton.

——— (1993b). Etiology of borderline personality disorder: psychobiological factors contributing to an underlying irritability. In *Borderline Personality Disorder,* ed. J. Paris. Washington, DC: Amer. Psychiatric Press, pp. 87-102.

van Reekum, R., Links, P. S. & Fedorov, C. (1994). Impulsivity in borderline personality disorder. In *Biological and Neurobehavioral Studies of Borderline Personality Disorder (Progress in Psychiatry),* ed. K. R. Silk. Washington, DC: Amer. Psychiatric Press, pp. 11-22.

Westen, D. (1985). *Self and Society: Narcissism, Collectivism and the Development of Morals.* New York: Cambridge Univ. Press.

——— (1992). The cognitive self and psychoanalytic self: can we put ourselves together? *Psychoanal. Inquiry,* 3(1):1-13.

Wilkinson-Ryan, T. & Westen, D. (2000). Identity disturbance in borderline personality disorder: an empirical investigation. *Amer. J. Psychiatry,* 157(4):528-541.

Yehuda, R., Southwick, S. M., Perry, B. D. & Giller, E. L. (1994). Peripheral catecholamine alterations in borderline personality disorder. In *Biological and Neurobehavioral Studies of Borderline Personality Disorder (Progress in Psychiatry),* ed. K. R. Silk. Washington, DC: Amer. Psychiatric Press, pp. 63-90.

Zanarini, M. C. (2000). Childhood experiences associated with the development of borderline personality disorder. In *Psychiatric Clinics No. Amer.,* 23(1):89-101.

21 Bloomingdale Road
White Plains, NY 10605

e-mail: okernber@mail.med.cornell.edu

Psychoanalytic Quarterly, LXXV, 2006

PERVERSE DREAMS AND DREAMS OF PERVERSION

BY MICHAEL I. GOOD, M.D.

This paper (1) posits the occurrence of perverse dreams as a type of mental phenomenon in the constellation of perverse processes; (2) considers manifest dreams of frank perversion as a type of perverse dream within the class of perverse dreams as a whole; (3) relates the subtype of perverse dreams without manifest perversions to the occurrence of perverse defenses and the development of a perverse transference; and (4) suggests that consideration to perverse dreams in the psychoanalytic process finds application in identifying and differentiating perverse defenses from neurotic and other characterologic patterns; in identifying and tracing the vicissitudes of difficult perverse transference-countertransference constellations; and in furthering perverse patients' recognition and understanding of particularly troublesome and seemingly intractable issues in their psychic makeup. Clinical material illustrates perverse dreams and their usefulness in the often arduous process of analyzing perverse defenses.

> In dreams we see ourselves naked and acting out our real characters, even more clearly than we see others awake. But an unwavering and commanding virtue would compel even its most fantastic and faintest dreams to respect its ever-wakeful authority; as we are accustomed to say carelessly, we should never have *dreamed* of such a thing.
>
> —H. D. Thoreau (1848, p. 242, italics in original)

An earlier, abbreviated version of this paper was presented on June 22, 2003, at the American Psychoanalytic Association Meeting in Boston, Massachusetts.

As Freud (1900) observed over a century ago, a great number of dreams have a covert sexual meaning that is unacceptable to the conscious dreamer. The sexual content, therefore, needs to be disguised in order to bypass the mind's censorship. Nevertheless, as if contrary to the usual working of dreams, sometimes the sexual content is overt and even suggestive of something perverse:

> No one who accepts the view that the censorship is the chief reason for dream-distortion will be surprised to learn from the results of dream-interpretation that most of the dreams of adults are traced back by analysis to *erotic wishes*. This assertion is not aimed at dreams with an *undisguised* sexual content, which are no doubt familiar to all dreamers from their own experience and are as a rule the only ones to be described as "sexual dreams." Even dreams of this latter kind offer enough surprises in their choice of the people whom they make into sexual objects, in their disregard of all the limitations which the dreamer imposes in his waking life upon his sexual desires, and by their many strange details, hinting at what are commonly known as "perversions." [p. 682, italics in original]

Like the hidden aspects of dreams, perversity has its own disguised meaning that is other than explicitly erotic. The translation of this covert meaning is aided by a process of deciphering the perverse content found in certain dreams. The royal road to the interpretation of such dreams, however, is hardly a direct one and involves surmounting hurdles that themselves can have a perversely unyielding nature.

With the aim of exploring the significance of dreams with perverse content, I shall attempt to characterize two related types of dreams. The first type I refer to as *perverse dreams* (those involving perversity in its persistently contrary, disavowing, and not necessarily sexual sense). Perverse dreams are expressions of perverse aspects of the character or ego organization. The second type, *dreams of perversion,* contains explicit or frank sexual perversion in the manifest content.

These two types of dreams and their relationship to types or degrees of perversity, as well as types of transference, will be dis-

cussed. Clinical examples will illustrate perverse dreams and their use in the treatment process. While manifest dreams of perversion have been described (Socarides 1980), the phenomenon of perverse dreams without manifest perversion evidently has not been previously characterized in the literature.

TERMINOLOGICAL CONSIDERATIONS: THE SCOPE OF NORMALITY AND PATHOLOGY IN PERVERSITY

Freud (1905) concluded that "the disposition to perversions is itself of no great rarity but must form a part of what passes as the normal constitution" (p. 171; quoted by Smith 2006, p. 715). A similar observation can be made regarding the disposition to neurosis: "We are all to some extent hysterics" (Freud 1905, p. 171). Recognizing that what constitutes deviance is controversial, some analysts would prefer to eliminate or restrict use of the word *perversion,* which may be seen as disapproving and moralistic (Leigh 1998; McDougall 1986). In this paper, I retain the term for several reasons. Not only does it have widespread historical and contemporary usage, but also, as used psychoanalytically, it entails a clinical understanding that is not necessarily judgmental in a pejorative sense, even though it may involve countertransferential disapprobation. Moreover, the term *perverse* itself does not necessarily include overtly sexual behavior, deviant or otherwise.[1]

There appears to be a semantic parallel between the difficulty of defining the limits of perversity and that of defining obscenity. Regarding the definition of the latter, in 1964, Supreme Court Justice Potter Stewart tried to explain it by famously stating, "I [don't know how] to define [it] . . . but I know it when I see it" (*Jacobellis v. Ohio* 1964). Although he was talking about obscenity, he might as well have been referring to perversity—or even art. What is remarkable about a *psychoanalytic* definition of perversity, however, is the element of time and process, for it is in the evolving trans-

[1] For a concise discussion of various other definitional issues in the psychoanalytic concept of perversion, see Laplanche and Pontalis (1973, pp. 306-309).

ference-countertransference complex that perverse defenses are more clearly divulged. Generally out of the analyst's awareness as it initially unfolds, the perverse transference-countertransference comes to be understood "after the fact" of often subtle or elusive, perverse complicity against the analytic process (Jiménez 2004; Ogden 1996; Smith 2006).

The current psychoanalytic concept of perversity widens its definition beyond the notion of sexual deviance to cover a range of behaviors, symptoms, fantasies, and thoughts that may serve a variety of psychic functions over a broad range of psychopathology, including what is considered normal, neurotic, character disordered, narcissistic, borderline, and even psychotic. In the psychoanalytic situation, perversity includes the following elements:

(1) more so than with relatively pure neurosis involving oedipal-level conflict, the presence of certain internal processes, states, or behaviors that are to a considerable extent pregenital in their derivation, that tend to be stubbornly repetitive or unyielding, and that serve to disavow aspects of reality;

(2) a notable degree of pleasure, arousal, or excitement in the manifestation of these states or behaviors, which serve a defensive function and that may secondarily elicit conflict or dysphoria; and

(3) the concerted occurrence of particular influences upon the analyst, who likely experiences these manifestations as persistently objectionable, unacceptable, revulsive, mocking, humiliating, derailing, defiant, negativistic, subversive, deadening, or the like—reactions that can be considered "average expectable," as opposed to idiosyncratic, countertransferential responses.

But should we be expanding the clinical concept of perversity to encompass perverse thoughts, parts of the personality, or dreams? Just as the "complexification" of the Oedipus complex into various themes has made it richer yet less specific (Simon 1991,

pp. 650-651), so a broader idea of what is perverse in psychoanalysis has made its definition less specific but perhaps more fruitful. Perversity can be found in patients within a widened scope of psychoanalysis, not only those with frank perversions, but also those with what Fogel (1991) refers to as "near-perversions" and certain character types with perverse features.

At the same time, Smith (2006; see also Renik 1992) has discussed *disavowal* as a perverse feature that occurs to some degree in virtually every psychoanalytic moment when patients gratify in action the very wishes they are analyzing, and in so doing negate the work of analysis. At the same time, they also disavow these gratifications.

On the one hand, perversity can be conceptualized as occurring along a spectrum or continuum (a *dimensional* view [Cooper 1991; Fogel 1991; Richards 2003; Smith 2006; Stoller 1991]). On the other hand, a *categorical* view (Coen 1985), with a schematic division into levels of perversity, has heuristic advantages, such as in characterizing the nature of the transference in perverse patients. To complicate matters (or perhaps to simplify them), conscious perverse fantasy, perverse acts, and character perversion can, and often do, coincide in the same patient and may have a similar unconscious fantasy at their base (Arlow 1971). Likewise, both perverse dreams without overt sexual content and dreams of manifest perversion may occur in the same person and derive from common unconscious themes, even though levels or degrees of perversity may vary from individual to individual. Thus, it may be that the extent to which either of these types of dreams predominates in a given analysand corresponds to whether the perversity reflects a greater or lesser degree of impairment in ego function, analyzability, and type of transference.

PERVERSE DEFENSES AND FRANK PERVERSIONS

The distinction between perverse defenses (or character perversion) and frank perversion provides conceptual background for the com-

parison of perverse dreams and dreams of perversion. The term *perversion* generally refers to a sexual act or practice (and possibly also to intense, sexually arousing fantasies or urges) that has traditionally been considered socially deviant or abnormal because of its "bizarre, abhorrent, or esoteric" features (Fogel 1991, pp. 1, 3). Independent of this social definition involving a judgment, however, if the perversion is obligatory, then it must be expressed as a prerequisite for genital sexual functioning.

In the dictionary definition, the term *perverse* refers to behavior (not necessarily manifestly sexual behavior) that obstinately persists in fault or error, that is disposed to oppose or contradict another person, or that departs from some standard or judgment about what is right or acceptable (Morris 1970). Frank perversions, then, may be "blown-up versions of perverse mechanisms" (Stoller 1991, p. 53) in their more general sense, the latter being as common as neurotic processes, which may or may not present as a symptom neurosis. Although some individuals with perversity have frank or overt sexual perversions, others do not. Among the latter, perversity is instead characterized by perverse attitudes, behaviors, and defenses that others find objectionable even if they are not overtly sexual. As defenses, these perverse tendencies protect the subject from intolerable affects, intense inner conflicts and dilemmas, difficult or unacceptable external realities, and the experience of isolation, emptiness, or psychic "deadness" (Arlow 1971; Coen 1998; Ogden 1996).

In the clinical situation, other terminology related to perversity includes "character perversion" (Arlow 1971, 1991; Grossman 1992), "fetish equivalents" (Calef et al. 1980; Reed 1997; Renik 1992), "perverse attitude" (Grossman 1993), "perverse thought" (Sánchez-Medina 2002; Zimmer 2003), and "negation as a character trait" (Weinshel 1977). Perversity may be found in some compulsions (e.g., kleptomania [Zavitzianos 1971]). In certain conditions, such as multiple personality, it has been hypothesized that perverse sexuality serves as an organizing influence (Brenner 1996).

In short, a body of clinical contributions point to the occurrence of perversity with or without frank sexual perversions, at the

root of which is a type of "thought process" we can call perverse (Grossman 2003). *Perverse thought* is not so much a particular kind of idea or fantasy as it is a mode of thought involving the evasion or disavowal of aspects of reality and the engagement of the analyst by the patient in the often mutually unconscious playing out of a sexual fantasy that subverts the analytic process (see Zimmer 2003). It reasonably follows that this perverse process would extend as well to dreaming, either in its manifest or latent content.

There can be substantial differences between obligatory (or frank) perversions and perverse defenses (character perversion). If a perversion is obligatory, the individual must fantasize or engage in certain acts in order to achieve sexual arousal. On the other hand, some individuals engage in perversions only episodically. Acts that border on perversion (for example, "perverse furtive enactments" [Myers 1991]) need not be obligatory. Even though frank perversion involves overtly sexual behavior, the acts have meaning beyond what is strictly sexual (Fogel 1991; Parsons 2000). The sexualization serves a defensive function (Coen 1981); it is manifestly sexual, but the sexuality is recruited for defensive purposes as well, expressing multiple functions.

Individuals who have perverse defenses even in the absence of frank perversions are inclined to avoid addressing certain realities; to seek excited or altered states; to take risks; to engage in sadomasochistic behavior; and to avoid deeply felt commitment in a valued relationship. Dreading intimacy, they may be "commitment phobic." These defenses can markedly impede the treatment process or lead to an impasse. Perverse defenses and a perverse transference may provoke perverse countertransference reactions in which the analyst is inclined to feel judgmental and critical of the patient's seeming lack of morality, reasonableness, or analytic progress (Coen 1998).

Alternatively, the treatment may oscillate between periods of apparent progress and seeming stalemate. Both frank perversions and perverse defenses may be seen as guarding against drive derivatives or object relatedness (Parsons 2000), but their manifestations differ, most obviously in terms of whether there is a pattern

of paraphilic acts, which may also be expressed in manifest dream content. Just as we can contrast perverse defenses from the traditional view of perversion in order to apply the concept of perverse defense to neurotic patients (Coen 1998, p. 1174), so we can distinguish perverse dreams from dreams of perversion in recognizing and working with dreams involving perversity in these patients.

PERVERSE DREAMS AND DREAMS OF PERVERSION

Dreams in which the manifest content consists of explicitly perverse sexual acts (what I am calling *dreams of perversion*) include those involving transvestism, exhibitionism, voyeurism, fetishism, masochistic themes (such as erotized spanking), sexual sadism, pedophilia, incest, bestiality, or other paraphilias. Such dreams can occur in relatively "pure" form, with little or no anxiety or frustration, or, more commonly, in impure forms in which conflict is admixed (Socarides 1980). Dreams of perversion have at times been labeled simply "perverse dreams." But in using the same name for both these types—dreams of perversion and the categorically distinct *perverse dreams* (dreams involving perversity in its persistently contrary, disavowing, and not necessarily sexual sense), differences in content and meaning are conflated.

Not all perverse dreams necessarily contain manifest perverse acts. Just as frank sexual perversions may be thought of as a subtype of the class of perverse processes (Denzler 1996; Grossman 1993; Stoller 1991), so *dreams of perversion can be considered a particular type of perverse dream.* The terms *perverse* and *perverted* are not equivalent (Limentani 1987). The notion that dreams we can call "perverse dreams" (including, but not limited to, dreams of manifest perversion) express a range of perverse mental processes has not, to my knowledge, been spelled out in the rather limited literature on perversity in dreams.

Whereas the manifest dream of perversion does not disguise its perversity, a perverse dream often requires dream associations to

reveal more fully its perverse nature and the issues for which perverse defenses are used. As with perverse dreams, perverse defenses may be less overt or obvious than are frank perversions or dreams of frank perversions. Perverse dreams can, in Freud's (1900) words, "hint at" perversions (p. 682). Although some perverse dreams contain explicit sexual material that defends against underlying affects, conflicts, traumas, and realities, the sexual content does not necessarily depict a frank perversion and may not be immediately recognized for its perverse function.

In other perverse dreams (without sexually explicit content), perverse aspects of the patient's psychic life appear either directly in the manifest content or in the associations, which lead to the latent dream thoughts (see also Grinstein 1983, p. 57). The latent meaning provides a fuller understanding of the function of the perverse dream. When perverse elements are not manifest, perverse dreams may closely resemble more strictly neurotic dreams, and their perverse elements may go unrecognized—with implications for the course of treatment. Not only does analytic work regarding perverse elements in dreams aid analysands in recognizing and coming to grips with issues that are internally generated, but it is also of use countertransferentially in handling a perverse transference.

In perverse dreams, the perversity may be expressed as part of a pattern that includes the refusal to acknowledge certain realities; stubbornly oppositional behavior; involvement in excited or altered mental states; repeated alcohol or substance abuse or addiction; persistent risk taking; compulsive sexual activity; dogged avoidance of committed relationships; or sadomasochistic tendencies. The simultaneous presence of neurotic features may obscure the perverse elements. However, countertransferential clues can point to a perverse transference. Perverse dreams may be useful in identifying perversity not only in male but also in female patients (Richards 2003).

In neurosis, the wish is renounced and is unconscious, but in perversity a sexually perverse wish or other perverse attitude is expressed, while the perception of reality can be defensively altered.

Thus, a feature sometimes observed in dream reports of patients with perversity is that they do not seem concerned about the distinction between dream and reality. For example, the analyst may have to struggle to discern when the patient has finished talking about a dream and begins to associate (Grossman 1993).

How the dream as a whole is used by the patient is itself revealing. Regarding perverse attitudes toward reality highlighted in dreams, Grossman (1993) described a patient with an array of defensive operations, both "neurotic" and "perverse," that discredited troublesome perceptions of reality and allowed him to gratify certain wishes in relatively unmodified form. What the patient did with a specimen dream is illustrative: He treated it as a reality, and he treated the reality to which it alluded as a dream. The dream was thus used to enact a fantasy within the analysis. The dream narrative may serve a defensive function analogous to the dream work itself. This is a common characteristic of perverse dreams. Although Grossman did not identify his patient's production as a perverse dream, the example is consistent with this classification. Similarly, Smith's (2006) patient, who also apparently had perverse fantasies, reported having a (sexual) dream, and then said it "really wasn't a dream" (p. 731), disavowing the actuality of the dream by erasing it even as she told it.

In the early years of psychoanalysis, the lack of apparent censorship in manifest dreams of perversion at first seemed contrary to theoretical ideas about how the dream work ordinarily should prevent such overt sexual content from reaching consciousness. The dream work involves disguising the content by such means as substitution, displacement, and condensation. Freud (1925) explained this apparent discrepancy in two ways: Either the dreamer experienced great anxiety in place of distorted content that was omitted, or the manifest perversion was itself hiding something and therefore did not require censorship. Perverse acts themselves are then part of a repressive compromise with a latent meaning. In that sense, manifest dreams of perversion and perverse dreams in general share some common, even if latent, characteristics. Their similarities involve disturbances in the narcissistic

realm that to varying degrees tend to be defensively sexualized or employ disavowal and other defenses of a perverse nature.

Distinguishing dreams of manifest perversion from other perverse dreams parallels the differentiation of the types of transference that occur among patients with frank perversions and those with perverse defenses. These transferences, known as *transference perversions* and *perverse transferences* (Baker 1994; Richards 1997), respectively, provide theoretical and clinical reason for also distinguishing types of perversity arising in dreams.

PERVERSE TRANSFERENCE AND TRANSFERENCE PERVERSION

Transference perversion refers to a variety of transference that (following Meltzer [1973, pp. 136-139] and Etchegoyen [1978]) is specific to patients having frank sexual perversions and (in Baker's [1994] view) the related group of patients who enact perverse sexual fantasies without the involvement of an external object. Transference perversion is a type of transference differing in certain respects from transference neurosis and transference psychosis.

A transference perversion exists when a form of the perversion enters into the treatment situation as behaviors that involve the person of the analyst, who, not unexpectedly, experiences countertransference pressures that challenge to the limit his or her tolerance, know-how, and forbearance. With defiance or contempt disguised as compliance and even awe, the patient may relate to the analyst in an erotized, exciting, deadening, mocking, provocative, or intractably oppositional manner that undermines analytic effort. Meltzer (1973) described the subtle effects of perverse mechanisms on the analyst, who may attempt what are pseudointerpretations, frequently realizing only too late that the analytic process has been irretrievably subverted.

Perverse transferences (Richards 1997), on the other hand, are not limited to patients with sexual perversions and often may appear in patients showing no manifest evidence of perverse sexuality. In fact, perversity involving the transference-countertransfer-

ence can occur in all analyses to varying degrees. In some cases, perversity within the transference-countertransference may unconsciously thwart the analysis in fundamental but difficult to recognize ways (Ogden 1996). The perversity derives from the patient's defensive use of forms of sexualization or from other perversely defensive behavior that can vex the analyst into countertransference reactions. Since perverse defenses can have insidious effects on the analytic process, cognizance of perverse dreams may help identify and address perverse phenomena in the transference-countertransference before the analysis is irrevocably thwarted.

CLINICAL THEORY OF PERVERSITY IN DREAMS

In *The Interpretation of Dreams* (1900), Freud explicitly "avoided analysing dreams of obviously sexual content" because of "still unsolved problems" with the theory of perversion (pp. 606-607). In "Some Additional Notes upon Dream Interpretation as a Whole" (1925), Freud only briefly addressed the issue. To explain dreams in which the manifest content is openly "an expression of immoral, incestuous and perverse impulses" (p. 132), he candidly acknowledged that the "answer is not easy to come by and may perhaps not seem completely satisfying" (p. 131). He sought to fit such dreams into the category of anxiety dreams in which the dream work has failed. Regarding similar dreams occurring without anxiety, he considered that the ego simply "tolerates" them. But, as Stewart (1967) pointed out, an explanation involving solely the success or failure of the dream work provides no further understanding.

Stewart (1967) observed that in dreams depicting actual traumatic childhood experiences, which are often openly incestuous dreams, instinctual wishes are used to defend against the trauma and in that sense to master it. Kohut (1977; see also Socarides 1980, 1988) suggested that dreams of perverse acts might fall into Freud's (1920) second group of dreams, which he considered to be exceptions to the proposition that dreams represent wish fulfillments. Kohut designated such dreams as *self-state dreams,* which

can be understood in terms of their manifest content. In contrast to structural-conflict dreams interpretable in terms of the latent content obtained through free association to elements of the manifest content, self-state dreams often do not yield new insight by means of free association. Instead, what is generally encountered is the anxiety that precipitated the dream. In this respect, they may resemble traumatic dreams.[2]

Kohut (1977) believed that self-state dreams are attempts to bind the nonverbal tensions of traumatic states (the dread of overstimulation or the disintegration of the self, i.e., psychosis) with the aid of verbalizable dream imagery. These dreams represent adaptive efforts to master the anxiety generated by a disturbing and disorganizing change in the state of the self. Among perverse patients, narcissistic and aggressive tensions may be sexualized, and this sexualization provides a means of emotional discharge and reintegration of the self.

Insofar as perversity serves a defensive function, its presence in the manifest content may cover intolerable affects, profound inner conflicts, and unbearable external or past realities that the patient may, in time, become capable of verbalizing without becoming disorganized. Rycroft (1979), for one, advocated an approach that considers the dream as a whole as well as associations to specific dream elements. Sloane (1979) voiced a similar view in considering the "sense" of the manifest dream. The "sense" refers to the general tenor or quality of the dream, including its simple meaning or logic and its affect. The affect can lead directly to the latent content. Using the sense of the dream can be useful when severe resistances are present; such resistances can occur frequently in treatment. Sloane cited Freud (1923) in noting that these strong resistances can be evidenced in any of several ways: by a block in the flow of associations, complete blankness, or a circuitous and endless sequence of thoughts that digress from the substance of the manifest dream, such that the dream cannot be interpreted from associations.

[2] For a contrasting view of latent meaning in traumatic dreams, see, for example, Lansky (1997).

Patients with perverse defenses can exhibit both neurotic features (structural conflict) and disorders of the self or ego. Likewise, their dreams may reflect both these types of psychopathology. Even in patients with frank perversions, dreams commonly express frustrations and conflicts distinct from manifest perverse content corresponding to actual perversion in real life. The joint presence of preoedipal and oedipal features can result in reciprocal and complementary resistances that challenge the progress of the treatment. The approach to this mixed type of dreams involves utilizing both manifest and latent content—the latent content through the associative method and the manifest content in terms of a narrative theme.

Such an approach bridges the gap in the controversy (Aron 1989) about the pros and cons of employing free association to arrive at latent dream content, in contrast to using the manifest content to highlight the patient's narrative. The manifest perversion and its significance are analogous to the manifest and latent dream contents, since the underlying meaning of the perversion can be determined only through an analysis of the unconscious meaning of the perverse activity (Socarides 1988, p. 54). In patients with perverse defenses, although at times perversity is expressed in the manifest dream content, the dream may require elucidating the latent thoughts in order to decipher its perverse function. When perverse elements are evident only in the latent dream content, perverse dreams may closely resemble neurotic dreams, and their perverse elements may go undetected.

CLINICAL ILLUSTRATION

A lawyer in his late forties, Mr. J had been in psychotherapy and psychoanalysis with me for a total of over eight years, the latter four years in psychoanalysis. The dream illustrations that follow are from his analysis. The youngest of five siblings, he grew up in Europe, graduated with distinction from a university on the West Coast, and functioned successfully in his profession. Despite his intelligence and ability, he had difficulties that could be understood in terms

of perverse defenses. These problems included persistent relationship difficulties, sexual promiscuity and sexually perverse trends, impaired ability to recognize or acknowledge inner conflicts and aspects of external reality, affect intolerance, problems in maintaining analytic collaboration and process, and, at times, a sense of near impasse in the treatment.

For many years, he had a series of unsuccessful relationships with innumerable women, even though he had repeatedly voiced a wish to settle down with the right woman and to have a family. Sometimes he had felt so painfully lonely when without a woman in his life that he had thought of suicide. He had abused alcohol to lessen his social anxiety and shame, exposed himself to dangers while driving, and at times had a sexual interest in lingerie. However, he had not had obligatory sexual perversions.

Despite his regular attendance, the treatment process had been remarkably slow. It had twice oscillated between psychoanalytic psychotherapy and psychoanalysis in connection with the patient's pattern of avoiding deeper emotional involvement. At times, there had been an empty, unproductive "sense of inner deadness" in the sessions, as described by McDougall (1986), Ogden (1996), and others.

The initial symptoms that brought Mr. J to treatment were severe anxiety and panic associated with a fear of being trapped in social situations, especially when going out with women. He commonly went to bars to meet women and often "lubricated" himself with a few drinks before dates. Although he had tried psychotropic medications, he expressed preference for a talking approach to try to resolve his symptoms. However, for years he did not want to meet more often than weekly, ostensibly because of concerns about commitment of time and money, but he also feared being "trapped" in a treatment relationship. Only after nearly five years of essentially bogged-down vis-à-vis psychotherapy did he agree to begin psychoanalysis with the greater commitment it and the use of the couch entailed.

The following dreams and related material illustrate the presence of manifest and latent perverse themes, including their expression in the transference.

Dreams of a Houseboat and Showers

A pair of Mr. J's dreams highlights issues in an early phase of the analysis:[3]

> I dreamt I was with a couple on a houseboat or a sailboat that people lived on. The woman was pretty. I felt envious that she was with this guy. I think I was living there, and I felt like buying a sailboat instead of a house; then I came to my senses and thought that would suck. The woman was very attractive, but I didn't make any advances to her.
>
> Then I had a dream about a summer house a bunch of us rented. I was going to take a shower. There were two showers, one before you get into the room. Then, once you were in the room, a shower was on the other side. There were three women in the room. I said I wanted to get through to the shower, but I ended up using the outside shower. There were no shower doors. I thought I wished one of the women would come and give me a blow job. I woke up with an erection.

In associating, Mr. J observed that both dreams had a similar theme of desire to be with a woman other than his current girlfriend, a pattern he had carried out compulsively. He noted that the second dream was purely sensual, whereas the first dream with the houseboat/sailboat was about really wanting to be in a relationship with a woman—who was already taken. These two aspects (sensuality versus intimacy) he recognized as conflictual for him. If he started to see another woman, he said, he felt that he would have to give up his current relationship (at which point he belched loudly in the session, as was his wont). The showers, he observed, had to do with opportunities for sex or to be close to women. The shower that was inside the room was better, more private, and closer to the women.

"So the showers could represent a relationship?" I asked.

"Yes, but they were only physical," the patient replied, although he felt that the second, inner shower involved being more accept-

[3] Paired dreams often have a special relationship to each other (Roth 1987). What is latent in the first dream may be manifest in the second and vice versa.

ed than did the first shower. The women, however, did not let him into the second shower or said "no" when he knocked on the door. He was excluded.

Rather than associating to feeling excluded, Mr. J spoke of thinking he was insufficiently tall or attractive compared to a rival. At this point, he made what he called an "oedipal" interpretation about repeatedly finding women who were unsatisfactory compromises for him because he felt he did not have the right equipment, like not having a sailboat. Now becoming more animated and excited, he tauntingly added, "I beat you to the punch with that oedipal interpretation!" His feeling of rivalry with me was familiar, but I had not been about to make an "oedipal" interpretation, in fact, since I was sensing his sensitivity to maternal rejection. As a paternal transference from his abrasive father, his oedipal remark ostensibly served to counter the anticipated shaming "punch" of an "oedipal" interpretation from me. Yet it seemed to me that the patient's interpretation also served to avoid feelings about a woman's refusing him.

Acknowledging the fact that he had made an interpretation, I did not pick up on the oedipal aspect, which he likely would have experienced as confirming that I sought to "take over" in the way he frequently complained his father (a former military man) did. As the hour drew to a close, the maternal connection was lost—associatively and in the transference. And I vaguely felt somehow derailed in my sense of the material.

What does this dream pair have to do with perversity? Neither dream had frank perversion in its content, and the connection of either one to perverse defenses is not obvious—at least it was not immediately evident to me during the session. What became clearer, as I thought more about the dream pair and their associations (and later dreams that appeared to have similar functions), was the relationship to what I had already realized were perverse, as well as neurotic, features in his defensive makeup. I had been wondering previously about how to understand the interrelationship of these two types of defenses, and the dream pair suggested a possible clue. The dreams now heralded my recognition of fea-

tures not only of a neurotic transference, but also of an early perverse one.

In particular, the dreams and their associations illustrated themes and defensive maneuvers that supported the impression of perverse features for several reasons: First of all, the second dream (manifestly the more preoedipal of the pair) contained explicitly sexual wishes that arose as an avoidance or disavowal of feelings of exclusion (i.e., "refusal to recognize the reality of a traumatic perception" [Laplanche and Pontalis 1967, pp. 118-121; quoted in Smith 2006, p. 714, in his discussion of disavowal as a more general principle of mental functioning]). Mr. J's actual arousal in this dream was consistent with his persistent tendencies toward sexualization and perverse behaviors serving as defenses against feelings of maternal rejection and shame.

Second, rather than associating further on this theme, Mr. J mockingly introduced an "oedipal interpretation." With quasi-analytic compliance, he evidently used this interpretation to steer clear of addressing his persistent and seemingly intractable pattern of short-lived involvements with multiple women—one of the problems he had identified and acknowledged intellectually, but consistently fended off or tuned out emotionally. The oedipal remark, despite its reasonable applicability to at least the first dream of the pair, had the immediate function of distracting him *and me* from his repetitive pattern of seeking sexual gratification while simultaneously avoiding involvement in a lasting relationship. In effect, he was using the meaning of the first dream to defend against the significance of the second dream, thereby disavowing the underlying reality to which it referred.

The patient's interpretation suggested a defensive "oedipalization" of preoedipal conflicts (Greenson 1958, p. 255; Ticho and Robbins 1977). With his mocking remark, Mr. J unwittingly dodged the real significance of his pattern of behavior, which, along with his other intra- and extra-analytic behaviors (see below), reflected a perverse attitude toward its persistent reality (compare Grossman 1993). Furthermore, in the hour, he accentuated this attitude with his typical loud belch, an expression of provocativeness

that can be perverse. Outside the analytic hours, he exhibited a similar pattern in using alcohol to lessen anxiety and further sexual gratification during his frequent escapades.

From other sessions in the analysis, Mr. J could see that he had intense dependent feelings toward women and was exquisitely sensitive to feeling abandoned and humiliated. He thought that his mother might have been less attentive to him because of the demands of his older siblings (each successively about a year older), and he remembered always being demeaned by his siblings as "tiny Jimmy"—shamed for being the smallest and weakest. In the face of that ongoing barrage, he had felt helpless and hopelessly frustrated.[4]

In addition, the patient had periodically recalled that, at age five or six while attending summer day camp, a separation had occurred that he experienced as traumatic: His nanny did not show up for him one day after camp. He somehow had to find his way home on his own and finally, with the help of a stranger, located his mother at her workplace. There he felt the added shame that she disapproved of his arrival (and perhaps also of his birth). This hard-won memory of a traumatic disappointment was probably also a screen memory (Good 1998) reflecting the strainful deprivation of having a series of older siblings. As he had begun to realize more fully, he was always the low man on the totem pole, particularly in terms of his mother's attention.

The current meaning of this traumatic memory was also contained in the transference issue of his defenses against the experience of dependency, in which he would feel either excluded or trapped—feelings he defended against by deadening them, by intermittent use of alcohol, and by perverse and compulsive sexual (and sexualized) behavior. His persistent repudiation of feelings of dependence and shame was reflected in perverse defenses, in-

[4] Richards (1997) noted how perversion is a prolongation of a normal infantile impulse to turn the tables from the adult's powerfulness and the child's powerlessness. As a bright three-year-old said to his mother, "Just you wait till you are little and I am big" (p. 18). Similarly, Mr. J, feeling excluded and powerless in his dream and evidently also in the transference, sought to demonstrate how he could make a big, "oedipal" interpretation.

cluding muting of affect, deadening silences, recurrent sleepiness, belching, and farting in the sessions.[5] He often opened his mouth wide in loud yawns, puckered his lips in sucking movements, closed his eyes,[6] and occasionally dozed off, whereupon he would give a kind of soporific caricature of free-associative, dreamlike thoughts as they floated before him, hoping I would supply him with some interpretive insight, like a good feed.

These daydream-like states often became ways for Mr. J to distract himself from other material that was coming up in the hours. Many times, it was difficult to tell when his report of his dream ended and his associations began, even though he was aware of my own frequent confusion—and at times, possibly, my sense of frustration—about what was his dream and what was actual (see also Coen 1998, p. 1170; Grossman 1993, p. 428). In addition, I frequently found myself feeling markedly sleepy in the "deadness" of the sessions, especially when the patient dozed off. On the other hand, his accounts of sexual exploits and some of his dreams had an awakening effect, which I understood as his way of defending against painful inner states. These induced countertransferential reactions of feeling benumbed versus stimulated suggested to me a split in the patient's mental function related to the nature of disavowal (Freud 1927; Grossman 1993; Zimmer 2003).

A Dream of Exchanging Underwear

After more than a year into the analysis, Mr. J had begun to ridicule my telephone answering machine, which he considered old-fashioned and substandard. He then spoke of his own fear of

[5] Baker's (1994) perverse patient also had frequent anal flatulence and was a compulsive and defiant air swallower. These symptoms were part of the patient's way of inviting the analyst to enter into a perverse relationship and, at the same time, of inviting the analyst to reject him. Baker, by the way, noted the paucity of psychoanalytic literature on the subject of anal flatulence.

[6] Arlow (1971) observed that patients with character perversion often literally close their eyes on the couch and figuratively close their eyes to real-life situations (see also Grossman 1993, 1996).

ridicule and sense of shame due to his father's criticisms. He felt that his shame was indirectly expressed in the analytic hours when he had difficulty talking and felt like not coming. He related this "embarrassment theme" to feelings of frustration, boredom, and fear of ridicule since childhood. It occurred to him that his fear of ridicule could even be the reason for his fear of a committed relationship.

He then reported the following brief dream and associations:

> My sister and I were going to exchange underwear. She took hers off and gave it to me, and I gave mine to her, but I don't remember putting it on.

He continued:

> But I did kiss my sister as a kid, a bunch of times. It's a skeleton in my closet, something weird and perverse. I don't know what other perverse things I have in the closet that I'm afraid to find out about that lower my confidence. I'm a successful person socially and in my work, except that I haven't been married. The dream is embarrassing and perverse. It indicates a sexual desire to be with my sister. I feel guilty about it, like I did something wrong that someone will find out about. I've worn women's underwear before. I used to do that a lot. Now I have a fantasy about putting on women's underwear and masturbating.

Further associations were sparse at first (analogous to their paucity in some traumatic or self-state dreams); however, Mr. J's sense of shame and guilt also inhibited associations about which he experienced conflict. He then voiced doubts about his genital adequacy, and so he wondered whether he needed to have at least two women in his life in case one of them lost interest and rejected him. He could thus see that in relationships, shame anxiety and an underlying fear of abandonment were defensively reversed in his recurrent tendency to lose interest in women with whom he became involved. He became the abandoner instead of the abandoned.

This dream can be considered perverse because of the explicit sexual content that approaches frank perversion. Mr. J felt exquisitely guilty and ashamed about these dream thoughts and feared being ridiculed and judged by me. He himself considered the dream "perverse" because it involved his sister. Openly incestuous dreams and thoughts (to which this dream only alludes) may represent a use of unconscious instinctual wishes to defend against the recall of traumatic childhood experiences, including developmental strain trauma (Stewart 1967; see also Socarides 1980). Such dreams may highlight early points of fixation and developmental arrest in which the conflicts are less completely internalized than in primarily neurotic patients, and are represented more in terms of the relation of self to other. The marked impairment of self-esteem is defended against by "creating a pseudo-object relationship and mutual pleasure" that also establishes a "rudimentary mode of communication with the external object" (Khan 1965, p. 408), in which perverse acts reduce isolation and despair through contact with a real person (Goldberg 1975; Parsons 2000; Socarides 1980).

Thus, in addition to pointing to traumatic features, Mr. J's associations indicated that the perverse elements of the dream had a latent meaning, not solely a manifest significance as has been proposed for traumatic dreams (see the earlier section in this article on "Clinical Theory of Perversity in Dreams," p. 1016). These traumatic and perverse features serve as a compromise (Lansky 1997) that gratifies certain longings (manifestly expressed in terms of the patient's sister and latently pointing to incest), while guarding against anxieties (castration, shame, object loss) through his transvestism fantasy and simultaneous involvements with multiple women.

A Bathroom Dream: Always a Slew of Women in the Pipeline

Two years into the analysis, Mr. J began a session by talking about how difficult it was for him to focus on only one woman at a time, whereupon he reported this dream:

I had an urge to go to the bathroom to defecate but could not find a bathroom. I tried to hold it in and begin to shit myself. Finally, I found a bathroom and the door was open, but there was a mess inside. I felt the shit crusting on my ass. The dream went on and on and on in different forms, and I felt anxious and panicky.

We continued as follows:

PATIENT: The dream is quintessential, typical, about needing a bathroom and being afraid I'll be embarrassed, not knowing what direction to go in.

ANALYST: You mentioned the dream after noting how difficult it is for you to focus on a particular woman.

PATIENT: It has to do with embarrassment, being made fun of, so that she would lose interest in me. So I always have a slew of girls in the pipeline.

ANALYST: Then the pattern keeps repeating—going "on and on," as you said.

PATIENT: That's why I don't want to break up with one of the girls I'm seeing, but at the same time I want to call this new girl I met last weekend.

ANALYST: So it's certainly hard to change the typical pattern.

PATIENT: [He then belched loudly and began to ramble on with daydream-like images, as was his tendency, evidently in response to my comments attempting to highlight his persistent pattern.] I'm seeing something about you cutting my pears, large pears, like in a vision.

ANALYST: I'm cutting your large pears? How do you spell *pear*?

PATIENT: Hmm, could be *pear* or *pair*—two things together, like two people. It's that you're keeping me from getting into a relationship because I need your approval that it's okay now.

In this dream, there is a theme of an endless pattern of loss of anal control and intense embarrassment while seeking the right toilet. Mr. J could not find the right bathroom and, because he was either unable or unwilling (see Coen 1998, p. 1185; Grossman 1996), doggedly repeated his pattern with a "slew of women in the pipeline," who were like the toilets.[7] The dream illustrates intense anal urges and defenses that go on and on, involving painful affects related to fear of ridicule and abandonment. What the dream also suggests is that if Mr. J were to focus more on a single woman, which he himself had been thinking about, he would lose control of his hidden anal-aggressive urges.

When I drew attention to his difficulty in addressing the repetitive pattern expressed through the dream and in his relationships, Mr. J tuned himself and me out. Heralded by a loud belch, his description of a transferential "vision" was used in an oedipal sense to avoid acknowledging what else was going on, similar to the way in which he had shifted focus with an oedipal interpretation in relating his "Dreams of a Houseboat and Showers." Here he experienced my remarks about his defenses as "cutting" or disapproving. His dismissal of a difficult perception as it arose through his dream and in the transference (in which the analysis was equivalent to yet another toilet, "going on and on and on") exemplified his perverse tendencies (here manifestly anal) of unyielding repetition and disavowal, as well as my reaction to them, and in turn his reaction to my words.

[7] A transitional object may eventually develop into a fetish object and, because of anal eroticism, may represent feces (Winnicott 1953). Moreover, the analyst may also serve as a fetish equivalent (Calef et al. 1980; Reed 1997; Renik 1992) that has perverse anal significance in the transference. Similarly, Chasseguet-Smirgel (1991) considered the regression characteristic of perversion to be specifically anal-sadistic (p. 403).

While the patient's defenses against shame and past traumatic injury had a self-protective function, attention to the narcissistic aspects of the defenses in the transference (e.g., his seeking my approbation) may have distracted concurrent attention—in a technically modulated manner—from the simultaneously perverse aspects. In such situations, consideration to both narcissistic and perverse content is needed in order to attain optimal analytic progress (see also Coen 1998, p. 1172).

The Snake-Drug Dream

This dream, occurring after nearly three years of analysis and prior to my going on vacation, demonstrates the deepening of the treatment process and highlights Mr. J's increased recognition of a conflict evolving within the transference. It includes and lays bare perverse elements, illustrating progress in his capacity to elaborate a wish for, as well as an intense fear of, dependence and love:

> I was in a reserve with a lot of snakes that would bite you and rub against you and multiply on top of you and grow onto you. I wanted to get out of this place in order to get the snakes off me. When they were on you, they put you in this trance, like a drug, but I still tried to get them off. It was creepy as hell. There was this big, smelly guy who worked in the place, who was like a big fish or snake. He blew one of the guys out through his spout. It was gross. Later there was a woman there.[8]

We continued with the following dialogue:

> PATIENT: It's like other dreams where I'm trying to get out but am stuck and struggling—afraid I'm trapped forever. I think it has to do with relationships.

[8] Manifest dreams of being surrounded by snakes, swept into whirlpools, enclosed in caves, and similar experiences commonly represent merging and fusion (Socarides 1980, 1988). In my view, this symbolism is consistent with the regressive experience of Mr. J in this dream.

ANALYST: So you feel it's being expressed in your dreams.

PATIENT: Yeah, I think so. I wonder what the drugs represent, like when you feel ecstasy or euphoria, when you're on a drug and feel happy. That's a state I like to be in—drunk or charged up. Maybe it's a way of not dealing with relating or stress, a kind of self-medication.

ANALYST: You felt that way in the dream.

PATIENT: Yeah, drugged out. There were a lot of snakes, like I'll be on this drug forever.

ANALYST: What's the drug?

PATIENT: It's whatever the snakes give you, but I think it's a good thing that makes you feel good. I think the snakes represent women. I've had this issue, this fear, for a long time now. The drug is like how women smell and taste. The good part about a woman is kissing and having sex and blow jobs, all physical things.

ANALYST: Addictive, like a drug.

PATIENT: It makes me want to move from woman to woman.

ANALYST: So you won't get hooked.

PATIENT: Like a movie I saw about an airline pilot with three wives in different cities. He was afraid one would divorce him, so he had more than one. I do the same thing. I don't want to become addicted and then dumped, like in the relationship with my mother. I think she's amazing, awesome, and a nice person. And she left me when I was a kid. It traumatized me. I like the drug but still want to run away from that trapped feeling. After the initial high, it isn't fun any more.

ANALYST: That's when you might begin to feel addicted.

PATIENT: Yeah, that's when I want more than one woman. I want everyone to like me.

In addition to the patient's perverse use of alcohol as a "drug," the analysis had now become like an addictive drug for him. These features were evolving perverse transferential expressions of his conflict about having a closer relationship with someone. The dream thoughts indicated an "analytic high" into which Mr. J was fearfully hooked, yet avoided dealing with the reality of his situation. For months, he had been complaining of feeling trapped by the analytic schedule, yet now he could better voice that he also felt a need for the sessions. In the past, he had deadened the expression of any feeling about my vacation. Whereas in the earlier dream of the houseboat and showers he had had trouble getting in, now he felt "trapped forever."

In this hour, Mr. J more freely articulated his dependent conflict involving women, his defenses against dependent feelings and the risk of rejection, his wanting to feel loved, and the traumatic links to this dilemma (Kris 1977, 1988). There were transferential references in the dream, including the "big, smelly guy who worked there" (substituting for the woman who then appeared) and got rid of a man (Mr. J himself). The "guy" worked in a reserve like the one abutting my office, as the patient was well aware. Given his usual resistance to acknowledging transferential awareness, and that he now expressed so much conflicting affect through this dream, as well as his awareness of its association with my vacation, I did not explicitly comment on the "big, smelly guy." Instead, I sought to acknowledge Mr. J's dilemma—implicitly transferential—as it arose with intense affect within the session. He sensed how important the dream was in relation to the analytic process: in the following session, for the first time ever, he even continued to talk about the dream spontaneously, voicing concern that he had shown me too much of his vulnerability at a time of separation.

Through dreams and within the transference, Mr. J was becoming more aware of the nature of his personal dilemma. To a

degree, his use of dreams had itself a defensive function in that he could employ them to avoid dealing more directly with the transference (including my vacation). Just as he used the euphoria of drugs or alcohol to avoid his predicaments, so while using the analytic "drug," he avoided recognizing the depth of his transferential feelings and conflicts. But his dreams also made the treatment feel more alive (as opposed to a frequent deadening in the transference-countertransference) and provided a vantage point for both of us to view the perverse transference. In that sense, his perverse dreams constituted a compromise. In effect, they provided a transitional space in which essential analytic work could be done.

Watching from Afar

In the fourth year of analysis, Mr. J reported the following:

> I dreamt that two women were having oral sex with each other. I was watching from far away.

He continued:

> I think the dream has to do with my ambivalence and inability to commit. In the dream, I wasn't even in the picture with the two women. I wasn't involved with either one of them, yet I was enjoying both of them.

He went on to express his feeling that there was insufficient sexual intimacy with his current girlfriend, a relationship that had now lasted over a year. He was thinking that they probably would get engaged, yet he feared he would be humiliated and abandoned, left to "fall apart"—and just as he said this, he briefly dozed off and snored on the couch. To my amazement, he then noticed what had just happened and reiterated his fear of humiliation, abandonment, and disintegration. Recalling his past traumatic experience, he explained, "It's the crux of everything. I can't seem to get into it deeply—it's in my past."

The patient ordinarily acknowledged transference behaviors only compliantly when I called his attention to them, ignoring invitations to say more. However, this time he himself had noted his

dozing off, distancing himself within the hour. Thinking of what had just happened, along with the dream and his fear of falling apart (which I had tried rather unsuccessfully to explore with him on many previous occasions, especially regarding his fear of ending the analysis), I queried, "And doesn't it also repeat itself in the present?"

He said, "Yes, but how do I get it to stop?" Here, once again, he wanted a concrete answer and an end to it. I gave an analytic response that was not new: "That can involve reliving in the present, including here in this process, with a different outcome than in the past."

He replied, "Like being in a relationship and making it work out, not doing what I've done . . ." Without prompting and apparently with at least some conviction, Mr. J described his recognition that he avoided greater involvement in the analysis, such as by coming late, waiting to pay the fee, and other ways of "watching from afar." The dream seemed to express his past sense of painful exclusion, which also had a defensive function transferentially —keeping a "safe" distance even while ambivalently seeking more involvement, similar to viewing a primal scene from afar. After considerable analytic work and achievement of greater insight, he gradually had begun to try modifying a number of his persistent patterns, both extra- and intra-analytically. His efforts toward greater analytic commitment were also leading to increased recognition of interferences with the free-associative process—especially the long pauses and naps.

At the same time, the dream suggested that he was watching the analysis from afar in an erotized sense, hinting that our verbal oral activity—or lack thereof—represented something cunni-lingual, the details of which remained unclear. If so, it was becoming more evident to me that his perverse fantasies might be expressing themselves transferentially. Based on his dream associations, Mr. J apparently enjoyed this sexualized analytic enactment unconsciously, even while also distancing himself from the analytic process. Evidently, I, too, was watching from afar. This dual function, both defensively distancing while disguisedly ero-

tizing, struck me as a challenging combination to address directly at this time, though we seemed to be gradually approaching it.

In that session, I had not directly addressed the patient's dozing and snoring, choosing instead to reflect with him on the more general topic of repetition, "the crux of everything." But several sessions later, he gave me another opportunity: He mentioned a fantasy of spanking girls, which was followed by a long pause that I noted aloud. The following dialogue began with Mr. J's reply to my comment:

PATIENT: Oh, I didn't realize I was silent. I drift off. I can't think and talk at the same time.

ANALYST: How do you mean?

PATIENT: [He paused for a while and then described some images.] Something about people dying, concentration camps, firing squads. I can't describe what I'm thinking. An airplane with someone in the back being bossy, saying "Do this!"

ANALYST: In the back of the plane, like I'm behind you. Perhaps you feel I'm being bossy?

PATIENT: [Here he immediately dozed off and snored, but then came to and spoke.] I just fell asleep. Did you hear me snore?

ANALYST: So you're aware of it.

PATIENT: Do I do that a lot? [Then he spoke in a deep voice, mocking me as an analyst.] "What do *you* think, Jim?"

ANALYST: I wonder if sometimes the silences and snoozing are a way of distancing yourself, and you then feel I'm being "bossy" if I mention it?

PATIENT: My sex life sucks, and she's bossy, too. I say I want to get married, but I don't want to be

> henpecked, yet I don't want to be alone the rest of my life. I don't have a direction. This process winds on and on. It just persists. When you say I tune you out, you sound like I'm blaming you for this process going on and on. It sounds like you're whining. There's this guy I know who's a whiner. And I can't stand it when she [his girlfriend] whines, too. I say, "Shut the fuck up!" It goes on and on, and I take a nap and tune you out.

ANALYST: Maybe because *I'm* a bossy whiner?

PATIENT: I was blaming you and you're blaming me back.

ANALYST: So it feels like blame.

PATIENT: Yeah.

At this point, it felt to me that Mr. J and I were more engaged in the analytic work than at most other times. Neither of us was merely watching from afar. Although I did not sense that the erotization suggested by the dream could as yet be taken up directly as a transference issue, both of us were more involved in analytic dialogue.

The Phallic Woman Dream

Two weeks later, Mr. J introduced this dream:

> I had a dream that I was with a woman. It turned out that she had a penis, a long one. I was going to have sex with her, and I gave her a blow job. I wanted her to have anal sex with me, but then it turned out she had a vagina also. I was grossed out by the whole dream.

The following dialogue ensued:

PATIENT: It's like some woman has dominant control over me. She's being a male in the relationship.

ANALYST: Bossy?

PATIENT: Mmm. My girlfriend and I had this big disagreement about my having a woman friend of mine come over. It's probably why I had the dream. She was all upset and pissed off at me. I feel like she was being the man in the dream, telling me what to do. It's a fucking nightmare. She doesn't trust me.

ANALYST: You're saying there was a kind of role reversal?

PATIENT: Yeah. She's wearing the pants, taking control . . . . Now my mind is just going around: something about some other guy, an older guy putting on glasses, like someone in "The Brady Bunch."

ANALYST: And who wears glasses, you say.

PATIENT: You do. I feel I got my balls busted again.

ANALYST: So it's an issue of who's got the balls.

PATIENT: Right. I feel weak against her, that she's telling me what to do, that she has control over me. Maybe it's reflective of my dad, that he never gave me a penis as a kid, never let me have my own power.

The patient's father had gruffly told him how to do things or had taken over, rather than offering fatherly guidance. Although at times Mr. J wanted me to direct him in goal-oriented fashion, the dream suggested that this might be tantamount to sexual domination in which he took in my words. Likewise, although I did not infer that his girlfriend was telling him directly what to do, but rather that she was upset because he was with another woman despite knowing her feelings, he clearly felt she was dominating him and that he was losing his independence and masculinity—a repetitive pattern in his relationships, including in the state of the transference when he avoided a fuller participation in the analytic process.

I thought to myself that if Mr. J could better recognize his own part in the enactments by my bringing them more to his attention,

it might be tantamount to his having to acknowledge that a woman does not have a penis, something that could generate considerable anxiety in him, which he had already felt in the hour. (Recall that in the fearsome Snake-Drug dream, Mr. J felt that the snakes represented women.) The dream suggested his unconscious disavowal of anatomical differences and his feeling that I was controlling him. In the transference, I not only represented his father—which he recognized—but there appeared to be a phallic mother figure in the background as well (as in the Snake-Drug dream, where a woman appeared after the "big, smelly guy"). My earlier sense had been that I had not been generally "bossy" in the hours, but my words could still have had a phallic function in the patient's mind such that he felt feminized in the transference ("cutting his pears/pairs" as in the Bathroom dream, when I thought I had only mildly noted the reality of his persistent defenses).

As an evolving dilemma in the transference-countertransference, I was struggling with how I could speak and at the same time deal with the issue of his feeling, at some level, perversely dominated and excited by my words.[9] On the other hand, especially during his silences, if I did not say something, I might be experienced as castrated or "deadened" in the way that he often seemed to feel in his withdrawn affective states—until the next excitation—in a repeating pattern that had become the "crux" (as well as the figurative "crotch") of the analysis.

DISCUSSION

Since perversity can exist in individuals who do not necessarily have obligatory perversions, the distinction between perverse dreams and dreams of perversion is theoretically and clinically germane. Mr. J did not have obligatory perversions, nor were all his dreams perverse. His dreams illustrate the mixed nature of perverse defenses, in which there is a mutual interplay of preoedipal and oedipal themes within the dreams themselves and within the transference. The oedipal conflicts can be viewed, in part, as de-

[9] This issue is consistent with a technical dilemma raised by Smith (2006).

fenses against preoedipal issues (Roiphe and Galenson 1987; Socarides 1988), which in turn amplify oedipal conflicts. This is a self-reinforcing defensive system that parallels the defensive use of sexual perversions to deal with early developmental impairments. Perversions can have preoedipal and oedipal forms, the latter being less structured, less deviant, or more transitory (Socarides 1988). Similarly, perverse defenses can serve as compromise solutions at both oedipal and preoedipal levels that can appear in perverse dreams.

Individuals with perversions and perverse defenses generally have developmental deficits associated with significant impairments in the sense of self and in the capacity to deal adaptively with reality, dependent needs, separation anxiety, and the effects of traumatic experience. By themselves, these deficits are not unique to perverse processes; but when the patient also refuses to acknowledge certain realities, demonstrates a persistent pattern of seriously defeating analytic goals while achieving a pleasure gain, and causes a degree of persistent vexation and even torment for the analyst, we begin to see that, to take liberties with the famous Shakespearean comment, "something is rotten [perverse] in the state of [the analysis]."

The perverse patient's tendency to disavow reality has been compared with psychotic thinking. In one of Freud's (1905, p. 165) maxims, neurosis can be thought of as the negative of perversion, since fantasy and action are repressed in neurosis but not in perversion. On the other hand, clinical differences and the inescapable difficulty of analyzing perverse patients led to consideration of perversion not as the positive of *neurosis* but as the negative of (or defense against) *psychosis*—in the opinion of Glover (1933), who observed that many perversions help close gaps remaining in the development of the sense of reality. The degree to which this sense has developed may vary, however, and patients with perverse defenses have many features of a severe neurosis.

Grossman (1996) viewed perverse defenses not so much as causing problems with reality testing, since reality can be acknowledged, but rather as disavowing troublesome perceptions of reali-

ty. This disavowal of painful realities is part of what makes patients with perverse defenses difficult to treat. Even properly timed confrontations regarding the disavowal of these realities may not suffice, however, and the analyst instead will have to "approach the perverse nucleus from the periphery" (Denzler 1996, p. 64) or from the "enacted surface" of the analytic work (Smith 2006).

Indeed, during the first phase of his analysis, Mr. J initiated a major oscillation in which he temporarily decided upon a return to vis-à-vis psychotherapy. This oscillation was consistent with the characteristic treatment resistances perverse cases can raise (Coen 1998). His relational problems with commitment thereby came into focus within the transference as intense resistances to the analytic work. Ironically (and perversely), because of the time commitment of analysis, he felt intensely that the process kept him from developing more social contacts outside the analysis. A playing out and working through of this resistance had to occur in order for regular analysis to resume.

In general, a patient's need to cling perversely to the analyst on his or her own terms is related to the inevitable tendency to provoke an acting out of the countertransference. An "analysis-or-nothing" response to Mr. J likely would have led to his complete flight. Baker (1994) argued that the avoidance of countertransference acting out represents an implicit and mutative transference interpretation that is a specific factor in bringing about psychic change. In my experience with Mr. J, understanding the perverse aspects of his dreams added an invaluable perspective.

The psychopathology expressed through perversity may be ameliorated with a treatment that, if it is to be successful, generally requires considerable time. It also inevitably raises considerable countertransference feelings. Nevertheless, the treatment can provide a new experience for the analysand in which the unavoidable demands of the transference, even when played out over time, do not elicit the kind of reaction that the patient necessarily comes to expect from others. The special relationship and insight that the treatment provides can strengthen the patient's capacity to deal with internal forces that threaten the ego and have led to

perversity as a protective measure. In time, a perverse transference may be replaced, to a certain extent, by a more neurotic transference.

In neurotic, perverse, and mixed cases, dreams can be a vivid and convincing ingredient in the process of deciphering the nature of an individual's deep-seated dilemmas and the state of the transference. Dreams provide a special aperture on the workings of the mind, which patients are then better able to own for themselves. The manifest content tells a narrative that, together with associations, helps reveal fundamental conflicts and traumatic origins of current patterns of repetitive sexualized conduct and excitatory or deadening behaviors that fend off an otherwise intolerable inner isolation, sense of deprivation, and psychic pain. The dreams of patients with perverse defenses may demonstrate neurotic conflict or perverse content, either separately or in combination. In general, the presence of isolated, manifest perverse elements in dreams does not necessarily mean that the patient either has a frank perversion or pervasively uses perverse defenses. In patients who are primarily neurotic, occasional signs of perversity may represent a repudiated unconscious wish, which, in the case of frank perversions, is overt and expressed in conscious fantasy or in real life.

Among individuals with perversity, dreams can permit access to early infantile experience relatively unobtainable from other data. The early verbal and preverbal period may be expressed through nonverbal, sensorimotor, and psychosomatic phenomena for which the dream provides a unique opportunity for preoedipal reconstruction (Blum 1976). As Fonagy (2006) put it:

> In patients incapable of reflectiveness, dreams provide a valuable special window. Perhaps dreams are, in part, residues of a nascent reflective capacity where the dreamer tries unconsciously, as best as he or she is able, to depict the structural constellation within his or her mind (the state which precludes verbalisation). [p. 204]

To conclude with the words of Bird (1972), dealing with the transference is the hardest part of analysis. This is particularly true

in patients with perverse dispositions. Yet dreams can facilitate the recognition by both analysand and analyst of repressed and disavowed mental content behind this perversity, and thus further the process of change.

Acknowledgments: The author is grateful to Andrea Celenza, Ph.D., for her thoughtful discussion of this paper at the American Psychoanalytic Association Meeting in June 2003; to Axel Hoffer, M.D., for sharing his pondering of the concept of perversion; and to the blind reviewers of *The Psychoanalytic Quarterly* for their constructive comments.

REFERENCES

Arlow, J. A. (1971). Character perversion. In *Currents in Psychoanalysis*, ed. I. W. Marcus. New York: Int. Univ. Press, pp. 317-336.

——— (1991). Derivative manifestations of perversions. In *Perversions and Near-Perversions in Clinical Practice: New Psychoanalytic Perspectives*, ed. G. I. Fogel & W. A. Meyers. New Haven, CT: Yale Univ. Press, pp. 59-74.

Aron, L. (1989). Dreams, narrative and the psychoanalytic method. *Contemp. Psychoanal.*, 25:108-126.

Baker, R. (1994). Psychoanalysis as a lifeline: a clinical study of a transference perversion. *Int. J. Psychoanal.,* 75:743-753.

Bird, B. (1972). Notes on transference: universal phenomenon and hardest part of analysis. *J. Amer. Psychoanal. Assn.,* 20:267-310.

Blum, H. P. (1976). The changing use of dreams in psychoanalytic practice—dreams and free association. *Int. J. Psychoanal.,* 57:315-324.

Brenner, I. (1996). On trauma, perversion, and "multiple personality." *J. Amer. Psychoanal. Assn.,* 44:785-814.

Calef, V., Weinshel, E. M., Renik, O. & Mayer, E. L. (1980). Enuresis: a functional equivalent of a fetish. *Int. J. Psychoanal.,* 61:295-305.

Chasseguet-Smirgel, J. (1991). Sadomasochism in the perversions: some thoughts on the destruction of reality. *J. Amer. Psychoanal. Assn.,* 39: 399-415,

Coen, S. J. (1981). Sexualization as a predominant mode of defense. *J. Amer. Psychoanal. Assn.,* 29:893-920.

——— (1985). Perversion as a solution to intrapsychic conflict. *J. Amer. Psychoanal. Assn.,* 33(suppl.):17-57.

——— (1998). Perverse defenses in neurotic patients. *J. Amer. Psychoanal. Assn.,* 46:1169-1194.

Cooper, A. M. (1991). The unconscious core of perversion. In *Perversions and Near-Perversions in Clinical Practice: New Psychoanalytic Perspectives*, ed. G. I. Fogel & W. A. Meyers. New Haven, CT: Yale Univ. Press, pp. 17-35.

Denzler, B. (1996). Psychic reality and perversions (panel report). *Int. J. Psychoanal.*, 77:61-66.

Etchegoyen, R. H. (1978). Some thoughts on transference perversion. *Int. J. Psychoanal.,* 69:45-53.

Fogel, G. I. (1991). Perversity and the perverse: updating a psychoanalytic paradigm. In *Perversions and Near-Perversions in Clinical Practice: New Psychoanalytic Perspectives*, ed. G. I. Fogel & W. A. Meyers. New Haven, CT: Yale Univ. Press, pp. 1-13.

Fonagy, P. (2006). Living the experience of childhood seduction: a brief account of an unusual psychoanalysis. In *The Seduction Theory in Its Second Century: Trauma, Fantasy, and Reality Today,* ed. M. I. Good. Madison, CT: Int. Univ. Press.

Freud, S. (1900). *The Interpretation of Dreams. S. E.*, 4/5.

——— (1905). *Three Essays on the Theory of Sexuality. S. E.*, 7.

——— (1920). *Beyond the Pleasure Principle. S. E.*, 18.

——— (1923). Remarks on the theory and practice of dream interpretation. *S. E.*, 19.

——— (1925). Some additional notes on dream interpretation as a whole. *S. E.*, 19.

——— (1927). Fetishism. *S. E.*, 21.

Glover, E. (1933). The relation of perversion formation to the development of reality sense. *Int. J. Psychoanal.,* 14:486-504.

Goldberg, A. (1975). A fresh look at perverse behaviour. *Int. J. Psychoanal.,* 56:335-342.

Good, M. I. (1998). Screen reconstructions: traumatic memory, conviction, and the problem of verification. *J. Amer. Psychoanal. Assn.,* 46:149-183.

Greenson, R. R. (1958). On screen defenses, screen hunger and screen identity. *J. Amer. Psychoanal. Assn.*, 6:242-262.

Grinstein, R. (1983). *Freud's Rules of Dream Interpretation*. New York: Int. Univ. Press.

Grossman, L. (1992). An example of "character perversion" in a woman. *Psychoanal. Q.*, 61:581-589.

——— (1993). The perverse attitude toward reality. *Psychoanal. Q.*, 62:422-435.

——— (1996). "Psychic reality" and reality testing in the analysis of perverse defenses. *Int. J. Psychoanal.,* 77:509-517.

——— (2003). Letter to the editors in response to a paper by A. Sánchez-Medina. *Int. J. Psychoanal.,* 84:449.

Jacobellis v. Ohio (1964). 378 U.S. 184, 197.

Jiménez, J. P. (2004). A psychoanalytical phenomenology of perversion. *Int. J. Psychoanal.,* 85:65-82.

Khan, M. M. R. (1965). The function of intimacy and acting out in perversion. In *Sexual Behavior and the Law*, ed. R. Slovenko. Springfield, IL: Charles C. Thomas, pp. 397-413.

Kohut, H. (1977). *The Restoration of the Self*. New York: Int. Univ. Press.

KRIS, A. (1977). Either-or dilemmas. *Psychoanal. Study Child*, 32:91-117.
——— (1988). Some applications of the distinction between divergent and convergent conflicts. *Int. J. Psychoanal.,* 69:431-441.
LANSKY, M. R. (1997). Post-traumatic nightmares: a psychoanalytic reconsideration. *Psychoanal. Contemp. Thought*, 20:501-521.
LAPLANCHE, J. & PONTALIS, J.-B. (1967). *The Language of Psycho-Analysis,* trans. D. Nicholson-Smith. New York: Norton, 1973.
LEIGH, R. (1998). Perversion (panel report). *Int. J. Psychoanal.,* 79:1217-1220.
LIMENTANI, A. (1987). Perversions—treatable and untreatable. *Contemp. Psychoanal.*, 23:415-437.
MCDOUGALL, J. (1986). Identifications, neoneeds and neosexualities. *Int. J. Psychoanal.,* 67:19-30.
MELTZER, D. (1973). *Sexual States of Mind.* Edinburgh, Scotland: Clunie Press.
MORRIS, W., ed. (1970). *The American Heritage Dictionary of the English Language.* Boston, MA: Amer. Heritage/Houghton Mifflin.
MYERS, H. C. (1991). Perversion in fantasy and furtive enactments. In *Perversions and Near-Perversions in Clinical Practice: New Psychoanalytic Perspectives*, ed. G. I. Fogel & W. A. Meyers. New Haven, CT: Yale Univ. Press, pp. 93-108.
OGDEN, T. H. (1996). The perverse subject of psychoanalysis. *J. Amer. Psychoanal. Assn.,* 44:1121-1146.
PARSONS, M. (2000). Sexuality and perversion a hundred years on: discovering what Freud discovered. *Int. J. Psychoanal.,* 81:37-49.
REED, G. S. (1997). The analyst's interpretation as fetish. *J. Amer. Psychoanal. Assn.,* 45:1153-1181.
RENIK, O. (1992). Use of the analyst as a fetish. *Psychoanal. Q.*, 61:542-563.
RICHARDS, A. K. (1997). Perverse transference and psychoanalytic technique: an introduction to the work of Horacio Etchegoyen. In *The Perverse Transference and Other Matters: Essays in Honor of R. Horacio Etchegoyen*, ed. J. L. Ahumada, J. Olagaray, A. K. Richards & A. D. Richards. Northvale, NJ: Aronson.
——— (2003). A fresh look at perversion. *J. Amer. Psychoanal. Assn.,* 51:1199-1218.
ROIPHE, H. & GALENSON, E. (1987). Preoedipal roots of perversion. *Psychoanal. Inquiry*, 7:415-430.
ROTH, S. (1987). *Psychotherapy: The Art of Wooing Nature.* Northvale, NJ: Aronson.
RYCROFT, C. (1979). *The Innocence of Dreams.* New York: Pantheon.
SÁNCHEZ-MEDINA, A. (2002). Perverse thought. *Int. J. Psychoanal.,* 83:1345-1359.
SIMON, B. (1991). Is the Oedipus complex still the cornerstone of psychoanalysis? Three obstacles to answering the question. *J. Amer. Psychoanal. Assn.,* 39:641-668.

Sloane, P. (1979). *Psychoanalytic Understanding of the Dream*. New York: Aronson.

Smith, H. F. (2006). Analyzing disavowed action: the fundamental resistance of analysis. *J. Amer. Psychoanal. Assn.,* 54:713-737.

Socarides, C. W. (1980). Perverse symptoms and the manifest dream of perversion. In *The Dream in Clinical Practice*, ed. J. M. Natterson. New York: Aronson, pp. 237-256.

——— (1988). *The Preoedipal Origin and Psychoanalytic Therapy of Sexual Perversions*. Madison, CT: Int. Univ. Press.

Stewart, W. (1967). Comments on the manifest content of certain types of unusual dreams. *Psychoanal. Q.,* 36:329-341.

Stoller, R. J. (1991). The term *perversion*. In *Perversions and Near-Perversions in Clinical Practice: New Psychoanalytic Perspectives*, ed. G. I. Fogel & W. A. Meyers. New Haven, CT: Yale Univ. Press, pp. 36-56.

Thoreau, H. D. (1848). *A Week on the Concord and Merrimack Rivers/Walden/The Maine Woods/Cape Cod*. New York: Literary Classics of the U.S., 1985.

Ticho, E. & Robbins, W. S. (1977). Varieties of oedipal distortions in severe character pathologies. *J. Amer. Psychoanal. Assn.,* 25:201-218.

Weinshel, E. M. (1977). "I didn't mean it": negation as a character trait. *Psychoanal. Study Child*, 32:387-419.

Winnicott, D. W. (1953). Transitional objects and transitional phenomena: a study of the first not-me possession. *Int. J. Psychoanal.,* 34:89-97.

Zavitzianos, G. (1971). Fetishism and exhibitionism in the female and their relationship to psychopathy and kleptomania. *Int. J. Psychoanal.,* 52:297-305.

Zimmer, R. (2003). Perverse modes of thought. *Psychoanal. Q.,* 72:905-938.

---

74 Craftsland Road
Chestnut Hill, MA 02467

e-mail: michaeligood@pol.net

Psychoanalytic Quarterly, LXXV, 2006

TRAUMA, REVERIE, AND THE FIELD

BY ANTONINO FERRO, M.D.

The author uses a clinical vignette to demonstrate complex concepts at work—concepts such as those derived from a productive grafting of Bion's thinking onto the concept of the psychoanalytic field. The underlying theory is narrated by the use of images, which the author finds to be the most appropriate way to demonstrate this theory at work—a theory of the mind based on the concept of digestibility of emotions, as well as the progressive introjection of instruments to render such an operation possible. Key points include the waking dream thought, the analyst's reverie, unsaturated interpretations, continual re-dreaming on the content of the session as permitted by the field, and the development of the ability to metabolize emotional contents.

There are, in my view, three different sources and loci of trauma in a person's mental functioning. Vicissitudes that occurred with primal objects may have given rise to functional deficiencies on various levels. The highest degree of trauma results, in childhood, from a defect in the function governing the development of the caregiver-object's capacity to transform protoemotions and protosensoriality into images (the α-function), likely resulting in an inadequate development of the child's α-function. It is in this context that the seeds are sown of extremely severe pathologies involving failure to introject the instruments necessary for the basic management of psychic life and for the very development of the capacity to dream.

Translation by Philip Slotkin, M.A.

A second level of trauma is connected with inappropriate, insufficient, or over-fragile receptivity (of an inappropriate container) —again, of the caregivers and consequently of the child—that does not allow the basic introjection of a place to keep emotions and thoughts. This is the root of all pathologies in which, owing to insufficient capacity of containment, recourse to various defense mechanisms, such as splitting or the lethargization of intolerable emotional states, has occurred.

A third and less dramatic level of trauma occurs when a sound α-function and an appropriate capacity for containment encounter a situation of acute or chronic stress with an excess of stimuli (β-elements) that accumulate as "undigested facts" awaiting transformation (Bion 1962, 1963, 1965; Ferro 2002).

All three of these configurations may often be observed to varying degrees in one and the same mind—as in the case history with which I should like to begin, which illustrates how the fabric of the trauma sustained by the patient (whether the macrotrauma or cumulative microtraumas) must present itself anew in the consulting room, where it can be rewoven and where, in particular, the very instruments for reweaving it can be enriched.

CLINICAL VIGNETTE

Margot's Wounds

I receive an e-mail from someone in Canada, who tells me that she intends to come to the city where I practice, Pavia, for a year, and asks if I am prepared to take her into psychoanalysis during this period. She adds that she is a doctor and has already had one analysis.

My curiosity is aroused, and so is my vanity. I also feel disoriented because I wonder whether it makes sense to take a patient into analysis for a limited time and "in a closed box," or, as one might say in English, "sight unseen." But after a period of indecision, I accede to her request.

In September, the patient, Margot, presents herself as arranged. She has just arrived from Canada with her three children,

who are to attend school in Italy for a year. Margot gives me hardly any other information about how she proposes to organize things and we confirm that, as agreed by e-mail, the analysis will begin on the following Monday at the appointed hour; she will have three sessions a week. On leaving, Margot hands me a large box and says: "I've brought you this from Canada."

Again, I feel disoriented; well, I say to myself, quite apart from having totally failed to consider the criteria of analyzability in this case, here I am receiving a present before we even start! But the look on Margot's face now that I have reached the door—together with the thought that I did, after all, take on Margot "in a closed box"—leads me to accept this big container.

Left alone, I open the box and find inside a small table clock and a fossil—a slice of a tree trunk from a petrified forest. I am very struck by the fossil because it seems to represent a petrified face wearing the frozen smile of a laughing "pagliaccio" figure, or perhaps a clown with a desperate, suffering expression. As I then set off for home, I think of the clock as portending the coming analysis, which of course has a time limit: one year's work. The petrified fossil-face immediately suggests petrified emotions—so perhaps what the patient hopes for from the analysis is that it will impart new life to something fossilized.

While walking home, however, I spontaneously ask myself: "Now why such a *big* box for two objects that are basically not very large?" Then comes a flash of illumination: seemingly to protect the clock and the fossil, the whole box had been stuffed full of gauze of the kind used to dress wounds. A third and fundamental theme is thus kindled in my mind: bleeding and the need to staunch the flow of blood (and, if possible, to treat the wounds).

I feel that my reveries, fantasies, or "dreams" about these objects are important, and it is equally clear to me that I can use them as hypotheses for assigning meaning to these objects. But I know it would not make sense to interpret them right away, as I feel I still need to "metabolize and digest" them. I believe we are in the presence of an important moment of welcoming and of containment of Margot's urgency in delivering something to me.

My reverie that followed allowed me to transform what I had just contained into a series of images. At this point, a new containment and a new reverie, related to my first one, become necessary. That is to say, I am able to profit from a sudden unveiling of my new insight, and I am able to imagine its import for the patient. This induces me to speak in a rather disguised way to her, in talking about my new way of looking at her: that is, by adhering, for some time, to the *characters* of our dialogue.

A tragic history unfolds from my very first sessions with Margot: her mother leapt to her death down an elevator shaft when she was sixteen years old, and her father, a well-known surgeon, immediately closed down the house where they lived and moved away with the four children. No one was allowed to take anything at all from the home—not their toys or games, or even their underwear. A barrier of denial had petrified every emotion.

The first dream Margot brings me is of a vampire (who is this person behind me, and should I be afraid of him?)—but this vampire listens to her and has a lantern in his hand. The second dream features a mugger, but she does not resist the mugging; she does not express any feelings—perhaps she has none—nor does she cry out for help. So here we have the theme of the "petrified forest": she is always concerned about understanding the other person and his or her needs and motives. The cost of the analysis—in all senses—is by no means inconsiderable for Margot, and she does not yet know if it will leave her impoverished or enriched.

After a few days, when Margot feels that I am managing to take her painful stories on board without immediately trying to return them to her in an interpretation that would leave her just as weighed down by them as she was before, she dreams that she receives a gift of a "little coat stand." In this way, the coat stand at the entrance to my consulting room becomes a *character* on our analytic stage—and I do indeed often wonder if my poor little coat stand will stand up to the strain of being weighed down with big bagfuls of all sorts of ever-heavier stuff that Margot brings, which, oddly enough, she does not place on one of the chairs in the waiting room, but instead hangs up on a coat hanger. Both I and the

coat stand do somehow hold up, even if Margot often says she is worried that the stand is not strong enough to support what is hung on it: shopping bags, small suitcases, packages, etc. For me, the coat stand increasingly comes to stand for a mother whose reliability and holding capacity need to be tested (rather like the floor of an elevator). During this initial period, Margot brings in a third dream: that she is alive on the outside and dead (petrified?) inside.

At this point, in mid-November, I suddenly fall ill and have to cancel Margot's sessions for a week. On my return, she says she would like to pay me for the entire analysis up to the end of our year of work, as if to guarantee my presence throughout the agreed time (in contrast to the mother who dies before her time?). Obviously, I do not accept this proposed insurance that Margot would have liked to arrange in order to guarantee my presence. Instead, I limit myself to interpreting her need to guarantee my presence until the conclusion of the analysis.

She then dreams of "doing classical dance," as she did when she was a small girl; emotions are progressively being released and coming alive inside her, in a dance between the relationship with me (and the fear of losing me prematurely) and the history (the loss of the mother and the impossibility of working through mourning). In another dream, a girl is afraid of a dog and a bear, and a woman masturbates both of them: the frightening emotions that threaten to tear her apart are tamed and calmed.

Any experience of encounters with other patients arouses jealousy, rage, and frustration in Margot. I now introduce the subject of *emotional bleeding* resulting from emotions that are so intense they could tear her apart—drawing on my reveries about the objects wrapped in gauze that she had given me—as an alternative strategy to that of "petrifying" or deep-freezing her internal world.

Margot takes up, develops, and elaborates every one of my interpretive suggestions, which thus open up new and unforeseen vistas. The theme of the mother's depression comes to life, starting with a session in which my mental presence is slightly reduced after a prior session with a severely psychotic patient that had left me feeling invaded and less available. Following this session, Mar-

got dreams of children abandoned in a snow-filled valley who plunge into a frozen ravine while their mother is carried off by a huge black bird. Then she dreams of a truck that runs over a family, and no one lifts a finger to save the children.

In linking these dreams to my reduced mental presence on the previous day, I tell her explicitly that perhaps the dreams were born of my having been less receptive than I usually am, and that I think she has caught onto how much this was like a very painful childhood experience of hers. She makes a number of connections with her own experiences as a child, when her mother would stay in bed in her room for days on end, or when Margot would wait at the window for her mother to return, but she never did (my emotional congestion had rendered my participation in our dialogue less present and alive).

So it is that references to the house of her childhood begin to come up in the last session of every week and, after years of silence, once again to inhabit her dreams: she experiences and feels the pain of that time as well as the present pain of separation. Already in December, she broaches the subject of the end of the analysis, "because if we don't start thinking about it right away, it will be an abortion instead of a birth."

I cannot, of course, describe the whole of Margot's analysis; I wish to concentrate on the new way of experiencing emotions that our work activated in her. One day, she remembered that, in her parents' family album, there were no photographs of her during her first year of life (so here we have the year of analysis!)—a time that was characterized by a severe maternal depression, even though an affectionate nanny had stood in for the mother.

A dream then portrays Margot with lots of corpses to bury (the mourning to be done) and lots of live patients to treat (the gauze around the objects in the box she had given me). In another dream, she tells a woman friend that if she speaks and expresses what she feels, that would mean that she is giving up the idea of the mother who was supposed to cater to her needs without her having to ask; she had indeed waited so long for a mother to come back to life. Now the idea is growing of a mother who could

live and care for her again in the form of a "coat stand" with a "weight-supporting" function.

She goes on to tell of a visit to the Genoa aquarium (where emotions—fishes—can be "seen," while one is at the same time protected from them), and brings in a dream in which she is with Thomas Edison, inventor of the electric light bulb, making animal noises—of dogs, cats, and horses. (It seems that her emotions come to life again in this way if she is supported by someone like the coat hanger–analyst.) Then she mentions a trip during which she had let herself go on the slide of a water toboggan and felt no fear —displaying the same intrepid bravery that she had in her encounters with the ever-more-living emotions surfacing in the consulting room.

Next she dreams she is at the hairdresser's, where she has gone to have a painful operation, and she tells the hairdresser: "I don't want a general anesthetic, I want to *feel!*" For Margot, *feeling* the pain—including the pain of the trauma of loss and of the microtraumas of her mother's reduced mental presence—and feeling joy have been one and the same thing: she asks the hairdresser to put in some "sunny highlights" to brighten and give life to her hair.

In the final sessions, Margot tells me that, for her, the analysis has been like filling up the family album with photographs of her first year of life (it has been, after all, the year when she has come back to life); she has to make good use of the traffic lights that appear in one dream and the responsible policeman featuring in another, so as not to fall in love with a "photographer" who has revealed lots of new landscapes to her—but she must return to her history, where there is also a family waiting for her in Canada.

She spends a weekend in Sicily, where "the sun pours down"—just like Margot, who leaves full of longing but happy, having also learned that she is entitled to an Italian passport, since she has just discovered she had a Sicilian grandfather!

Case Discussion

This short clinical description enables me to draw attention to some salient facts. Chief among these is a dreamlike form of func-

tioning of the analyst's mind. What guided me most in working with Margot were my reveries. These were shared with her only at the end of our work (such as when I spoke to her about "deep-freezing" her internal world as an alternative to emotional bleeding), when they could assume meaning for both of us and, after the event (*nachträglich*), for her history. Another vital aspect was my listening to and acceptance of the manifest text of Margot's narration. The characters of the sessions found a place to live in the consulting room before a meaning was discovered for them in our relationship, and hence in Margot's history.

The trauma of the mother's suicide (as well as the trauma of the dysfunctional maternal depressive state) called for a process of mourning that could not be worked through all at once, but was accomplished in small doses—always in the knowledge that the patient had beside her "a mother with whiskers and guts," with whom she could go through the experience of absence and death. Here the focus of attention is not the actual trauma as a past external event—for it is, I believe, commonly found in clinical practice that "major" traumas have had much less of an impact than "minor" ones. Rather, the crucial factor was ultimately *the presence of an external event coupled with the absence of an object capable of receiving and working through what had happened.*

The word *trauma*—from a certain vertex, at least—thus assumes a less specific and more general meaning, extending to all emotional conditions that, seeking but failing to find a reverie and container function, are constantly transformed into instances of acting out whose violence mirrors that of the primal emotions, which are either frozen or lethargized. Whereas the effects of the trauma—its symptoms—on the one hand constitute an attack on the mind's potential for development, on the other, they also continue to serve the purpose of communication. They thus act as a kind of "narrative hook," which, together with the "history of the trauma," allow the analyst's capacity for reception and reverie to develop a new way of digesting the experience. Hence the rehistoricization of the trauma is not an experience of meticulous reconstruction of the past, but the possibility of rewriting in metaphorical form a

history that was previously not fully thinkable, and therefore also not fully expressible in words. The trauma undergoes reparation no longer through the compulsion to repeat it and bring it into the present, but instead by expansion of the function of thought and symbolization.

The story of the trauma makes its entrance into the analytic field in this way—and it does so particularly if the analyst himself or herself acts as a microtraumatogenic object. This happens, for example, whenever the analyst becomes too rigid or mentally unavailable. In Margot's case, the emotions could eventually "thaw," without haste and without the use of force, and a narration unfolded on many levels—e.g., those of our present situation, of her history, and of her internal functioning. Most important of all, in my view, is that the patient was able to introject and take away with her the "little Pavia coat stand," and rewrite a history that used to be unthinkable (the new possibility of mourning) and unknown (the new filiation of the Sicilian grandfather).

CONCLUDING COMMENTS

In more general terms, there is, I believe, a constant baseline activity of reverie (Ogden 1999), which is the way the analyst constantly receives, metabolizes, and transforms whatever reaches him or her from the patient in the form of verbal, paraverbal, or nonverbal stimuli. The same activity of reverie is at work in the patient in response to every interpretive or non-interpretive stimulus from the analyst. The purpose of analysis is first and foremost to develop this capacity to weave images (which remain not directly knowable). Indirect access to these images is possible through the narrative derivatives (Ferro 1999, 2006) of waking dream thought that stage the oneiric truth of mental functioning in various forms. This baseline activity of reverie is the engine of our mental life, and psychic health, illness, or suffering depend on its functionality or dysfunctionality.

This view of the analytic encounter is further enriched by reference to the thought of Bion (1962), and in particular to his con-

cepts of the α-function and of waking dream thought (Ferro 2002). The patient's transference, with its load of β-, balpha-, and α-elements, collides with the analyst's mental functioning, immediately giving rise to a group-of-two situation, in which it is the bipersonal analytic field itself (Baranger 1993; Baranger and Baranger 1961-1962; Ferro 2005) that is constantly dreamed and re-dreamed. The transference in effect undergoes diffraction into a multitude of narrations and characters that are "chimeras" not only of *then* and *there,* but also of *now, here,* and the interaction of the two minds.

If the field is held to immediately assume an oneiric form of functioning, there is no communication that cannot be seen as having to do with and belonging to the field itself. Even facts that seemingly fall most within the province of reality—including the trauma itself—can then be regarded as "narrative hooks" that enable us to approach and assign meaning to dream thought. And even the most subjective elements, such as a patient's dream, belong to the field, performing the function of assigning meaning to and signaling the movements of the waking dream in relation to the moment when it (the dream) is narrated.

If Margot tells of a daughter who cannot stand being touched, a younger son who loves affection, a father who is not genuinely available, a severely depressed woman friend whose boyfriend is furious because his wife has left him, and then a film she has seen on television in which a deceived husband tries to kill his wife, and so on, she is actually describing the emotions existing in the field at the present time. These could be gathered together by the analyst and expelled in a transference interpretation, but that would be tantamount to serving up raw the entire week's shopping, including frozen foods.

The field makes it possible to describe, gather up, and assemble these emotions, and to clarify them and bring them into sharp focus, using the characters presented by the patient (and why not, perhaps, ones introduced by the analyst too?) as "potholders" for handling scalding-hot contents. Here the analyst is convinced that the patient's communication is a diffractogram of the present sit-

uation of the field, whose ingredients that await focusing, transformation, and digestion have to do with the intolerability of contact (perhaps the unsuitability of containment for holding hypercontents), lumps of tender feelings in the process of development, blocked containers, fury and rage, jealousy, murder, and so on.

The idealization that Margot felt toward me for a long time seemed worthy of my acceptance. In fact, I perceived it as a sort of crutch that Margot used to defend against too-intense persecutory emotions at the beginning of her treatment. Such emotions can be "cooked" by narrative transformation with unsaturated interventions (Ferro 2002), but the patient's response must always be "sampled," so as to ascertain which ingredients the analyst must supply to enrich or tone down the dish.

I believe that the receptivity of the analyst, together with the reverie and the affective transformations that it realizes within a stable setting, are the basis of any further development of the patient's α-function. This development takes place through a silent operation of introjection of the mental functioning of the analyst and of the couple at work—similar to the way a Renaissance painter-in-training might have begun by attending the atelier of the master.

Let me end by relating a countertransference dream I had the night before Margot's last session: I dreamed that a patient was admitted to a trauma ward with multiple fractures; after surgery and setting of the bones, the patient needed a long period of rehabilitative physiotherapy—but was nevertheless fit to be discharged.

But the story does not end here. I have asked myself many times why Margot had chosen to undergo a time-limited analysis, and for a long while I have oscillated between two possible answers. One is that, having already had a long analysis, she was now asking for a supplement, and it was therefore reasonable for her to give herself a limited time span for the new analysis, and not to make her lifetime coincide with the time spent in analytic treatment. The other is that she wanted to obtain a "sample" before undergoing lengthier work. I still do not know how to answer this

query I put to myself, but recently I received an e-mail from Margot asking me to organize for a new tranche of work.

REFERENCES

Baranger, M. (1993). The mind of the analyst: from listening to interpretation *Int. J. Psychoanal.,* 74:15-24.

Baranger, M. & Baranger, W. (1961-1962). La situación analitica como campo dinamico. *Revista Uruguaya de Psicoánalisis,* 4:217-229.

Bion, W. R. (1962). *Learning from Experience.* London: Heinemann.

——— (1963). *Elements of Psycho-Analysis.* London: Heinemann.

——— (1965). *Transformations.* London: Heinemann.

Ferro, A. (1999). *La psicoanalisi come letteratura e terapia.* Milan, Italy: Raffaello Cortina.

——— (2002). *Seeds of Illness, Seeds of Recovery.* London: Routledge, 2004.

——— (2005). Commentary on "Field Theory," by Madeleine Baranger, and on "The Confrontation between Generations as a Dynamic Field," by Luis Kancyper. In *Truth, Reality, and the Psychoanalyst,* ed. S. Lewkowicz & S. Flechner. London: IPL.

——— (2006). *Psychoanalysis as Therapy and Storytelling.* London: Routledge.

Ogden, T. H. (1999). *Reverie and Interpretation.* London: Karnac.

Via Cardano, 77
27100 Pavia, Italy

e-mail: ninoferro3@aol.com

Psychoanalytic Quarterly, LXXV, 2006

SURVIVING IN ABSENCE—ON THE PRESERVATIVE AND DEATH DRIVES AND THEIR CLINICAL UTILITY

BY CORDELIA SCHMIDT-HELLERAU, PH.D.

This paper offers a new theoretical and clinical look at the death drive in connection with the preservative drive. The author elaborates the flaws she sees in Freud's Beyond the Pleasure Principle *(1920) and reformulates the transition between Freud's first drive theory and his second one within an implicit object relations theory. Simultaneously with this revised version of drive theory, a structural theory for the realm of healthy self- and object preservation and for pathological or deadened self and object parts is developed, including the devastating effects of trauma. Clinical material from an extended psychoanalysis shows how these concepts can help us understand these patients' absence and "deadness" and rethink the technical challenges they provide.*

It was many years into the analysis of Sam before I learned something about his early life. Sam had no memories of his childhood. He came to treatment because he was afraid of dropping out of his studies. He could not bring himself to do the things he needed to do. But he said he wanted to improve. In his first session, I tentatively connected two of the thoughts that he shared with me. Sam was interested. However, in our second meeting, he funda-

---

A shorter version of this paper was first presented on October 21, 2004, at the Finnish Psychoanalytical Society in Helsinki.

mentally doubted any value of what he had appreciated earlier. This became a general feature through many years of our analytic work together. There was a *strong negative therapeutic reaction* that threw us back, again and again, whenever we seemed to have gained any bit of new insight or experience of therapeutic progress. It often felt as if we walked one step ahead, followed by one or two steps backward.

For a long time, I knew next to nothing about Sam or his daily life. He talked reluctantly, and his communications were spare at best. Much was missing in what he did tell me. And Sam himself was missing. During the initial period when we worked on a once-a-week basis, Sam often came only to the second half of our session. When, after a year, we increased to twice a week (because he felt he had not made the progress he had hoped for), Sam regularly showed up for only one of these two weekly sessions. Despite this record of absence, we eventually agreed to try analysis, four times a week on the couch.

At that point, Sam brought me his first and only dream for years: *He dreamt he was with someone on a sailing boat, in the middle of the ocean, on his way to America, and there was a total calm, no wind at all, and he had no idea what to do or how to sail.* There were no associations to his dream, except that he thought that the dream made no sense. I associated this dream with our upcoming analytic journey, and I thought he was letting me know what lay ahead.

With the beginning of the analysis, Sam usually came to our four sessions each week, but remained silent for the first half of each. Sometimes he did not show up. However, he always paid for all sessions; this was never an issue. As he fully occupied his space in the analysis (being there or not, talking or not), eventually I took it that, with these absences and silences, he was bringing in a missing, absent, speechless part of his self. His *not being there* was *there* —somewhere in the analysis.

Then Sam stopped talking altogether. He came in on time, lay down, and kept silent till our time was over, when he would get up and leave. In many ways, I tried to get in touch with him. Nothing

was successful. Thus, I mostly kept silent, too, feeling that we needed simply to endure, to survive the calm. We were both there, silently framed with four weekly sessions into some kind of still life, while something unshared went on in each of our minds. Yet even though there were only a few sentences or words that Sam spoke to me over a long period of time, I never lost hope: one day we would move forward.

Years later, I am still working with Sam, now in the fifteenth year of his analysis. Much has developed since, and much work remains to be done. Later in this article, I will expand on some difficulties in Sam's analysis and elaborate on how we can think about a specific pathology of mental functioning that we encounter in analyses in which *absence* is a major feature. I have wondered about how absence is represented in the minds of our patients, and what might prevent them from, or interfere with, retrieving the absent.

I want to explore some of these questions mostly by trying to recapture the theoretical and clinical value of two Freudian concepts that have not been present much in our general psychoanalytic discussions: the self-preservative drive and the death drive. I would stress that both concepts are indispensable, both to our understanding of how a human mind works *and* to the work of clinical psychoanalysis—not only with severely disturbed or traumatized patients, but with healthy neurotics as well.

THE CONSISTENCY CRACK IN FREUD'S DRIVE THEORY

In a footnote added in 1924 to his *Three Essays on the Theory of Sexuality* (1905), Freud noted: "The theory of the drives is the most important but at the same time the least complete portion of psychoanalytic theory" (p. 168). This might sound amazing, since only four years earlier, Freud had completely reformulated his drive theory (1920), and on the basis of this revision restructured his model of the mind (1923). Yet his observation was correct and shows—once again—Freud's enormous sensitivity to the logical

breaks in his theoretical constructions. The introduction of his second drive theory constitutes a consistency crack in this "most important part" of his psychoanalytic theory, and this had a tremendous impact on how psychoanalysis developed throughout its first century.

I have worked for many years on the resolution of the problems Freud left us with (Schmidt-Hellerau 1995, 1997, 2001, 2002b, 2003, 2005a, 2005b), because I believe that inconsistency in our model of the mind leads to inconsistencies in our clinical thinking. Our concepts influence our perception and understanding, and if we misconceptualize any part of psychic life, we will misperceive and misunderstand that aspect of a patient's material. Previously, I have reassessed Freud's concepts of aggression (2002b, 2005b) and self-preservation (2005a, 2005b, 2006a); here I want to suggest a solution for a lingering question regarding Freud's drive theory: how can we think about a death drive in relation to a preservative drive?

As I have elaborated elsewhere (Schmidt-Hellerau 1995, 1997, 2001, 2002a), Freud constructed his model of the mind as a homeostatic (dynamically stable) system by postulating *two antagonistic drives* (first the sexual and self-preservative drives, and later the life and death drives) and *a regulating principle* (that is, principles of inertia, constancy, pleasure, reality, and so on). The drives' antagonistic aspect (opposites like *life* and *death* paralleling those of, e.g., *waking* and *sleeping*, *yes* and *no*, or *plus* and *minus*) was required as a means by which the regulating principles could maintain and reestablish homeostasis.[1] The regulating principles are

[1] Freud's first description of how the mental apparatus maintains its equilibrium relied on a reflex model of discharge: an *increase* of any excitation leads the system to an immediate *discharge* (decrease) of this surplus. Yet, already in the "Project for a Scientific Psychology" (1950), written in 1895, he outlined a much more sophisticated version of this basic idea: that is that, in order to protect itself from overexcitation, the mental apparatus builds up structures whose long-term cathexis with energy (storage) allows for a regulation in which an increase on the plus side will be balanced by an activation on the minus side (Schmidt-Hellerau 1995). Examples are the pair of *drive* and *repression,* and Freud's understanding of the symptom (combining *wish* and *defense*) or the *compromise formation*—his whole idea of psychic conflict being based on the opposition between two primal antagonistic drives and their derivatives (Freud 1910, pp. 213ff.).

situated in the structures of the mental apparatus; they vary, being modified through learning and adaptation, and they determine in each case what constitutes homeostasis at a certain level and point of time.[2]

Freud (1915) defined the drive as departing from "sources of stimulation within the organism," and as exercising a "constant force" (p. 119), a pressure toward the object through which the aim —satisfaction—is reached. It is worth noting that *source, pressure, object,* and *aim* are all part of his elaborate conception of drive.

Freud had no problem with pointing out the sexual drive's sources, the *erotogenic zones* (mouth, anus, genitals, skin, eyes). However, he never came up with the sources of a self-preservative drive. According to the general definition of a source as "the somatic process which occurs in an organ or part of the body and whose stimulus is represented in mental life by a drive" (Freud 1915, p. 123), I have suggested appointing the inner organs (stomach, abdomen, lungs, bladder, etc.) as the *biogenic zones* of a self-preservative drive—eliciting the urge to eat, drink, breathe, urinate, defecate, sleep, etc. (Schmidt-Hellerau 1995, 2001). Thus, Freud's idea—that the drive originates in bodily stimuli and strives, dartlike and virtually endlessly, until it meets the object of satisfaction—is generally applicable to both the sexual and self-preservative drives.

In 1920, Freud fundamentally changed this conception of drive by confusing the functions of drive and structure. Following are the eight flaws in his argument, as I see them:[3]

1. In considering his clinical experience with patients who repeat *unpleasurable* experiences, Freud wondered if

[2] Homeostasis does not require a 1:1 or 50:50 ratio. For instance, the newborn organism is balanced by an approximate ratio of 1:2 in sleeping and waking time, while the adult's life is balanced by the reverse: sixteen hours of waking time and eight hours of sleep. What changes over a lifetime (and through psychoanalysis) is the homeostatic value (ratio) in the structures; what does not change is the activity of our drives, our basic urges (pressure), our *being driven* to fall asleep or to wake up.

[3] For a more detailed analysis of my argument here, see Schmidt-Hellerau 1995, pp. 171-208, and Schmidt-Hellerau 1997.

these phenomena point to something *beyond* the pleasure principle—thus confusing the *feeling of unpleasure* with the *function* of the *pleasure principle.* However, according to all his previous definitions, the pleasure principle functions as a method to maintain a balanced state, and a neurotic state that *feels* unpleasurable (e.g., something like an attachment to *painful feelings* [Valenstein 1973]) *is* nevertheless a balanced state, thus within—and not beyond—the pleasure principle.

2. The fact that the patient's unpleasurable experiences are endlessly repeated led Freud to postulate a *compulsion to repeat* that he then erroneously assigned to the drives. This was a misconception, because what Freud observed in his patients and what he described as *repeated* was not just a single drive activity. Rather, it represents the whole process of pressure and repression —the whole specific reproduction of scenes, relational configurations, and so forth (Schmidt-Hellerau 2001, pp. 179ff.)—and thus the *regulation* of a complex psychic process.

   The complexity of what is repeated demonstrates that the *compulsion to repeat* is a *structural phenomenon;* it describes the function of the regulating principles in the structures that activate particular drive-excitations for the cathexes or anticathexes of certain representations, in an effort to maintain a previously (within the structures) established equilibrium.

3. This error is important because Freud assigned the compulsion to repeat, in particular, to the first primal drive (the death drive), and in the wake of this, he rewrote his general definition of the drives:

   > *It seems, then, that a drive is an urge inherent in organic life to restore an earlier state of things* which the living entity has been obliged to

> abandon under the pressure of external disturbing forces; that is, it is a kind of organic elasticity, or, to put it another way, the expression of the inertia inherent in organic life. [Freud 1920, p. 36, italics in original]

Freud was right: the restoration of an earlier state of things is the function of the *inertia principle*, that is, a function of the structure. Memory of any "earlier state of things" lies in the structures of the mind and is not a quality of the drives. To define a drive as "an urge . . . to restore an earlier state of things" casts it as a mysterious, intelligent entity (homunculus) that remembers what was. Instead, I would retain Freud's first definition, in which a drive links man's bodily needs to external objects, and can do nothing but *drive* until satisfaction is reached.[4]

From his new general definition of drives—which struck Freud himself as "strange" (1920, p. 36)—Freud concluded that, earlier than life, there was death; and, therefore, the first drive to restore an earlier state of things would be a death drive; and, consequently, the required antagonist needed to be called a life drive. This is an intriguing thought, and despite the crooked ways in which Freud got there, I am far from dismissive of this revised notion. On the contrary, I think that, with this step, Freud extended his grasp on the drives in a remarkable (though still obscure) way that I will try to illuminate later. But first I will continue briefly summarizing my critique of Freud's elaboration of the death drive.

4. In integrating his first into his second drive theory, Freud saw no problem with the sexual drives. He con-

[4] This definition (based on Freud's 1915 essay) is scientifically clear and accessible for neuropsychoanalytic investigation, but his 1920 revision loses this necessary stringency and is, in a phylogenetic sense, vaguely metaphorical.

cluded: "They are the true life drives" (1920, p. 40). However, in trying to lump together his previous conception of the self-preservative drive (or ego drive) with the newly created death drive, he felt puzzled:

> Seen in this light, the theoretical importance of the self-preservative drives[5]. . . diminishes. They are component drives [of the death drive] whose function it is to assure that the organism shall follow its own path to death, and to ward off any possible ways of returning to inorganic existence other than those which are immanent in the organism itself. [1920, p. 39]

This is an interesting statement, leaving enormous room for self-preservative activities within the general limits of genetic determination. However, to Freud, a self-preservative drive seemed to oppose, rather than to be on the same trajectory with, a death drive. Thus, he quickly dropped this possibility:

> We were prepared at one stage [see Freud 1920, p. 39] to include the so-called self-preservative drives of the ego among the death drives; but we subsequently [p. 52] corrected ourselves on this point and withdrew it. [1920, p. 53]

At this point, Freud dissolved and mingled "the original opposition" between his sexual and self-preservative drives, now stressing "the libidinal character of the self-preservative drives" and calling Eros "the preserver of all things" (1920, p. 52). This then eased his way toward declaring the self-preservative drives as part of the life drives, an attribution that seemed all too obvious. Yet by subsuming both the self-preservative *and* the

[5] Strachey translated Freud's notion of *Selbsterhaltungstrieb* with *instincts* of self-preservation. In the upcoming new English-language standard edition of Freud's work, undertaken under the leadership of Mark Solms, the notion of *instinct* will generally be replaced by the more appropriate one of *drive* (Solms 2005).

sexual drive under the umbrella of his life drive (Eros), Freud abandoned his first drive antagonism, which was basic to twenty-five years of theory development. This step should have concerned him with regard to its possible implications for his model of the mind. Yet instead, Freud struggled to determine what the characteristics of his newly created death drive might be.

5. As is well known, Freud spoke to this issue by seizing on the idea that *aggression* and *destruction* as found in *sadism* provided a representative of the death drive:

> We started out from the great opposition between the life and death drives. Now object-love itself presents us with a second example of a similar polarity—that between love (or affection) and hate (or aggressiveness). If only we could succeed in relating these two polarities to each other and in deriving one from the other! From the very first we recognized the presence of a sadistic component in the sexual drive . . . . But how can the sadistic instinct, whose aim it is to injure the object, be derived from Eros, the preserver of life? Is it not plausible to suppose that this sadism is in fact a death drive, which under the influence of the narcissistic libido, has been forced away from the ego and has consequently only emerged in relation to the object? [1920, pp. 53ff.]

Freud exemplified his death drive with the help of the sexual drive (part of the life drive) by pointing to its sadistic component. He succeeded in finding the death drive's representative as *derived from the life drive*, which is exactly why it is *not*—as required for any antagonism —*an independent variable from the death drive*. Furthermore, sadism as a component of sexuality or as a sexual perversion does not aim "to injure the object";

rather, it aims at giving and finding sexual pleasure by means of hurting.

And, finally, Freud (1940) did not stay with a unidirectional definition—something like *the death drive wants to die and the life drive wants to live;* instead, he stated that the death drive wants "to lead what is living into an inorganic state" (p. 148).[6] This conveys something like: *the death drive wants the life drive not to live* —thus forming a defense against the life drive, and a defense against a drive requires the involvement of a structure with its regulating measures. This is how Freud came to call his new drive a "drive of death, or destruction," a "destroying drive," or a "destructive drive" (1924, p. 163), and, finally, "a special, independent aggressive drive" (1930, p. 117).

6. It goes without saying that aggression is an important phenomenon in human behavior and mental life, and Freud had long recognized this. Yet its place in his model of the mind shifted over the years from being a component of the sexual drives (1905), to being a capacity of both drives (1909), to originating in the self-preservative drives (1915). It was not until 1920 that Freud—struggling to find a representative for his newly created death drive—shifted aggression or destruction into the position of a primal drive.

Many contemporary analysts rejected the idea of a death drive, but all embraced the same concept as an *aggressive* or *destructive drive.* Here is the problem that I have with this choice: Freud's original drives of self-preservation and sexuality comprised an antagonism of inward directedness (just as, e.g., the paradigm example, hunger, is characterized by an urge to take in,

[6] Experientially, the *wish to die* (an expression of the death drive) is not necessarily related to destruction. There are numerous stories of old people who, after having lived a long and fulfilled life, and even though in full health, develop a *wish to die* and then pass away peacefully.

to swallow, to incorporate—or, more generally, just as the physiological needs of self-preservation are concerned with what goes on inside the body, the self) and outward directedness (as the sexual desires focus first on the genitals at the periphery of the subject's body, and only later on the *other,* the sexual object out there). Also, physiologically normal self-preservative activities tend toward calmer states: a slowing down (as in digestive processes or in sleep, during which the immunological system—literally, a system of self-preservation—is most active). On the other hand, normal sexual activities go along with higher alertness, excitement, a speeding up.

Since all life events and mental activities are thought of as driven and infused by both primal drives in varying proportions, Freud's first antagonism allowed for a basically endless variety of nuanced mental states, balanced by a structure that regulates the ratio of plus-drive energy (*+-energy*) and minus-drive energy (*–energy*), according to a task-related increase and decrease of excitation.

I doubt that this homeostatic regulation is possible with aggression and sexuality as the two primal drives. Aggression, defined as intending to harm, humiliate, or constrain others via violent, destructive motor action (Laplanche and Pontalis 1973, p. 17), is usually thought of as outwardly directed (as is the sexual drive) and as including an increase of excitation (as is the sexual drive). How important this point was for Freud is indicated by his decision to define the death drive or aggressive drive as originally directed inward (as in primary masochism), and only secondarily, with the help of narcissistic libido, can it be turned outward. Thus, he hoped to maintain the idea of a primal antagonism.

Nevertheless, Freud (1940) ended up suggesting two drives that would actually supply *+-energy* when he

put forth the idea that a "surplus of sexual aggressiveness will turn a lover into a sex-murderer, while a sharp diminution in the aggressive factor will make him bashful or impotent" (p. 149). Simple math shows that here aggression has an increasing, not a decreasing, effect: sexual +-energy and aggressive +-energy make for a murderer, whereas the lack of aggressive +-energy leads to impotency. My point is that, when we stick with aggression as the primal antagonist to Eros, we end up with two drives that provide +-energy—which calls into question the dynamic stability of the system, the homeostatic construction of Freud's model of the mind.

7. Having characterized the death drive as an aggressive, destructive drive led Freud (1940) to another hypothesis: that the aim of the life drive (Eros) is "to establish ever greater unities and to preserve them thus—in short, to bind together; the aim of the second is, on the contrary, to undo connections and so to destroy things" (p. 148). However, to view *binding* and *unbinding* as properties of the drives is again a confusion of the functions of drive and structure.

   In my view, a consistent use of these concepts restricts the drives to *driving,* that is, to simply supplying energy to those structures that they cathect. It is the function of the structures to *bind* or *unbind,* as well as to *fuse* or *defuse* both drives. It is because of the binding function of the structures (and the representations: memory traces, ideas, fantasies they carry) that we never experience a *single* drive activity, but rather mixtures of them—a momentary or enduring balance of the two antagonistic drives.

8. Further, Freud (1940) was unable to designate the death drive's sources or its energy term: "We are without a term analogous to 'libido' for describing the energy of the destructive drive" (p. 149). I think the lack of a

source and energy term was not accidental; it spoke to the consistency crack in Freud's drive theory, which he acknowledged in 1924, when he called it "the least complete portion of psychoanalytic theory" (see Freud 1905, p. 168). His big change of 1920 had installed a new primal drive-antagonism that made sexuality and aggression the two basic motivations in mental life in the minds of generations of analysts to come—and even though we have learned a lot in working with these concepts, I believe we can invigorate our theoretical and clinical thinking by a reexamination of what was once thought to have been set in stone.

I suggest that we stay with the *primal antagonism* of the life drive and death drive. I do not consider the death drive per se as an aggressive drive, nor do I think of aggression as a primal drive. As I have elaborated elsewhere (see Schmidt-Hellerau 2002b; Schmidt-Hellerau 2005b, pp. 1012-1017), I suggest conceptualizing aggression as the expression of the intensity of drive energy that is marshaled in order to regulate or overcome the distance to the object of satisfaction. The rationale here is that the psychic apparatus has to muster as much drive energy as is necessary to reach its goal. The goal is always at some distance from the subject—distance in geometrical, but also in psychological, terms: it makes a difference whether the object seems to be psychically absent or present, whether it seems to withdraw or to approach.

Thus, the intensity of drive energy corresponds to the anticipated and/or perceived psychogeometrical distance to an object. If the anticipation is correct, aggression will not occur unless necessary (self-defense). However, if there is a distortion in the mental representation of the location of the object in relation to the subject, then it feels to the subject as though, e.g., the sexual or preservative object is too far away

and thus unavailable, or too close and thus threatening. It follows that the distance to a drive's object as it is represented in the mind will be an important factor in understanding why aggression comes up in general—and (as we will see) why the death drive in particular has been understood as an aggressive drive.

THE PRESERVATIVE DRIVE AS PART OF THE DEATH DRIVE

In order to rethink the integration of Freud's first into his second drive theory, let us depart from his 1920 notions of *life drive* and *death drive.* Let us not be distracted by what *life* and *death* might mean, but rather focus on their antagonism, their plus and minus directions. This allows us to understand the concept of drive in the sense of a unidirectional force, one that drives virtually endlessly in just one direction. For the newborn, then, everything is a matter of life and death. *Sexuality and self-preservation are introduced only by the intervention of the loving and caring object.*[7]

How can we understand this? When the baby is hungry, he/she might experience a catastrophic feeling, a nameless dread (Bion 1965), a dangerous tension of the whole system, a terrible pain that makes him/her scream and kick. It is only when the nursing mother *interferes* that these powerful strivings, stirred up by hunger, come to a halt in finding their first object—the breast—and the satisfaction of being nurtured. The intervention of the object *stops,* as it were, this general so-called death (or minus) drive and defines what self-preservation is (at this point)—namely, hunger and thirst and being nurtured, but also being dry, clean, warm, comfortable, safe, and so on.

[7] Green (1986, 1999) has suggested a similar idea with regard to the drives in general (even though he held onto the autodestructive function of the death drive and did not discuss a relationship between the death and self-preservative drives). He stated: "Even if drives are considered as basic, first entities, that is to say, primary, we nevertheless must assume that *the object reveals the drives.* It does not create them—and no doubt it can be said that it is at least partly created by them—but it is the condition for their coming into existence" (1999, pp. 84ff.).

As Freud (1900, 1911, 1950) and others have shown, and as I have elaborated elsewhere (Schmidt-Hellerau 1995, 1997, 2001), the repeated interventions of the caretaking object build up a memory trace, a *structure* that contains the representation of *the hungry self and the nursing object and the whole interactional sequence that produces satisfaction.* From now on, this structure, the first and still undifferentiated representation of self and object, "cuts" the death drive in half; and only then can this particular drive activity—arising from its sources (the stomach, in this case) and ending first at mother's breast and then in the recathexis of the mental representation of the nursing couple—become what we can actually call a *self-preservative drive.* And, consequently, drive activities that reach *beyond that structure* are what we can now conceptualize as the *death drive* (see Figure 1 below).

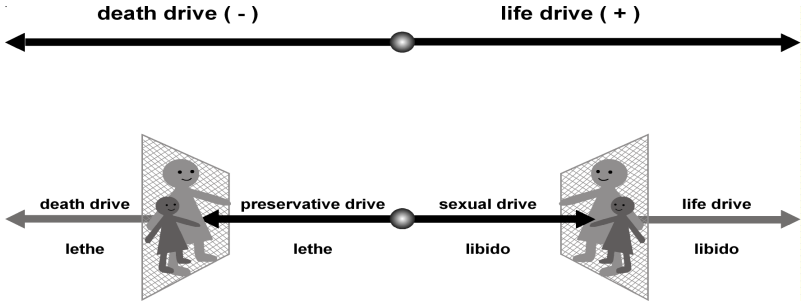

Figure 1

Thus, we can see that Freud's notion of a *self-preservative drive* implied two things that do not make sense:

1. It suggests that this drive more or less "knows," by itself or by some sort of natural endowment, what self-preservation is. However, self-preservation is something that needs to be *learned* (even birds teach their offspring how to find and pick up a worm). Although some features of self-preservation and survival are biologically ingrained and thus more basic, reflexive, or spontane-

ous than others, the way to best preserve ourselves is a capacity that requires quite a bit of mental activity, and needs to be continually considered throughout life (our rich dietary, fitness, and health literature provides ample proof of the complexities of this task).

2. This so-called *self*-preservative drive is not just about our *selves*. Freud (1915) stated that the object "is most variable about a drive and is *not* originally connected with it" (p. 122, italics added). Hence, the self is not the only object; rather, various objects exist for this drive, and that is why we would be better off calling it simply a *preservative drive*. This will help us understand that in the same way that the sexual drive can cathect one's own self (narcissism), as well as one's objects—thus resulting in the experience of self-love and/or object love—the preservative drive can be directed toward the self *or* toward any other object, expressing self- and/or object-preservative strivings.[8]

As mentioned above, Freud worked comfortably with the notion of *libido*, designating the energy of the life drive (or Eros), but he never found a suitable energy term for the death and preservative drive—which made it hard to think and speak about the different cathexes and activities of these two drives. This is why I have suggested *lethe* as the *energy term of the death and the preservative drive* (Schmidt-Hellerau 1995, 1997, 2001). In Greek mythology, Lethe (*forgetting* in Greek) is the name of the river flowing into the realm of death. The theoretical concept of *lethe* shall indicate some sort of *minus* tendency; it has indispensable health-promoting functions in protecting the system from overexcitation, yet it can also become excessive and then be expressed pathologically (as I will

[8] That object preservation is something we are literally *driven* toward is most clearly revealed in the mother's urge to care for her infant, but also in both parents' need to care for and protect their children, and even on occasion to give their lives for them.

show later). In the list below, I schematically juxtapose some differences between the two drives' tendencies.

Death-/Preservative Drive: *Lethe*	Life-/Sexual Drive: *Libido*
Sources: Biogenic zones (internal organs, e.g., stomach, bladder)	Sources: Erotogenic zones (external organs, e.g., mouth, anus, genitals, skin, eyes)
Survival	Intercourse
Hunger	Lust
Digestion, maintenance	Courting, conquering
Excretion of the old, dead	Creation of something new, alive
To console	To charm
Concern	Interest, curiosity
Slowing down	Speeding up
Heavy	Light
To rest	To explore
To sleep	To be awake
Toward the unconscious	Toward consciousness
Introversion–Withdrawal	Extroversion–Reaching out
To be silent	To be talkative
Immobility	Mobility
Care	Love
Sorrow	Joy
Depressive	Manic

It goes without saying that all the above-mentioned tendencies represent complex behavioral patterns and thus composites of both drives—each of them, though, with a predominance of either lethic or libidinal investments, respectively. Now that we have the term *lethe* to describe the energetic force of the preservative and death drive, we might view clinical material somewhat differently. Also, theoretically, it allows us to talk of lethic tendencies, activities, and investments, and of lethic objects—which are primarily nurturing objects or objects to be nurtured—whenever preservative-drive activities are predominant.

THE WOODEN REEL: STRUCTURE

Perhaps the most famous segment of Freud's *Beyond the Pleasure Principle* (1920) is his observation of and reflection on a game that his one-and-a-half-year-old grandson played:

> The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skilfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive "o-o-o-o" ["gone"]. He then pulled the reel out of the cot again by the string and hailed its reappearance with a joyful "da" ["there"]. This, then, was the complete game—disappearance and return. As a rule one only witnessed its first act [the throwing away of all sorts of little things] which was repeated untiringly as a game in itself, though there is no doubt that the greater pleasure was attached to the second act. [p. 15]

Freud understood the game as the boy's way of dealing with the (temporary) loss of his mother. He described it not only as a turning-passive-into-active operation, but also as a way of "making what is in itself unpleasurable into a subject to be *recollected* and *worked over* in the mind" (1920, p. 17, italics added).

Even though many have thought and written about the wooden reel game over the years, let us here have another look at this *working over in the mind*. Green (2003) has been particularly interested in how subject and object are related in this game.

> What we are dealing with is a double object; in fact, it is doubled twice over. There is the wooden reel and there is the mother. Each of these two objects is duplicated: the wooden reel is both lost and found; and the mother both goes away and returns (fort-da). The object's position in this symbolic organization suggests that it is important, to paraphrase Winnicott on the transitional object, that the wooden reel both is and is not the mother . . . .

> This double and split status of the object may be set alongside a double and split status of the subject. There are two opposing interpretations of the subject here. In the classical interpretation, the subject is the child understood as the active pole of the game, as the agent of the game. It is the child who stages the game, throwing the wooden reel away and pulling it back again; it is the child who notices the object's absence or presence; and, finally, it is the child who articulates the different phases of it by uttering the words fort-da . . . . He plays at making his mother disappear and return, whereas he is played by her, so to speak, in her absence. He only plays to the extent that he is played, however much of a feat he accomplishes in reversing this situation of passivity into activity. [pp. 75ff.]

I think that in this beautiful description, Green captures an important moment of structure building. The question of "who is active and who is passive?" is at this point simultaneously the question of "who is who?" When mother goes and is "lost," the child's (sense of) self goes with her—is pulled away, perhaps as though ripped off by her and lost, too (or else forgotten). Thus, it is essential that the child can come to represent and remember self and object in the absence of their concrete togetherness. The wooden reel, in fact—*by its very shape*—symbolizes both representations, self and object, in their relatedness.

THE WOODEN REEL: DRIVE

What Freud and Green did not elaborate in relation to this episode is the specific "outreach" of the drive activity involved. The drive is here symbolized by the piece of string; the length of the string limits the throw, and the reel comes to a halt at the end of the string's maximal stretch. The child must first activate a certain quantity of drive energy (screaming) in order to reach the real object and bring that drive activity to a halt (at the nursing object). In mother's *absence,* the boy's toss of the reel can be understood as an intermediate step, a mental action expressing his need to reach out for the concrete mother–child reunion *and* its mental representa-

tion, the capacity to *think it.* The length of the string helps him to get a feeling of *how much energy* he has to put into this throw and how far away the reel will then be—while remaining connected with him. The meaning of this action determines *at what point* (within the mental apparatus) the representation of self and object will be activated and sustained.

It seems to me important to note that our conception of drives applies to the mental apparatus, not to reality. Thus, a drive does not directly cathect any object in the outside world. Drives cathect the *mental object,* the object as it is represented (when it is not there) or as it is represented *and* perceived (when it or its substitute is there). *Thus, it is the anticipated/represented psychogeometrical distance in mental space and time that determines the amount of drive energy to be activated in order to recathect the mental representation—and that will then be applied to the real object out there.*

At this point, both the *concrete present mother* and the *remembered absent* or "*fort*"-mother (her "particular far away" [Green 2003, p. 80], or Bion's [1965] no-breast) become possibilities. And behind this emerging network of representations, still farther away, there is an "indefinite 'far away'" (Green 2003, p. 80), an *absolute nothing* (like a black hole)—and this nothing lies within reach of the death drive.

And what about the second position, *da?* The first toss removed the reel from sight, representing loss of the lethic object (the self-object dyad). Even though throwing the reel is the child's activity, it is, as Green notes, the *gone*-mother who *plays* the child; it is she who elicits his lethic needs. Thus, we can say that the first throw is pulled away by the lethic object (the *gone*-mother) and activates the child's self-preservative strivings (the needy self). The next act is to pull the reel until it can be seen again and is joyfully greeted as *there.* In line with the antagonistic arrangement of the two basic drives, I would suggest that the second movement —pulling the string and making the reel reappear—is initiated by the sexual drives (Eros). The child's excitement and joy at seeing the reel (or the mother) seem to carry a strong libidinal mark. While the *gone*-moment elicits sadness, the *there*-moment elicits

happiness. The *there*-reel then symbolizes the reunited libidinal self with the libidinal object in their pleasurable relationship.

To put it differently: As soon as the child has reached the *position of absence*, where the lethic mother–child couple is represented, he is, in his mind, removed from where he actually is (in his bed) to this place of absence (united with mother). It is from there that he (or both mother and child) then—*in his mind*—activates libidinal strivings that reach out for the self that he is (the child in bed) and happily meet him *there* as soon as the reel reappears over the border of his bed. Clearly, the child's happiness mirrors the mother's happy excitement when being reunited with her child. Not only does she play him when she is leaving; she also plays him in coming back. (See Figure 2 below.)

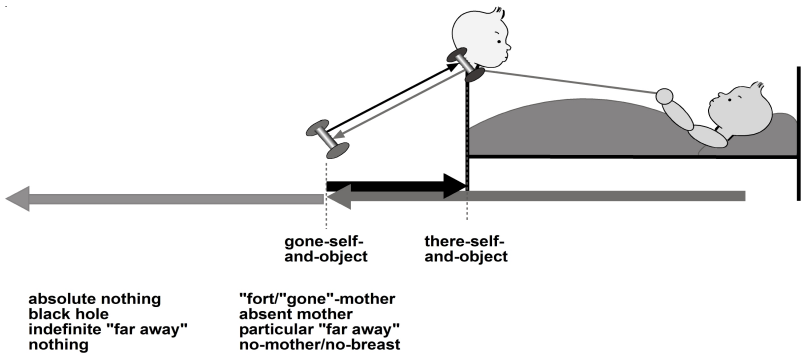

Figure 2

I have suggested elsewhere (Schmidt-Hellerau 1995, 2001, 2006b) that every structure is formed and held by a libidinal and a lethic cathexis.[9] The *fort/da* game thus demonstrates another relation: the *gone*-self-and-object and the *there*-self-and-object are related in the *specific tension* between lethic and libidinal strivings

[9] Green (1988) suggested conceptualizing *primal narcissism* as a structure that is constituted by the life drives and death drives, thus showing two faces—like Janus—one toward life and the other toward death. I have applied this concept to structure building and structural change in general (Schmidt-Hellerau 2006b).

(stretched between the *position of absence* and the *position of reappearance*). This tension between specific quantities of oppositional energies defines the dynamic stability of the structural unit—as one can see in Figure 2 on the previous page: a unit that forms another, magnified reel by its shape. While the lethic side of this representation stands for the potential of loss, its libidinal counterpart carries the potential of hope—the object's being recalled or recaptured. In this specific example, the predominance of lethic energy (the arrow pointing left in Figure 2) can be held in balance by a rather small portion of libidinal energy (the arrow pointing right).

If we conceptualize two sides for each representation that determine the specific tension between its lethic cathexis and its libidinal one—a tension established as the dynamic stability of this specific structure—and if we think of these representations as placed at different positions along the whole continuum between *death* and *life,* then we assume that each of them will be defined by varying proportions of lethic and libidinal energies. The representation of a *dead self* could then be defined as *balanced* by a predominance of lethic energies—e.g., in a hypothetical proportion of 10:0 or 9:1, while (at the other end of the spectrum) a manic self could be thought of in the reverse proportion, 1:9 or 10:0 (lacking the grounding, calming effects of lethic energies). Thus, what is established as a balance between lethic and libidinal strivings is different in each case.

I suggest that to conceptualize representations in this way is helpful when talking with our patients. It makes us aware of the precarious balances between sexual desires and preservative needs, which is represented in and foundational to every mental event; and if the patient's sense of stability is too threatened by what we address in our interventions (e.g., the lethic need to withdraw versus the libidinal wish to reach out for the analyst), the patient might shut down or react with a *psychic retreat* (Steiner 1993).

We might also come to acknowledge that representations that are established and stabilized without any contribution from lethic energies, or with only a tiny one (a hypothetical ratio of 10:0 or

9:1), might be closed and inaccessible via our psychoanalytic efforts. Psychoanalysis cannot awaken what is dead. But of course, we must first determine whether an apparent death is merely a suspended animation.

PRESERVATIVE SCREENS

While the many interactions between infant and caretaker result in the buildup of structures of self-representations as a shield, wall, or screen against dread of the *absolute nothing*, the self-preservative strivings become more differentiated, more determined, and develop many specific features. We can assume that lethic strivings concerning intake (prompted by hunger and thirst) create a *nurturing screen;* there are lethic strivings concerning all these palpable and sensitive processes that go on in the belly, building a *digestion screen*. Other lethic strivings, focusing on spitting, burping, urinating, defecating, and passing gas will form an *excretion screen;* and lethic strivings aiming at sleep and rest constitute a *sleep screen* (or blank *dream screen;* see Lewin 1946,[10] 1948). There are lethic strivings to be warm and in positions that feel cozy, represented in a *comfort screen*. These are all examples of the many screens that are gradually built up.

All these possibilities give us a preliminary idea of the multilayered fabric of the emerging structures of self-preservation that increasingly will hold, contain, and specify the need-related lethic strivings. These screens and the representations they are made of form the *mental goals* (objects) of the different partial self-preserv-

[10] Lewin (1946) described the dream screen as a "surface onto which a dream appears to be projected. It is the blank background, present in the dream though not necessarily seen, and the visually perceived action in ordinary manifest dream contents takes place on it or before it" (p. 420). Lewin's statement accurately fits the conception of lethic screens, whose function is to hold and limit lethic strivings (since, when these strivings are *not* limited, no dream occurs), thus providing a "blank background" screen from which the dream (a sexual wish fulfillment, according to Freud [1900]) can emerge. Therefore, the dream is created in accordance with the above statement that every mental event (in the sense of an alpha element [Bion 1965]) is composed of lethic and libidinal cathexes.

ative drives. It is important to realize that these drive activities are not limited to physical needs, but also activate a considerable amount of our daily psychological preoccupations and concerns.

Laplanche (1997) has argued that self-preservation is a biological instinct, not a psychological drive, and explicitly excludes it from psychoanalytic thinking. But I would emphasize that to take something in, to digest something, to let something out, to rest, and to feel comfortable are all *psychological basics* that—while primarily related to bodily needs—become necessary psychological capacities that transform and sublimate the totality of the body's needs for concrete physical satisfaction into the nutritive pleasure of a meaningful thought.

Simultaneously with building up the different self-preservative screens, the primarily undifferentiated self-object unit (from Jacobson 1964 to Milrod 2002) gradually divides into two representational groups, increasingly differentiating self and object. Alongside the growing capacity of the child to care for him-/herself, the representations of lethic objects (dolls, siblings, pets) that need to be taken care of are created. Thus, the protective shield is not only "thickening," as it were, but also "broadening," and increasingly distinguishes what *self/self-preservation* is from what *object/object-preservation* is.

It is only at around age four that the concept of death emerges (Weininger 1996), which is another challenge to the child's mind, the buildup of a *death screen* that is supposed to put a definitive mental halt to the death drive. (The many religious and mythological versions of where dead people go—to sit on a cloud as angels, to burn in hell, to be reborn, etc.—merely elaborate this screen, from a psychoanalytic point of view, in order to enhance its holding, protective function.) It is only then that the representations of "what dead means" are emerging. When we lose an object in death and eventually end the mourning process, the representation of this object will have to be moved backward to the death screen. We might still love it (there), yet we have to eventually give up trying to preserve it (with unconscious concern, care, or rescue fantasies)—or else we will be stuck in a pathologically ongoing mourning process.

TRAUMA

Freud (1920) derives a central argument for a *beyond-the-pleasure principle* from his study of trauma. Trauma is described as the effect of "any excitations from outside which are powerful enough to break through the protective shield" (p. 29). As a result of this "extensive breach" (p. 31), energies from the outside continuously stream into the center of the mental apparatus. The apparatus then defends itself with a libidinal "anticathexis" on a "grand scale . . . for whose benefit all the other psychical systems are impoverished, so that the remaining psychical functions are extensively paralysed or reduced" (p. 30).

This is actually quite amazing: Freud reflects on the effects of severe physical and psychic trauma, accidents, war injuries, and so on—and if his idea of a self-preservative drive would ever have been called for, this would have been the moment. When we are hurt and traumatized, we might assume that we will react in strong measure to preserve and restore ourselves.[11] Freud wrote that trauma is paralyzing because all libido is directed to the traumatic breach,[12] and thus all other psychic functions are deprived of energy. I would say, rather, that trauma is paralyzing because *the traumatic hurt activates unusually high quantities of lethic energies in a reparative effort.*

In the foregoing, I have characterized lethic energies as minus energies (–energies), tending toward care and sorrow, and also toward a general slowing down, heaviness, and withdrawal—and at the extreme of this trajectory, we encounter the paralyzing and deadening effect so amply described in the literature of trauma. The difference is that Freud, in keeping his focus on the sexual drive with its libidinal energy, viewed this paralysis as a *lack* of libidinal energy; but with the additional concept of a preservative

[11] Freud (1920) recognized the restorative function of trauma-repeating dreams: "These dreams are endeavouring to master the stimulus retrospectively, by developing the anxiety whose omission was the cause of the traumatic neurosis" (p. 32). Yet he did not attribute this dream-work to the self-preservative drives.

[12] The libidinal investment of the traumatic breach would result in a sexualization of trauma, which might be one—but is certainly not the only—result of it.

and a death drive, we can understand the traumatic paralysis as an expression of a lethic overexcitation. This contrast of concepts might lead us to a change in our clinical thinking and in our approach to the same phenomena.

Thus, I suggest that trauma breaks through the protective shield of the preservative screens and *jams the representation of self and/or object into the backyard of death.* (See Figure 3 below.)

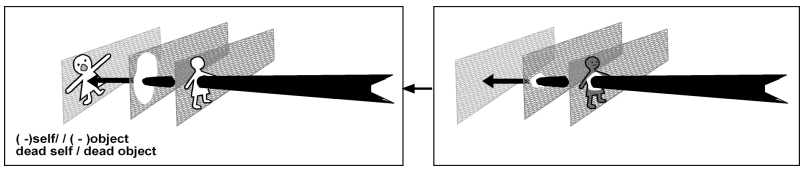

Figure 3

And here my conception of aggression comes into play:

1. Because the traumatized self, or "dead self" or "dead object," is moved much further away than it had been as a result of the trauma, and is thus at a greater distance from the sources of need, much higher quantities of energy must be raised in order to *reach* and *recathect* the dead self's structures.

2. In this model of trauma, since the preservative screens have partly been *destroyed* by the traumatic impact, there will be a lack of structures that could modulate (contain) and thus break down the increasing intensity of these lethic strivings.

3. It is this *intensity* of the intentionally preservative (self- or object-resurrecting) strivings that ends up having a destructive effect. And it is this *intensity* of lethic strivings reaching out beyond the self- and object-preservative screens that we experience clinically in these cases as the *self-destructive effects of the death drive.*

This now creates a paradox, and often establishes a clinical vicious circle. Within the traumatized psyche, more lethic energies

are summoned up in order to *recathect* and recapture self and/or object. Yet, due to the lack of structural modulation, these increased energies become so powerfully intense that they push the traumatized self or object even farther downward, to some sort of *dead screen.* There is no skillful dosage; there is only a wild, intense lethic urge to retrieve what has been lost and may even have become a –self, or a –object (with the minus symbol used to indicate its hypercathexis with lethe), or even a dead self or a dead object, respectively.

This is where we can rejoin Freud, Klein, Bion, Green, and others who have provided so many theoretically and clinically rich contributions to the death drive, conceptualizing it as a *destructive* drive. In the perspective developed here, aggression and destruction arise in the sphere of the death drive, yet I would conceptualize aggression as a *consequence* rather than as a *cause.* Aggression, in my view, comes up *not because* a death drive would be conceptualized as inherently and solely aggressive and destructive, but because—in the case of trauma and severe pathology—a *lack* or a *shutting down* of modulating and interfering preservative structures leads to a *destructive intensification of the lethic strivings,* as is characteristic of many activities in the sphere of the death drive.

In short, what we have learned from experienced clinicians and theoreticians about the pathology and psychic functioning of patients with an *aggressive* or *negative narcissism* (Green 1986; Rosenfeld 1971) who seem addicted to *near-death* (Joseph 1982) remains valuable. Yet I suggest that *what appears to us (and objectively is) self-destructive and object-destructive is actually the patient's intensified striving to PRESERVE him-/herself and to SURVIVE,* as well as to reach out for the—from his/her position—faraway object.

THE SPHERE OF THE DEATH DRIVE

In order to complete the picture of lethic strivings, I will sketch out a few remarks on some malignant phenomena occurring in the sphere of the death drive.

First, there are the various *eating disorders, addictions,* and types of *physical neglect,* creating very specific representations, all of which seem to express a conflict about self- and object preservation, and that struggle with and often tend toward death. There is *hypochondria,* which is linked with the fear of death and a considerably increased self-preservative preoccupation. All of these are, as we know, admixtures that include unconscious sexual fantasies, pleasures, and anxieties; however, I would understand them as dominated by self-preservative issues.

This holds true also for the many variations of masochism, which ties pleasure and lust to physical or mental pain—that is, to the precondition of a strong stimulation of lethic excitations. Libidinal cathexes seem to be less involved in the various *psychosomatic diseases* that have been analytically explored, producing concepts centered around a *lack,* a *minus* of psychic representation and symbolization (as in Sifneos' "alexithymia" or in Marty's "operational thinking" or "essential depression"; see Aisenstein 2006).

Further, there are *depression* and *obsessive-compulsive disorders, mutism, catatonia,* and *stupor.* Also, as Green (1986) pointed out, there are "categories of blankness—negative hallucination, blank psychosis, blank mourning, all connected to what one might call the problem of emptiness, or of the negative, in our clinical practice . . . traces in the unconscious in the form of 'psychical holes'" (p. 146). That is to say, whether because of a sudden or cumulative trauma, whether by an ongoing subtle neglect or in consequence of a creeping addiction—self and object can be *pushed* or can *slip* beyond the sphere of healthy self- and object preservation, ending up with a representation that is tainted as sick, damaged, or depressed, is greedy and insatiable, or is threatened with death.

And beyond these representations of a damaged or sick self and object will lurk those that we could call a *dead self* (or part-self) and a *dead object* (or part-object). This is what patients experience as "the presence of death in life" (Green 1999, p. 11)—yet it is still not the end of all drive activity, but rather, as Bion (1965) put it, the border of an ongoing transgression of the never-ceasing power of a "force that continues after • [here the symbol • could

stand for *meaning,* I believe] has been annihilated and it destroys existence, time and space" (p. 101).[13] Or, to use more Freudian terms, such a state of a dead self conveys the virtual endlessness of the death drive's strivings.

The theoretical picture that I am outlining here is basically simple and purposefully schematic, a sort of theoretical scale to be used as an orientation in the background of the analyst's mind: it is the *place* on the axis of drives, and the specifics (the intensity) of energy cathexis, that define *what* is represented and *how* these representations are experienced. In the beginning—until a structure has been built up—all drive activity along the axis of (predominantly) lethic strivings is potentially endless or "deadening." Once the different screens for self- and object preservation have been constructed solidly enough, we may find other structures *beyond* these screens, and those are the ones that we would, to varying degrees, define as *a pathological self or object* (or, equally, as *pathological self-object relationships*). It is here, toward this area, that the negative face of Green's (1988) Janus head (his *narcissisme de mort*) is directed; it is here that Green's (1999) *work of the negative* is dominant and that the *negative hallucination* occurs.

Yet I would not conceptualize these processes—as Green does —in the sense of a *disobjectalizing* function of the death drive. Rather, I would say that the representations of self and object remain *there,* also in the sphere of the death drive. However, they are dominantly (or sometimes solely) cathected with lethic, that is negative or minus, energy. This constitutes them as what we

[13] Bion (1965) described this force as "violent, greedy and envious, ruthless, murderous and predatory, without respect for the truth, persons or things. It is, as it were, what Pirandello might have called a Character in Search of an Author. Insofar as it has found a 'character,' it appears to be a completely immoral conscience. This force is dominated by an envious determination to possess everything that objects that exist possess, including existence itself" (p. 102). No doubt this is an accurate description of these patients' mental states. However, such an evil characterization makes it hard to see anything other than a destructive and malignant process. It is interesting that Bion also refers to a "search for an author" and for "existence itself." I would hold that even though this search for the dead self is desperate, wild, and uncivilized (greedy, ruthless, murderous), it is not about destruction, but rather about survival.

could call *minus-representations*, the *negative self* and the *negative objects,* the *lost* or *absent* or the *dead self-* and *object representations.* They seem to get lost, to disappear into a negative hallucination, or to become totally unconscious as if no longer existing; however—as Green's (1986) *dead mother* proves—they can remain powerfully cathected and held onto with the intentionally preservative yet effectively paralyzing energies of the death drive.

HOW TO BUILD A FIRE

Somewhere in the sphere of the death drive was a part of Sam's self as he was with me for a long time: missing, silent, and absent, while being *there* and keeping his place on my couch, in my room—and in my life. Sam was born an unwanted child of the wrong gender. His parents had admitted to him that, after having had his three brothers, who were eight, ten, and eleven years older, they had not planned on more children and certainly not on another boy. He often said to me: "I shouldn't exist at all." He said: "The perfect way of disappearing would be to put myself in a bathtub filled with acid and to completely dissolve—nothing should be left of me." He would disappear, traceless.

However, as far as I can say, Sam was never suicidal. Eventually, we understood that when he did not show up or stayed silent in our sessions, it was as if he fulfilled my/his mother's wish of not having him. His *not being there* was *his way* of staying closest to her (me); it was his way of being the one she wanted: *the absent one.*

It was in this phase of his analysis that I developed a symptom related only to Sam's sessions: in the minutes before he would (and then did or did not) arrive at my office, when I was involved in my usual 10-minute-break activities, again and again, I was startled by thinking that he had already come in and was silently sitting in the waiting room, and that I had not realized it, had completely forgotten about him and about the beginning of our session. I would feel shocked, and even though it was often minutes before our scheduled time, *I had to go see* whether the door to the waiting room was still open (Sam had not yet arrived) or

whether it was closed (Sam was in the waiting room). Even though I recognized and analyzed the repetition of this compulsive idea whenever it occurred over many weeks, *I still had to open the door.*[14]

There are certainly many meanings to my symptom. On the one hand, it indicated a tendency for Sam to *get lost in my mind/his mother's mind*—the dominance of a lethic cathexis of his self in my concordant or complementary countertransference. On the other hand, it might have represented his secretly being with me and "looking out for me," his having established himself in a temporarily absent part of my mind from which he might be said to *jump* into my awareness, or from which something within me unconsciously tried to pull him out. In a more specific way, my symptom seemed also to repeat his mother's surprise conception of Sam as her fourth child.

This latter aspect was, in fact, enacted one day: Sam (the wrong child) came to his session at the wrong time, and I—momentarily confused and thinking that he might be right—took him in; Sam lay down on the couch, and my office doorbell rang again. I was shocked, realizing that Sam should not be there and that the "right" (scheduled) patient had arrived. However, as Sam was already on the couch, I found that I could not send him away (I managed to schedule a replacement session for the other patient). Sam and I talked a lot about this "error"; however, even though I had obviously decided in favor of Sam at that moment, he insisted that I actually had not wanted to keep him in the session.

I think that an essential task of my being in this analysis with Sam was for me to keep on thinking of him as being *there,* even when he was not physically present. We may sometimes wonder how we can work with patients in absence who are subjected to these powerful lethic strivings (going in the direction opposite to life), which are often experienced as a pull or an urge to remain deadened. More than with our classical neurotics, here the whole enterprise of psychoanalysis, right from the beginning, strains

[14] The issue of the open or closed door seems to symbolize the relation between deadened and well-preserved self and objects. See Schmidt-Hellerau 2005c.

against this pull. Patients with important parts of their selves and objects in the sphere of the death drive usually fight against their analysts' interpretations and fight against progress toward a normal life. Doing so, and desperately making use of all means to ward us off and subvert the analytic process, these patients eventually reveal an envious, arrogant, malicious, and triumphant part-self or part-object, or the primitive, sadistic superego that we find so amply described in the literature. We have interpreted their destructiveness many, many times, and soon our patients know about it quite well.

Yet I often find that these interpretations do not lead to the insight that changes their mental attitude. Instead, these patients insist that what we call *destructive* is a feature that *protects* them from harm—whereas we (as analysts) threaten and endanger them. They speak about self-preservation, while we speak about self-destruction. Are our patients so wrong? Where is our empathy when we (correctly, from our external perspective) conclude that the patient's "protector" is actually a pervert, a sadist, a Mafia gang member (Rosenfeld 1971) that does *not* rescue, but in fact wants to destroy him or her? The patient conveys his or her inner truth: as malignant as these thought processes might appear to us, they constitute *the patient's struggle to survive in absence.* For him or her, it is the only way to keep an essential part of the dead(ened) self or a dead(ened) object alive.

It seems to me that there are two parts to this struggle to survive, a lethic and a libidinal one. On the lethic side, the *attacks* on the patient's self are actually—and paradoxically enough—meant to be *preservative;* they are intensified lethic investments of this far-removed part of the self or object in the sphere of death. To stop these attacks would mean *for the patient* to *not* reenergize these representations—and thus to have them definitively dissolve and fade away. And that is why he or she withdraws from us when feeling threatened.

The all-too-small portion of libidinal energy, on the other hand, is needed to balance this deadened representation's precarious balance of, e.g., 9:1. Sam said: "I cannot move one step for-

ward because, with each move, I would spend and diminish the tiny little energy that I have been left with; thus, I instead stay still in my lukewarm bath of misery." This lukewarm bath of misery provided him at certain times with a "sweet pain"—a masochistic gratification that had compensated him for his loneliness throughout his life, and that he was firmly holding onto over the many years of his analysis.

"You would drop me anyway," Sam went on telling me. For many years, this conviction stood as a rock blocking our analytic path. As we hear in his claims, it was because Sam was afraid to psychically die as soon as he would come to rely on me, to fall into an abyss of death and to lose the rest of his feeling of being *still there* (even though miserable), that he anxiously clung to his self as it was represented in him: depressed, lonely, a failure in a coffin. And with him there was I, the minus or negative object, the disappointing transference mother who would drop him anyway because she did not love him and only wanted to be left alone.

A constellation like this might lead to an analytic dead end. If the analyst mainly focuses on the patient's *destructive* thinking and behavior, the analyst risks interfering not only with the patient's *preservative* efforts (with regard to his or her deadened representations), but also with the cautious libidinal investments of the object (analyst) that are often too subtle to be noticed (Sam more recently came to call it his "secret love story").

On the other hand, the analyst's "gentle" (lethic and libidinal) investment in the patient can feel threatening or even persecutory to him/her—not only as the result of a lethic countermovement aimed at reestablishing the usual balance of misery, but also because, in the sphere of the death drive, the patient's perception of the analyst's "liveliness" can be fundamentally different from what the analyst might think. Sam helped me understand his particular perception of the outside world when he told me many years ago that: "When I'm driving a car, I don't approach things. Rather, things approach me and I have to struggle to avoid a crash. And this is so with everything. Things are just thrown at me, and I must defend and hide myself all the time." His view and experience of

himself was that of being at a standstill. Thus, his own as well as any other's libidinal actions—and so the analyst's interventions—merely bombarded or persecuted him (as projective identifications), and drove him even deeper down into his hiding place.

Sam's conviction that I would drop him in fact captured a trauma that we learned about only many years into our analytic work. One day when Sam was about five years old, he was playing alone in front of his parent's house when the news came that his godfather (his mother's brother) had been killed by falling into the wood shredder of his own factory. His mother had told Sam only recently that, despite the fact that it was always called "an accident," she had immediately known it was suicide. Sam's inner life —working on an already rather anxious and shameful oedipal love for his mother—seems to have come to a halt with this event. From then on, it seems, not only was his love met by a depressed and self-absorbed mother, but he had also lost her to a dead object, his godfather/uncle. This dead rival for his mother's attention was invincible.

One way of reacting to a traumatic loss is to identify with the lost object. In Sam's case, there were two lost objects: the lost godfather and the lost oedipal mother. In the coffin of his mind, we found both—first, Sam and me together, and then the dead godfather who was not there (any more) and the depressed mother who needed to be helped, nurtured, taken care of, and reenlivened by Sam.[15] This single event in Sam's early life certainly did not account for the whole of his mental retreat, yet it did severely traumatize his libidinal development—and even more so in the terrifying threat that he must have felt when his father, shortly after the accident, showed him the shredder machine in which his godfather's body had been cut to pieces. The machinery of death and the fantasies it stirred up had persecuted him ever since.

Sam's fear that I would drop him recaptured in the transference his mother's guilt about having dropped her own brother

[15] There are many parallels here to the way Green (1986) has conceptualized the dynamics around the *dead mother*.

and failed to rescue him from suicide; it also endlessly replayed Sam's identificatory fantasy of being the one who is dropped into the deadly abyss of a wood shredder. What he held onto in the transference also emerged as an endlessly repeating inner process within his thinking: whenever a new thought, an idea, a fantasy—in particular, a carrier of a libidinal arousal—came up, it was shredded to bits and pieces in his mind, again and again, so that nothing but a deadened feeling remained.

Over the years—and certainly over many failures—I have learned to better understand where Sam is in a particular session, what he is afraid of, what his thoughts and feelings unconsciously express and want to elaborate and what he can and cannot bear to hear from me. In fact, Sam taught me how to work with him, and one day he captured it in a beautiful metaphor. He told me that he had recently learned how to build a fire in the open air:

> If you want to build a fire, maybe in order to heat a pot of cold water—for instance, when you're on a mountain hike—you first have to let the fire burn for a while. This allows the wood to heat up and develop the gas inside that burns and maintains the fire. If you put the cold pot on the fire too early, it withdraws the wood's warmth prematurely and the fire can't really develop. Also, there are three mistakes when making the fire: (1) you can let it starve by not feeding it with enough wood; (2) you can put on too much food [wood], and by this you suffocate it; and (3) you can give it the wrong food, e.g., damp logs. However, if the fire is already burning well and you then put a few damp logs on it, that'll be okay; at this point, the fire is strong enough and can first dry and then burn the wood.

The metaphor of *how to build a fire* seems to me particularly helpful in working with patients like Sam. A patient whose *dead self* cowers in the cold and darkness of his inner grave needs a lot of time to warm up. And whenever he is ready—often only for moments at a time—we have to help him try to keep the flame alive, each time for a little longer. Of course, we will fail many times, and our most patient stance might still communicate and be experienced as urging him to hurry up.

One way to make a fire is to first collect the many thin branches of the patient's lethic concerns and activities, including all that he or she tells us that does *not* work. Thus, we will spend much time exploring the patient's defenses and lethic strivings. This is like gathering wooden materials, all that is at stake (the pyre). However, I came to recognize in Sam's analysis that extensively exploring his defenses eventually became another kind of defense—like an emphasis of his inner "no," like a confirmation of his conviction that it would never work. It was as if the pile of wood were getting higher and higher and thereby suffocating the tiny flames that shot up at times.

This is why I think that, eventually, we need to cautiously emphasize (libidinally cathect) *minor* issues, so-called unimportant and small movements that the patient seems to light by him- or herself. It might be as trivial as a sense of warmth or liveliness in the patient's voice that indicates such a shift. Of course, the patient will be watchful and cast suspicion on all that we do; heat is a source of fear. Nevertheless, the patient might eventually accept some of the analyst's interest in addressing a particular topic. For a long time, we might not be able to speak to the patient's deadened state, to painful childhood memories and the like. This would be like putting the cold pot on too early, or a big damp log on a tiny flame: it would kill the flame right away. It is only after a (more or less) steady fire has burned over some time that we might dare to address the bigger issues. Then the fire might momentarily seem to shut down; however, it will have the capacity to revive. Then the hidden longings and the loving feelings slowly come into the process.

In Sam's analysis, I think it was the hot inner tears that had once soaked the log and extinguished the fire. I could feel his pain when he retrieved some of these feelings, saying: "To be so deserted, to not find any access to the loved one, to be so alone with all these feelings, this yearning, this urge—that hurts so much."

What I am suggesting technically is a drive-specific "content" choice: that is, in addition to our careful attention to the dynamic interplay between our patients' wishes and defenses, their pro-

gressive and regressive movements—in short, in addition to what we understand about the process—we might think about the proportions of libidinal and lethic issues in the content of the material. According to our sense of the patient's balance (*where* approximately he or she is along the spectrum between life and death), we might choose *what* we address, the lethic or the libidinal side of the material. The task is complicated: on the one hand, we need to appreciate the lethic self- and object cathexes in their *preservative intent,* even where they appear to be destructive. That means interpreting the destructive effects of those strivings *not without* linking them to the patient's fears and to his/her intentional struggle to survive—and thereby at least opening an understanding to their essentially preservative intent.

On the other hand, we need to try to slowly emphasize the libidinal cathexis of those representations that are established beyond the screens of secure self- and object preservation without challenging the patient's balance too much (thus running the risk of provoking a split or a negative therapeutic reaction). And, last but not least, we need to assign *meaning* to the concreteness of the patient's material, to foster the processes of symbolization—which in itself could turn out to create, essentially, a libidinal link. There is more to think about.

We analysts have to walk a tightrope—and will fall into the abyss ourselves many times. This is a feeling dreaded by the patient, and we dread it, too. However, we might learn to find us in the dark of the abyss and to climb up again. Knowing about our patients' struggles to *survive in absence* might help us to survive in the analysis, and eventually to make life and love first tolerable and then even enjoyable.

REFERENCES

Aisenstein, M. (2006). The indissociable unity of psyche and soma: a view from the Paris Psychosomatic School. *Int. J. Psychoanal.,* 87:667-680.

Bion, W. (1965). *Transformations.* London: Karnac.

Freud, S. (1900). *The Interpretation of Dreams. S. E.*, 4/5.

——— (1905). *Three Essays on the Theory of Sexuality. S. E.*, 7.

——— (1909). Analysis of a phobia in a five-year-old boy. *S. E.,* 10.
——— (1910). The psychoanalytic view of psychogenic disturbance of vision. *S. E.,* 11.
——— (1911). Formulations on the two principles of mental functioning. *S. E., 12.*
——— (1915). Instincts and their vicissitudes. *S. E.,* 14.
——— (1920). *Beyond the Pleasure Principle. S. E.,* 18.
——— (1923). *The Ego and the Id. S. E.,* 19.
——— (1924). The economic problem of masochism. *S. E.,* 19.
——— (1930). *Civilization and Its Discontents. S. E.,* 21.
——— (1940). *An Outline of Psycho-Analysis. S. E.,* 23.
——— (1950). Project for a scientific psychology. *S. E.,* 1.

Green, A. (1986). *On Private Madness.* Madison, CT: Int. Univ. Press.
——— (1999). *The Work of the Negative.* London/New York: Free Association Books.
——— (1988). *Life Narcissism, Death Narcissism.* London/New York: Free Association Books, 2001.
——— (2003). *Diachrony in Psychoanalysis.* London/New York: Free Association Books.

Jacobson, E. (1964). *The Self and the World of Objects.* New York: Int. Univ. Press.

Joseph, B. (1982). Addiction to near-death. *Int. J. Psychoanal.,* 63:449-456.

Laplanche, J. (1997). *Le primat de l'autre en Psychanalyse. Traveaux 1967-1992.* [*The Primacy of the Other in Psychoanalysis. Writings 1967-1992.*] Paris: Flammarion.

Laplanche, J. & Pontalis, J.-B. (1973). *The Language of Psycho-Analysis.* London: Hogarth.

Lewin, B. D. (1946). Sleep, the mouth and the dream screen. *Psychoanal. Q.,* 15:419-434.
——— (1948). Inferences from the dream screen. *Int. J. Psychoanal.,* 29: 224-231.

Milrod, D. (2002). The concept of the self and the self-representation. *Neuro-Psychoanal.,* 4:7-23.

Rosenfeld, H. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: an investigation into the aggressive aspects of narcissism. *Int. J. Psychoanal.,* 52:169-178.

Schmidt-Hellerau, C. (1995). *Lebenstrieb und Todestrieb, Libido und Lethe. Ein formalisiertes konsistentes Modell der psychoanalytischen Trieb und Strukturtheorie.* Stuttgart, Germany: Verlag Internationale Psychoanalyse.
——— (1997). Libido and lethe. Fundamentals of a formalised conception of metapsychology. *Int. J. Psychoanal.,* 78:683-697.
——— (2001). *Libido and Lethe. A Formalized Consistent Model of Psychoanalytic Drive and Structure Theory.* New York: Other Press.
——— (2002a). Where models intersect. *Psychoanal. Q.,* 71:503-544.

——— (2002b). Why aggression? Metapsychological, clinical and technical considerations. *Int. J. Psychoanal.*, 83:1269-1289.

——— (2003). Die Erhaltung von Selbst und Objekt im Schatten der Freudschen Theorieentwicklung. (The preservation of self and object, a concept in the shadow of Freud's theory.) *Zeitschrift fuer psychoanalytische Theorie und Praxis*, 18:316-343.

——— (2005a). The other side of Oedipus. *Psychoanal. Q.*, 74:187-218.

——— (2005b). We are driven. *Psychoanal. Q.*, 74:989-1028.

——— (2005c). The door to being preserved and alive. Comment to Ferro, Lisa. The analyst at work. *Int. J. Psychoanal.*, 86:1261-1264.

——— (2006a). Fighting with spoons. On caretaker rivalry between mother and daughter. *Psychoanal. Inquiry*, 26:32-55.

——— (2006b). A shift in the head of Janus. Panel Presentation at a meeting of the European Psychoanalytic Federation, Athens, Greece (April).

Solms, M. (2005). Personal communication.

Steiner, J. (1993). *Psychic Retreats: Pathological Organizations in Psychotic, Neurotic, and Borderline Patients*. Hove, England/New York: Brunner-Routledge.

Valenstein, A. F. (1973). On attachment to painful feelings and the negative therapeutic reaction. *Psychoanal. Study Child*, 28:365-392.

Weininger, O. (1996). *Being and Not Being: Clinical Applications of the Death Instinct*. Madison, CT: Int. Univ. Press.

---

246 Eliot Street
Chestnut Hill, MA 02467

e-mail: drcshpd@comcast.net

Psychoanalytic Quarterly, LXXV, 2006

EROS AND PSYCHOTIC DESPAIR

BY CELESTINO GENOVESE

The author suggests that Freud's theory of sexuality is not adequate to explain the issue of psychosis. The sexual drive presupposes construction of the unity of the subject, whereas psychosis takes root in a period of life when the ego is not yet integrated. In a neurotic subject, suffering is always an expression of sexuality. By contrast, in a psychotic person, even aspects explicitly connected with sexuality represent an attempt to escape from despair. In the former, it is a question of pleasure, and in the latter of relief. In light of these considerations, the author discusses the problem of erotomania.

EROTOMANIA AND ITS RELATIONSHIP TO PSYCHOSIS AND AMOROUS COMPULSION

Toward the end of the nineteenth century and in the first years of the twentieth, the topic of *erotomania* found some degree of application in classic psychiatry. This nosographic concept came to indicate the delusional construction of an erotic plot in which the *subject* is represented as an *object* of love, and very often as the protagonist/victim of a sexual interest or persecution by a famous person or persons.

Like all nosographic concepts, once it is inserted in a context of psychoanalytic interpretation, it loses its power, and erotomanic fantasy or delusion becomes one of the expressions of the possible symptoms of psychic suffering. Freud (1908, 1911) used the term only twice, and then simply for descriptive purposes that accorded with the psychiatric model.

Lacan, too, used the concept in his doctoral thesis of 1932 before moving on to focus on psychoanalysis.[1] In France more generally, however, the concept received much more attention,[2] but here, too, psychoanalytic discussion very soon shifted its focus onto the more general problems concerning paranoia, and especially to the theses Freud (1911) introduced in his essay on D. P. Schreber. In fact, the topic of erotomania has by now inevitably dissolved within the province of psychosis.

Recently, however, a French journal has revived interest in the subject by devoting an entire issue to erotomania in a much wider sense.[3] Besides its classic psychiatric significance, consideration is given to the "new erotomaniacs" as described in current literature and thought. In this publication, the erotomaniac is seen as a person obsessed by anything erotic, in a very wide sense, and the contributions contained therein advance the theory that erotomania is a constituent of amorous passion in general.

Leaving aside this last point, we might pause to consider the fact that a single word, *erotomania,* created to indicate a psychotic pathology, has practically disappeared from scientific literature, and has assumed a completely different meaning in current language. Now, instead of indicating the articulated plots of delusional fantasies with amorous content, it alludes to an almost indiscriminate, compulsive sexual *behavior.* That is to say, one passes conceptually from the central importance of *representations,* even though psychotic, to the central importance of *action,* which comes very close to a perverse solution. The only point in common between the two accepted definitions of the term is the absence of any authentic object relations. However, beneath the surface, it is

[1] In his 1932 paper, Lacan referred to a case destined to become famous, that of Aimée, who was confined to a lunatic asylum for trying, in a state of advanced delirium, to stab another woman. One of the many aspects of this patient's erotomania manifested in her continuing correspondence with the Prince of Wales; she was convinced that she was carrying on an intense love affair with him (though he, of course, was completely unaware of it).

[2] See Clérambault (1921) or, more recently, Terrier (1967), to mention only two examples.

[3] See *Penser/Rêver*, "Des Êrotomanes," 2004, 5.

possible that these two definitions of erotomania may reflect two sides of the same coin.

In this paper, I intend to show how both the *erotomanic syndrome* as described in classical psychiatry, and the one referred to as compulsive sexual *acting out* are in fact two different solutions to the same problem: both express the need to use sexuality to accomplish nonsexual aims, and to confront *psychotic despair* by means of more or less delusional fantasies or through various types of behavior.

By the expression *psychotic despair,* I refer, broadly speaking, to a spectrum of possibilities: starting from the psychic suffering present in frank psychosis (in paranoid delusions, for example), going on to the kind found in the psychotic nuclei of serious borderline patients, and, finally, to the kind that appears to be hidden behind compulsive sexual behavior. According to my theory, the latter may be an expression of latent psychotic nuclei.

In the second part of this paper, I shall present a clinical vignette concerning a serious borderline patient with both erotomanic fantasies and *pseudosexual* acting out. My focus is on the relationship between Eros and psychotic pathology, as well as between Eros and compulsive amorous behavior. Examination and discussion of this relationship first arose with Freud, and this is the point from which we must necessarily set out to explore the original nodes of the problem—the most important of them being the choice to extend the *explanatory* potential of sexual theory from neurosis to psychosis.

THE ORIGIN OF THE PROBLEM: PSYCHOSIS AND SEXUAL THEORY

Although Freud (1895, 1896a, 1896b) concerned himself with paranoia at the very outset, his first real psychoanalytic essay on it appeared only in 1911: that is, his commentary on Schreber's autobiography. This is a fascinating essay for both its scientific and historical content. Regarding the former, we find here a description of the dynamics of the projection mechanism; the latter throws

light on the vicissitudes of Freud's relationship with Jung, which can be read in a new way that may well contribute fresh insight to the problems that concern us here.

It is well known that important components of Freudian theory on paranoia derive from the studies of Jung (1907) and those of Abraham (1908), which attempted to link *dementia praecox* with infantile sexuality. We also know that, when Jung (who had originally recommended Schreber's book to Freud) read Freud's (1911) essay, his unfavorable reaction became one of the reasons for his more general disagreement with the master. Jung's criticism certainly predated the official publication of Freud's essay and was more generally concerned with the libido as a sexual drive; however, it may be that this essay of 1911 (particularly the third part, on the paranoia mechanism) marked an important stage in their breakup, given that some of its passages may have given Jung an opportunity to sharpen and focus his criticism.

One confirmation of this is what appears to be the somewhat dutiful but naive defense of Freud later taken up by Jones (1953), when he recognized that this essay marked the beginning of the Freud–Jung falling-out. According to Jones, this resulted from some slightly ambiguous passages in the text that could be attributed to the character of the German language, being less precise than either English or French, and Jung may have read one of these in a sense that Freud did not intend. But Jones made no attempt to indicate any specific passage that he claimed Jung misunderstood. The impression remains, however, that the disagreement lay not so much with the theoretical issue of the libido itself.

I advance the theory that Freud's sensitivity to Jung's criticism was heightened by his own disappointment that his first attempt to account for psychotic processes in psychoanalytic theory had produced a result that failed to correspond to his aspirations. Otherwise, how are we to understand the first part of the postscript he felt obliged to add to the Schreber commentary one year later?

> I feel confident that every reader with a knowledge of psychoanalysis will have learned from the material I presented more than was explicitly stated by me, and that he will

> have found no difficulty in drawing the threads closer and in reaching conclusions at which I no more than hinted. [Freud 1911, p. 80]

Thus, Freud's real problem did not relate to libido theory in general—which, from the time of his *Three Essays on the Theory of Sexuality* (1905) onward, rested on solid foundation—but rather to the difficulty of using libido theory as an *explanatory* instrument for paranoid etiology, and probably for the entire complex of psychotic pathology.

I think that these preoccupations may, to some extent, have affected the more detailed study on narcissism that led Freud (1914) to construct archaic developmental phases and to give constant attention to reconciling these new ideas with previously developed aspects of drive theory, at times arriving at formulations that were by no means easy to understand (Genovese 2003).

But, to return to Freud's (1911) text on Schreber, let us recall his exact words:

> The patient has withdrawn from people in his environment and from the external world generally the libidinal cathexis which he has hitherto directed upon them. Thus everything has become indifferent and irrelevant to him . . . . The end of the world is the projection of this *internal catastrophe;* his subjective world has come to an end since his withdrawal of his love from it. [p. 70, italics added]

I emphasize *internal catastrophe* here because this is the cardinal point of Freud's argument. In the light of this passage, the catastrophe appears to be a consequence of libidinal disinvestment that is by no means specific to paranoia; nor does libidinal disinvestment necessarily produce catastrophes. Freud is well aware of the problem as he continues:

> The detachment of the libido . . . cannot in itself be the pathogenic factor in paranoia; there must be some special characteristic which distinguishes a paranoic detachment from the libido from other kinds . . . . From this it

> may be concluded that in paranoia the liberated libido becomes attached to the ego, and is used for the aggrandizement of the ego. [1911, p. 72]

We can see, then, that the unique characteristic of this psychopathological syndrome would be the libido's destination *after* its withdrawal from the external world. However, if we were to conclude with this observation, we would find ourselves left with a phenomenological description rather than an explanatory theory; besides, the problem of the catastrophe would still remain. But why should withdrawal of the libido from external reality be so catastrophic if it is employed thereafter for expansion of the ego? Isn't this what happens in various forms of secondary narcissism, without interior catastrophes being produced—a point that was to be further clarified in Freud's "On Narcissism: An Introduction" (1914)?

Freud's solution here is precise and respects the previously tested model of fixation-regression:

> We can suppose that paranoics have brought along with them a *fixation at the stage of narcissism*, and we can assert that the length of *the step back from sublimated homosexuality to narcissism* is a measure of the amount of *regression* characteristic of paranoia. [1911, p. 72, italics in original]

The key component of Freud's explanation can therefore be found in the phrase *fixation at the stage of narcissism*. As noted, this is a coherent solution, although it opens up points for further exploration and reflection because the narcissistic stage has unique attributes quite unlike those of other stages; here the cathexis exclusively concerns the ego, and any alteration at this level will be translated into an alteration of the ego itself and into a possible catastrophic experience.

Consequently, the *internal catastrophe* should not be taken as the effect, but rather as the cause, of the general detachment of libido from the external world. What we take to be the internal ca-

tastrophe in a psychotic crisis—to paraphrase Winnicott (1963a)—would actually be the repetition of a catastrophe that has already occurred, and has continued to loom silently for as long as the precarious structure of the ego can resist it.

This need not imply that any alteration in the narcissistic condition is catastrophic, and it can no doubt be agreed that this is only the case when psychotic pathology is present. This point was also implicitly taken up by Freud (1911) when he posed the following questions:

> Are we to suppose that a general detachment of the libido from the external world would be an effective enough agent to account for the "end of the world"? Or would not the ego-cathexis which still remained in existence have been sufficient to maintain rapport with the external world? [pp. 73-74]

But if we think we have now arrived at a crucial point in Freud's formulations, his conclusion is nevertheless surprising: "But these are problems which we are still quite helpless and incompetent to solve" (1911, p. 74). In other words, at present, the *fixation-regression model* appears to be inadequate for providing a full account of psychotic processes.

Freud was to return again and again to the problem of psychosis, introducing, especially after 1923, various modifications to his theories on the mechanisms at work in paranoia and schizophrenia; he and the contributors to the psychoanalytic literature who followed him produced manifold elaborations on the subject, whether the latter have remained on the path charted by Freud or have adopted a more critical and divergent approach. In any case, the crucial problem as put forth by Freud (1911) in his Schreber essay, i.e., the *fixation-regression model* as the key to the interpretation of psychoses, remains in the background of most of these contributions, though extensively and variously reformulated, with special attention given to the various possible stages in which to place the fixation.

CATASTROPHIC ANXIETY AND THE FORMATION OF THE SUBJECT

The model put forward by Winnicott is extremely useful in clarifying the notion of psychotic processes. I emphasize the expression *psychotic processes* because there are times when Winnicott's contribution is mistakenly interpreted as a radically alternative proposal to Freudian theory as a whole (Genovese 2003). But Winnicott (1959) is very clear on this point:

> The term psycho-neurosis implies to the analyst that the patient as an infant and child reached a certain stage of emotional development and that, genital primacy and the stage of the Oedipus complex having been achieved, certain defences against castration anxiety have become organized . . . . Where annihilation anxiety, not castration anxiety, is found as an important feature, then on the whole the psycho-analyst will consider that the patient's diagnosis is not psycho-neurosis but psychosis. [p. 130]

As Winnicott explains, we have here two polarities that are hardly ever so distinctly identified in the reality of clinical experience. According to Winnicott, it is common knowledge that the primitive *defenses* structured in psychosis are formed in an attempt to seek protection from *environmental anomalies* in a very archaic period of life. To put it more precisely, the environmental deficiencies that have determined the psychosis belong to a stage of development that precedes the individual's awareness of what the environment provides and whether or not it will continue to do so. In an attempt to establish the time when the psychosis began, Winnicott refers to the degree of the individual's dependence, and not to his or her pregenital drive or to the dominant erogenous zone.

In other words, the psychosis takes root at such an early phase of life that not only has the otherness of the object not been established for the child as the object of cathexis, but also, because the sense of otherness is formed at the same time as the sense of self,

not even the *subject* will have existed yet within the experience of the child's spatial limitation and temporal continuity. Here we are speaking of a phase that precedes primary narcissism. Not until a sufficient unity of the ego has been achieved can it be narcissistically invested in the first place, and only then can it invest the child's objects (cf. Genovese 2003).

In this context of primitive indifferentiation, no representational activity is as yet possible. What may develop, for instance, is that

> . . . the loss might be that of certain aspects of the mouth which disappear from the infant's point of view along with the mother and the breast . . . . The same loss of the mother a few months later would be a loss of object without this added element of a loss of part of the subject. [Winnicott 1963b, p. 222]

Later on in this article, I will look at the implications of this assumption. First, it is interesting to report that Winnicott's words seem to echo the very words used by Freud (1926) in the revision of his anxiety theory:

> The traumatic situation of missing the mother differs in one important respect from the traumatic situation of birth. At birth no object existed and so no object could be missed. Anxiety was the only reaction that occurred. Since then repeated situations of satisfaction have created an object out of the mother; and this object, whenever the infant feels a need, receives an intense cathexis which might be described as a "longing" one.[4] [p. 170]

The concept of the "traumatic situation of birth" that Freud takes up here derives from a theory of Rank: that this first separation from the mother is the first trauma upon which later separation anxieties are modeled. We know that Freud often disagreed with this theory; as we have seen, he distinguished biological sepa-

[4] For a more detailed discussion of Winnicott's text in comparison with Freud's, see Genovese (1999).

ration, on the one hand, in which the change of status produces objectless anxieties in the blindly unaware infant, from separation as the loss of a libidinally invested object, on the other. And in between these two experienced separations, there is a period—"the repeated situation of satisfaction"—deriving from an *objective* loss, i.e., a loss that is "not subjectively experienced," as opposed to a loss of *object,* which is at the basis of grieving and mourning.

This is the segment of time explored by Winnicott, and in it we can place the first roots of psychosis. As Green (1979) reveals, birth is a catastrophe in the theoretical sense that this term connotes today—a catastrophe overcome by means of the reestablishment of environmental conditions that approach as closely as possible those of intrauterine life. This is the profound and misunderstood sense of Winnicott's *holding,* which is none other than an external "nesting" of the infant. The second birth (though the first for Freud) is the loss of the breast, which will permit the birth of the ego. That is to say, the loss of the breast gives access to the state of reality-ego that assures distinction from the object.

So, in Winnicott's theory, the breakdown occurs as a consequence of the failure of this external "nesting" of the infant, and, to a greater or lesser degree, it is the result of a block to the *subject's birth,* understood as a limitation of the unity of the ego. This type of catastrophe, however, cannot be considered *internal,* since it is set on a psychic level before *internal* and *external* have become differentiated categories in the mind. In this sense, *the end of the world* cannot be a *projection* of the collapse of psychic organization because the one and the other are exactly the same thing. Above all, a catastrophe along these lines does not depend on detachment of the libido from the external world, but on detachment of the infant, which, for many and various reasons, the mother —the infant's *world-self*—effects.

So the loss of "certain aspects of the mouth which disappear," in Winnicott's (1963b, p. 222) words, then becomes an irreparable laceration, a "black hole" (Tustin 1981), into which the embryo of what ought to grow into an integral ego runs the risk of being sucked. And, in extreme cases, this annihilation—regarded as an

overlapping of somatic and psychic—may bear not only on psychic life, but also on the whole of life to come (Genovese 1999).

As noted, this is where the first roots of the psychosis take hold. It must be understood that the breakdown, accompanied by the associated anxiety of annihilation, is the precondition for production of psychotic pathology, though such pathology will become organized only later, in the continual and desperate attempt on the part of the altered ego to use its own resources for holding together the fragments of the precarious self. And as for the ego:

> There is a difference between the time when the pathology is organized—generally at the second and third years of life, precisely the time that corresponds to the first structuring of the Ego—and the time when it becomes manifest, which varies considerably, from infancy to adolescence and adulthood. [Gaddini 1985a, p. 184]

THREE PHASES OF PSYCHOTIC DEVELOPMENT

From the point of view described above, psychosis can be seen as the result of a three-phase process:

1. First comes the assumption—we might call it the antecedent—that alters the conditions of the *subject's* formation at a primitive stage of life. The emphasis then shifts from the problem of the direction of the libidinal cathexis to that of establishing subjectivity—the differentiation between *me* and *not-me* (Winnicott 1951, 1960, 1962, 1963c)—and this has repercussions on the achievement of *representation,* which is then transformed into the problem of the formation of the *representational function* (Genovese 1991). *Representation* is the capacity to evoke one's own relation with the object (recognized as the other in relation to the subject) in its absence, and hence to elaborate the loss by connecting the resultant anxiety to a potential narration of the experience. In this sense, it is impossible to think

of any activity that is fully representational prior to the differentiation of subject and object, as indeed can be inferred from Freud's text.

It is well known that representation, both conscious and repressed, matures through the connection between sensory experience and language (Freud 1915). Before this can be possible, *thing presentation* will not allow the binding and elaboration of anxiety, which is thus mobilized as indefinite and unlimited. We might even say that primitive anxieties are not only directly proportional to the intensity of the stimulus—internal and external being absolutely the same during this phase—but also inversely proportional to the capacity to bind the latter to the representation. This capacity matures along with the integration of the ego, and any derailment of the ego's structuring can only compromise the stabilization of the representational function. Under these conditions, the problem of laceration ("disappearing aspects of the mouth" or the "black hole") remains unresolved and continues to drain energy in the subject's desperate attempt to find a way out of an impossible situation.

2. In the second phase, pathology becomes organized and consists in the arduous construction of a solution—one that is never definitive and always wasteful—to the problems of annihilation and vertigo that continue to loom and threaten to suck the individual into absolute *non-sense*. In other words, the original laceration alters the formation process of the more evolved structure, conditioning it to function with the sole purpose of not collapsing, in its turn, onto itself. In order to carry out this function, the ego maintains at its disposal all the ingredients it could collect from the fantastic plot that it has been steadily building up over the course of time, in accordance with the model of the libidinal stages.

With these materials, the ego tries to artificially construct a meaning (through representation, narration, and libidinal investments in them), in order to connect and elaborate an anxiety, which by its very nature and origin can be neither connected nor elaborated. Here the construction has become ineffective because, in spite of appearances, no movement toward pleasure can occur in this model. In the absence of any cohesion of the self, everything is aimed at the desperate *preservation* of its precarious psychic organization.

3. The third phase is that of the crisis and failure of the apparent solution, when the organization collapses and the pathology becomes manifest. Then the artificial connection between representation and nameless anxiety runs the risk of coming apart despite efforts to hold it together, and thus the representation must transform itself into present reality by means of delusions and hallucinations. Alternatively, any distance from the object is concretely abolished in a desperate attempt to restore the primary indifferentiation. This will translate into a compulsive search for sensory contact, which appears to require an object, though in reality it denies and eliminates it.

CATASTROPHIC ANXIETY AND SEXUALIZATION

An important question, therefore, centers around the strategies that the altered ego can implement in order to preserve itself. The most devastating threat to this process comes from the relationship with the object, or, in Winnicott's (1951, 1962) view, with the objectively perceived object, because this involves exposure to the catastrophic reality of its separateness.

Of course, as Bion (1970) stresses, the real problem is not the object as such, but the significance of the relationship established

with it. The multiplicity of objects makes each one relatively easily circumvented, while the relationship itself may threaten to overcome the subject's resistance. We know that Bion's intuition of this led him to shift attention away from the destructiveness directed at the object through invidious attacks, and instead to focus on an attack against the *linking function* that the objects represent (Bion 1959). The breakdown of this linking is one of the most characteristic aspects of psychological defense (Bion 1967), and awareness of this in both theoretical and clinical realms has led to gradual modification of psychoanalytic technique. Technique, in fact, has evolved toward a new focus on the here and now, as well as a far more attentive management of the relational field.

Earlier discussions of the prime importance of the "transformative interpretation" aimed at psychotic levels of the personality have been considerably enriched by contributions that attach more value to the constants of the setting (Bleger 1967), the *analytic relationship,* and especially to aspects that favor the gradual integration of the ego (Winnicott 1962) and the process of constructing the apparatus of thinking and learning from experience (Bion 1962). More recently, these premises have even allowed for positive development in moments of the analysis that were previously considered obstacles to the course of treatment. Ferro (1993), for example, has postulated a developmental function of the analytic impasse as a period necessary for the metabolization of "bastions," according to the theory of Baranger and Baranger (1969). Undervaluing these spaces or times of gestation or maturation of the psychic structure, instead of recognizing their advantageous influence on the core of the treatment, could lead to the collapse of the ego as a defense, because of the risk that "the lions of the denied unconscious might devour everything" (Ferro 2000, p. 597). Ehrenberg (2000) speaks of the impasse as a real analytic opportunity.

Thus, we may consider the risks that the ego must run in its relation with otherness to be an accepted fact. But less attention has been given to possible confusion between the strategic use of sexuality on the part of the ego to avoid collapse, on the one hand, and sexual problems as an etiological factor of psychotic pathol-

ogy, on the other. Relatively recently, the theory has been put forth that a connection exists between the content of psychotic delusions and the masturbatory fantasies of psychotic patients (Freeman 1989), but this hypothesis risks confusing the *similarity* of manifest contents with a *causal connection* between the two.

Among the very few who have intuited this risk of confusion, Green (1997) addresses the problem of the *sexualization of conflicts that did not have a libidinal origin*. Green postulates a transposition from an early dependence on narcissism to a reliance on object libido. He responds to possible objections that the libido, autoerotic or not, is always the same by stating that any reference to classic theory will prove inadequate, since analytic work shows how easy it is to conclude that the motivating force behind this phenomenon is destructive rather than libidinal.

Very probably, this seeming contradiction derives from the misunderstanding that so often arises when we refer to *primary* narcissism: actually, it is primary only in relation to secondary narcissism, and not because it constitutes the first stage of development. Once we give closer attention to this misunderstanding, classic theory opens the way to getting beyond the narcissistic libido and, in my opinion, beyond the libidinal drive, *tout court*. Let us recall Freud's (1914) well-known, above-mentioned comment that:

> We are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed . . . . There must be something added to auto-erotism—a new physical action in order to bring about narcissism. [pp. 76-77]

This allows us to posit an area of protomental functioning in which incubation of the ego's integration takes place. In this sense, the process of constructing subjectivity is a necessary condition that not only precedes the possibility of investment in the object, but also of *narcissistic* investment, because it is the unity of the ego that constitutes the *object* of the drive in this second case. We can even go on to state that it is only when the ego becomes the *subject* that it can also pose as the object of its own investment.

This viewpoint allows us to provide a solid foundation for the *inseparability of the drive-object coupling*, as discussed by Green (2000). And, as we have seen, it is in this prenarcissistic phase that we can place Winnicott's (1963a) examination of the issue of catastrophe, because, in my opinion, the individual does not then possess a supply of libido independent from the drive investment that he or she receives from the mother/environment. If, for any reason, this acquisition of object libido fails, the infant—not yet the *subject*—is left with no alternative but to dissolve into non-integration.

Assuming the *inseparability of the object-drive coupling*, it would necessarily follow that the *pre-object* dimension must exist *pre-drive* as well as *pre-subject* at the same time (Genovese 2003). The sole institution in this context is the *mother–infant unit,* which contains and condenses the *mother/drive–infant/object* coupling. Sexualization of the individual is a process that plays an active part in the more general process of its *subjectivization.* Consequently, the use of the sexual act to mitigate despair is part of the strategy that the ego can adopt only at a more advanced stage of development, when more evolved capacities have been attained and can then be employed to support the fragile original nucleus.

Hence, erotomania is an expression of this type of strategy articulated through a spectrum of possibilities and modulations: it begins with the phenomena referred to in relation to current usage of the term—not usually loaded with seriously pathological implications—and continues on to those attributes found in the classic psychiatric concept that is directly associated with psychosis. This strategy is used to *invent* an apparent libidinal link with the object, but, in reality, it aims at the opposite objective of avoiding it. In the first case, it is a bid to counteract the threat of the *otherness of the object* by compulsively resuming sensory contact with the *object-environment.* This permits the magical but momentary illusion of restoration of the primary relationship, and requires continual repetition—though this proves to be as useless as it is necessary.

The problem lies in the fact that, although the concept of erotomania suggests some kind of material excitement, it in fact lends

itself to mistakenly regarding an unconscious *compulsive necessity* as *sexual desire* (or *sexual activity*)—while this compulsive necessity pursues the aim of re-proposing the infantile need for fusional physical contact, in order to magically produce a sense of self in the body that does not exist in the mind (Gaddini 1969). Thus, the erotization of the contact cannot be of a drive type, since the drive is a function of the subject-object relation. The famous erotomaniac Casanova, for example, continually sought out amorous relations, but only on the condition that they lasted merely for one morning, in order to prevent the intrusion of real love.

From this, we may conclude that

> . . . a certain number of assumed "love affairs" are really encounters determined by the need for contact. Unlike desire . . . a need is by its very nature peremptory and indiscriminate. Driven-by-need reality does not exist as such, but only insofar as it serves what the need demands . . . . The need is to feel loved (through physical contact) and this removes any possibility of experiencing love. [Gaddini 1985b, p. 728]

However, we find "a well-developed seduction capacity" to provide for this need. On the whole, "it is an indiscriminate and markedly infantile seductivity" (Gaddini 1985b, p. 728).[5]

In this sense, the erotomaniac shores up the anxiety of dissolution by means of the momentary relief that bodily contact and the fantasized love of the other can occasionally provide. Moreover, by endowing him- or herself with libidinal pseudoinvestments, the individual keeps a hold on the thread connecting him or her with a shared reality. But this connection is obviously no more than a superficial construction that in fact escapes any encounter with the real object. Erotomania of this type, i.e., a sort of

[5] We do not yet possess enough material to form a theory on the unconscious processes of Casanova, an erotomaniac par excellence. However, the biographical data that is available tells us that he was born to an itinerant actress of sixteen, who left him in the care of his grandmother as a very small child; and also that his actor father died when Casanova was still a child. So we find all the conditions that would deeply alter the integrative process of the ego, according to the model presented here.

mitigating autocure, might be viewed as a repetition without the possibility of resolution in memory or in working through.

At the other extreme, we find an erotomanic delusion that comprises an attempt to transform the original *catastrophic* dimension into the *tragic* dimension, which can extend to the sphere of *representability* and thus to the modulation of anxiety. In this way, the ego is confronted with a paradoxical task: for the first time, it must signify, by means of representations, its own catastrophic anxiety, which by its very nature is unrepresentable.

It is clear, then, that the concept of *signifying* carries implications that are altogether different from Freud's *nachträglichkeit*, in that the latter presupposes an original significance that is reelaborated on the basis of subsequent experiences in a later phase. Freud's *nachträglichkeit* lies at the real core of the tragic dimension; in fact, the tragedy of Oedipus is brought about not when the protagonist kills Laius or sleeps with Jocasta, but when, later discovering that Laius is his father and Jocasta his mother, he resignifies the experience as parricide and incest. It is only at this point that horror, guilt, and conflict enter in. Repression/blindness is a possible "solution" in that it makes everything unrepresentable to consciousness. Here the failure to represent is the tragic consequence of a solution—which is tragic also because, though unconscious, the repressed content remains potentially narratable; and the amount of energy required for holding it in a condition of unrepresentability is enormous. The tragic and neurotic dimensions are therefore intimately connected.

By contrast, in the cases of psychosis that we are discussing, *unrepresentability* is the genesis of the problem, which does not necessarily involve intrapsychic conflict or repression. Unrepresentability simply consists in the fact that the conditions still do not exist in which the representational function can transform crude data into experience, and therefore the situation can only be catastrophic and attended by nameless anxiety. Tragedy is impossible because narration is impossible.

Here, too, of course, much energy is employed, but for the opposite reason, which consists in the attempt to link nameless anxi-

ety to some form of tragic narration borrowed from subsequent experience—starting from the second phase of the development of the pathology. Thus, the representational function is engaged in the anomalous task of artificially constructing a *sense* in order to explain an anxiety that is devastating for the very reason that it is meaningless. This is a consequence of archaic events that transpired before the subject was formed, and therefore they have never been lived through as subjective experience. What happens is that some kind of *prosthesis* is invented, a *prosthesis of sense* to cover the hole, masking the mutilation in a way that may have some credibility, but without healing it[6]; but like all prostheses, this, too, is rigid, in the sense that it cannot possess enough plasticity to resist all the assaults made upon it by reality, both external and internal. In extreme cases, when the risk of catastrophe is imminent, the prosthesis needs to step up its efforts, and, as previously mentioned, it must find sense within the fabric of delusional representations or hallucinations (Genovese 1991, 2003).

In order for this operation to produce effective results, the tragic material (artificially constructed), or content of the delusion, requires amorous components because the most important aim is to reach the rescuing element hidden behind the libidinal pseudoinvestments—the one and only possible alternative to dissolution into the void. Therefore, in psychosis, a close relationship is formed between Eros and despair—a special relationship, the inverse of so-called normal or neurotic functioning.

Schematically, we might say that in the neurotic individual or in one who is relatively "sane," even when no trace of suffering may be found on a manifest level, suffering is always an expression of the sexual. Repression, with many possible symptomatic formations, is the more or less pathological solution; and at stake in the game is pleasure. In the psychotic, however, everything on the manifest level appears to be explicitly linked to sexuality, which

[6] In spite of its theoretically different framework, one model that this psychic process may perhaps vaguely resemble is Bion's (1970) *premature saturation,* which "has the paradoxical effect that all acts are symbolic and yet the patient is incapable of symbol formation" (p. 68).

has become the expression of a variously constructed attempt to emerge from the despair. Here the solution is sexual *action* or delusion, and the only objective is *relief*.

In fact, we can presuppose a functional continuity between sexual compulsion and the plot of a delusional fantasy, constituted by this same attempt to utilize sexuality to accomplish the ego's need to avoid dissolution into despair. The seemingly more direct need for physical contact may prevail, yet there remains a condition of the difficult-to-maintain equilibrium between the search for *sense* and avoidance of the object.

In the clinical situation, the processes we have described very rarely appear in the immediately recognizable forms of these two polarities. In the majority of cases, they are intertwined or located on varying levels of psychic organization. Some frankly perverse manifestations, for example, could perhaps be explained in the light of these considerations.

CLINICAL PRESENTATION: THE DESPAIR OF MIRKO

Mirko is thirty-four years old. For some time, he has nearly given up on his university studies, though without deciding to abandon them altogether. He lives with his parents and has no job and no romantic attachment. He reads voraciously, mostly books on Egyptology, which is his passion, and keeps up a regular correspondence with friends living in other towns.

From the very beginning, his relationship with the analyst has been characterized by insistent pressure to resolve what he calls "an immense and by now unbearable despair." He talks about this despair, insistently and anxiously, as something concrete and devastating, yet at the same time entirely undefined. He shows marked resentment toward family members, who never seemed to realize that, while other teenagers were going through their first sexual experiences, he remained exclusively absorbed in his reading and totally ignorant about anything pertaining to sexuality. Now, as

an adult, he is conscious of an unbridgeable gap in his history and very badly needs to settle the matter, but has no idea of how to handle it because he knows nothing about it.

The first half hour of each session is given over to repetitions of this topic, always in the same words. Mirko tosses on the couch —yelling, sometimes crying, but always expressing his suffering with fierce resentment. His communication contains no free associations or extemporaneous narration, but only axioms about his life; his rampant self-assertion leaves no space for the formation of alternative constructions. He reacts furiously to my silences, accusing me of indifference toward his despair ("Don't your pulses throb when I tell you how terribly I'm suffering?!"). But every time I break in, usually in an extremely cautious and exploratory way, he interrupts just as angrily, reproving me for not really seeing him and for using a preconstituted model to keep him caged in. From this point on, every phrase I utter he interrupts, labeling my words as a clumsy attempt to defend myself because he has "caught me out," and, to prove it, he mentions some particular tone he notices in my voice, or a certain movement I make when I change position in my chair, etc., which he thinks gives me away. Some aspects of his diatribe amount to a real attack on linking in the sense Bion (1959) illustrated; but in the light of what developed later on, we may say that perhaps this dynamic could also be interpreted in terms of a more specific metaphor.

Indeed, it gradually became clear that this relational dynamic could not be explained simply as an expression of an attack on linking. Mirko's continual and identical repetition has certainly indicated some kind of unconscious process that was not exclusively aimed at preventing the analyst from breaking in. The meticulous attention he paid to my nearly imperceptible physical movements and the slightest change in the tone of my voice implied both suspiciousness and attraction.

However, months go by before I offer Mirko an interpretation. Often, though very carefully and without much success, I draw his attention to the repetition of this dynamic. I am waiting for him to say something that will allow me to use his own words

to express *his* emotion and *his* anxieties.[7] My countertransference includes intense feelings of impotence, alternating with equally intense feelings of pity. At the end of every session, Mirko asks to go to the bathroom, where he spends quite a long time; later, it occurs to me that he goes there to masturbate.

After about a year, through tentative openings and fleeting allusions, it all comes out: Mirko has an irresistible need to masturbate, both day and night, up to four or five times in twenty-four hours—if he can manage it. But the really interesting thing for our present topic is his masturbatory fantasy, which with marginal variations is always the same. The scene is set in ancient Egypt, against its landscapes and incorporating its costumes. The patient sits enthroned in a high-backed chair, and at his feet grovels a young male slave in chains to whom he issues orders—"do this, do that." Mirko gets his excitement from observing every detail of the slave's body: the movement of the muscles in his arms while he works, or the veins in his neck or the sweat of his brow. The slave is exhausted, sweating, but—most important—submissive. In the fantasy, the slave may assume the features of a boy Mirko knows who works at the bakery, or the one at the gas station, or other boys with menial jobs who in real life throw him into a high state of excitement mingled with acute suffering. This is where the fantasy stops, as no further elaboration is necessary, and it never ends in any form of the sexual act.

At this point, the psychic picture seems clearer, and it looks as though I can now attempt an interpretation. The theory I cautiously introduce is that, in the analysis, Mirko tends to establish a relational dynamic of the same kind, reducing me to a condition of impotence, while he keeps a sharp eye on my slightest movements. This suggestion infuriates him, but he appears struck by it.

[7] My decision not to interpret is not due to any theoretical prescription about timing. I agree with Smith (2003) that the same methods cannot be adopted in all situations. In this case, I knew that, quite apart from the merits of any intervention I might make, the patient would be unable to accept it simply because it would signal his failure to reduce me to impotence. It was only by using *his* words that I could hope to discern a glimmer of progress.

By actually sharing his secret masturbatory fantasy with the analyst, Mirko has exposed himself to the *risk* of trusting him, and this is one of the basic sources of his despair. We can trace the expression of this dynamic in the following fragments of dialogue, which occurred during the second year of analysis; episodically, and for only a few minutes at a time, he could manage to get away from his insoluble autobiographical reconstructions just long enough to recover a flash from his childhood.

PATIENT: When I was two or three and my parents were both working, they would leave me in a big house belonging to some aunts of mine. I remember that the rooms were always very cold and dark. I remember there were some mangy kittens living in the garden; my aunts had brought them home to "save" them, only to completely abandon them after a while. I felt very sorry for those kittens . . .

ANALYST: The kittens were left alone, out in the cold and dark, like you were, away from the warmth of your parents. It must have been very hard to trust someone who gets you to trust them and then abandons you like that.

This was almost the first time that Mirko did not react to my words by attacking me, but lay silently on the couch, thinking it over, until the end of the session. The next day, however, the moment he lay down, he exploded in intense anger.

PATIENT: [yelling] Yesterday was a complete waste of time! You refused to say a single word to get me through my despair. You just kept waffling on about kittens!

ANALYST: Maybe you're angry with yourself because you let yourself go for a while: you're scared by the thought that you may come to trust me and run the risk of being abandoned.

PATIENT: [still yelling] Of course you would turn it around the way *you* want it! Picking out of the things I tell you exactly what suits *you!*

ANALYST: Perhaps you'd like to make a slave of me, so that I'm shackled. Isn't that it?

PATIENT: I suppose you're right!

ANALYST: This idea could be linked to your masturbatory fantasy. The anxiety of having to depend on my "picking things out" can only be faced once you've chained me up like a slave and are watching me sweat, helpless.

This last statement of mine was not only pertinent to the patient's material; it also struck an emotional resonance for me because I really did feel I was being put through the mill. A moment beforehand, I had caught myself thinking, "He's making me sweat." And Mirko appeared to be struck by my remark, too. He said nothing for a while afterward. Finally, he reacted by again accusing me of wasting time and of "trailing off into psychoanalysis."

A few weeks later, he told me his first dream ("but only because I know you analysts are interested in dreams," he said sarcastically). In the dream, a school bus packed with children drives along a road at the edge of a precipice. The driver does his best to steer a steady course, but some of the children realize they will have to take over. They push the driver aside and take the wheel.

Of course, the fact that Mirko is finally capable of telling me a dream is in itself an important sign of change. First of all, in the form of dream *representation*, it was the very first time that he was *narrating* something, that he could communicate something from his inner world. This could mean that, in spite of the laboriousness of the procedure, the analytic work was gradually having an effect on the process of integration of the ego, its function, and particularly on its capacity to reveal—through an evolved activity of representation—the meaning of his primitive anxieties and the defensive maneuvering that accompanied them.

In the second place, the content of the dream expressed Mirko's fear of entrusting his fragile self to the unreliable analyst/bus driver, at the same time that it revealed his latent need to do exactly this. There were also indications of something that had been evolving in the transference. Obviously, the conflict between his need and his anxiety in placing himself at someone else's mercy could not become manifest or ever shared with me, because that would pitch him into the frightening situation of having to confide in me the impossibility of the situation—or, indeed, into the situation of establishing a real relationship with the object, which was exactly what terrorized him.

So I waited in vain for Mirko to let himself go to the point that he could make some free associations. He himself found it incredible that he had created this hole in his defensive dam. He sat in the session motionless, petrified, obviously frightened by what he had done: he had told me his dream! Now he was probably struggling to invent some way to right the situation and take over the wheel of the bus—although, like the children in his dream, he knew he could not drive.

And in fact, my attempt to link his dream to a session of some weeks earlier (when the bus driver/analyst had been arbitrarily steering the analysis, exposing him to the risk of dependence and thus to a plunge into his catastrophic anxiety) was firmly contested by Mirko, who had determined to resume control of the analysis.

PATIENT: [He yells while grimacing as though in pain.] What interests me is my spasmodic sexuality, the masturbatory fantasies I can never realize. The number of times I need to masturbate is exhausting me. *That's* what we have to talk about. I don't give a damn about dreams!

ANALYST: The sexuality you're talking about doesn't seem to give you any pleasure. You experience it as a mark of despair.

PATIENT: Well, I know that, don't I? I don't need you to tell me! [Here I think to myself that his bellow-

ing could be heard all the way down the staircase of the building.] What I don't know is how to get out of it!

ANALYST: You feel trapped in a situation where there's no way out. You can't trust the bus driver because you're afraid of falling off the cliff; but once you get behind the wheel, you don't know where to go from there. In your anxious condition, all you can do is chain up the driver/analyst and get a grip on your anxiety through the excitement of this maneuver. Masturbation may have something to do with this type of excitement, don't you think?

At this point, Mirko suddenly sits up on the couch, and then his grimace of pain gives way to desperate sobbing.

The depth of the abyss that this man was so afraid of falling into became more clear some months later. He was able to relate an episode from when he was a very small child, which his parents had often told him about. An elderly aunt had been holding him in her arms when she suddenly suffered a stroke and died instantly. Obviously, this was a particularly representative example of a traumatic event for the child, exposing him to an experience of catastrophic discontinuity that was unrepresentable by its very nature, and therefore not one that could be elaborated—the "falling forever," as Winnicott (1962, p. 58; 1963a, p. 90) might put it.

The psychic levels involved in this episode, like those of the gradual developments in the analysis, were naturally many and varied. Mirko is still in analysis now; we are approaching our fifth year of work. Many things have happened, especially in his social life (he now lives alone and holds a part-time job), although the core of his despair has scarcely been scratched. However, I will limit myself here to a return to the aspects of the case on which this paper focuses.

Mirko's description of his masturbatory fantasy allows us to understand his relationship with the analyst in the session. We can now begin to appreciate the *sense* the patient has given to his nameless anxiety through the imagined action. As we have seen, he is constantly in the grip of an intense and indefinable despair, as though always on the point of plunging over a precipice. His mode of interaction allows us to theorize an experience of a primary relationship characterized by two complementary extremes, both catastrophic: on the one hand, he had experienced a lack of confidence in a negligent mother who was not sufficiently "worried" about him; on the other hand, he experienced a mother who posed as a sort of premature other, forcing the child's desires to conquer her own, thereby obstructing his gradual acquisition of a *sense of continuity of self* beginning with the bodily one.[8]

The only possible emotional reaction to such a situation is a mixture of catastrophic anxiety and impotent rage, expressed through persecution-type defenses (the original matrix of the masturbatory fantasy very probably cast Mirko in the role of the impotent slave). But, above all, it was absolutely necessary for Mirko to repress every experience that could expose him to a definition of self (for example, it was not possible to finish his studies or to take his driver's licence exam) and actually enter into the otherness of the object (for example, working on his relationship with the analyst).

In order to survive the depths of despair, such a patient needs to deal with the dramatization of the master–servant dynamic by reversing it and eroticizing it. The patient thereby transforms impotence into omnipotence and possesses the object, so that it becomes a subject-object (which is one of the reasons for the homosexual nature of Mirko's fantasy). The object thus chains the patient, looks him over closely like the analyst does, and, in masturbating, the patient finally finds momentary relief, as Mirko probably did after his analytic sessions.

[8] On the very rare occasions when Mirko mentioned his mother, he described her as an unloving woman with whom he could not remember ever exchanging a gesture of tenderness.

CONCLUDING REMARKS

The reference to nameless anxiety, to a "falling forever" and to an intense, indefinable despair, is fundamental in positioning Mirko's case in the theoretical framework under discussion. If we fail to do so, we will find ourselves addressing the subject in a way that it has already been extensively dealt with, in various ways, in the psychoanalytic literature. In fact, many writers have described a possible defensive use of sexuality, particularly in regard to perversions (see, for example, Bak 1953; Eidelberg 1945; Greenacre 1960, 1968, 1969; Khan 1965, 1969; Kohut 1977). In particular, the concept of *sexualization* has been searchingly dealt with in connection with narcissistic disturbances of the personality (Goldberg 1975; Green 1979, 1997, 2000; Kohut 1971, 1977; Stolorow 1975a, 1975b).

In any case, as Coen (1981) reports, these contributions reveal an excessively widespread and imprecise use of the concept of sexualization; Coen notes that many authors who use this term do so in reference to at least three different levels of phenomena. These phenomena begin with a mere description of general nonsexual behavior that is then transformed into something sexual or that becomes something similar to sexual, and then proceed to the presence of an overabundant libidinal energy that can be associated with a mental process, and finally on to a defense by which narcissistic pathology is translated into a perverse behavior.

The theory I present here, however, describes a very precise psychic maneuver that consists in the use of sexualization as an *artifact* and as a psychotic solution that draws on subsequent periods of development, with one aspect of the dual purpose oriented in an opposite direction to the real sexual drive: that is, toward the avoidance of the otherness in the object through the construction of a narratable plot in fantasy. This is the reason why, paradoxically, Mirko's use of autoerotic sexuality resembles the use that Casanova made of it in his unbridled love affairs. In both cases, the sexual aspect is always manifest (partly because it appears to insert the individual into the real plot of life, or at least of fantasy),

while what it contributes is an avoidance of the object in real otherness; and what it masks is the despair caused by the ever-present risk of unrepresentational dissolution.

So, to gather up an initial thread of my argument, it is not at all surprising to find Schreber (1903; see also Freud [1911]) constructing his delusion in such a way that the object fails to materialize in concrete reality, just at the point when he is slipping away into the abyss. Furthermore, the erotomanic delusion fulfills the paradoxical function of weaving connections with representable reality, and, in this sense, of fulfilling the need to share; but it does so only when the chasm is opening underneath, driven by the ego's terror of being sucked into the original "black hole." If every important change in an individual's development always has a catastrophic character in the theoretical sense mentioned by Green (1979, 1997, 2000), then, in the case of a precarious psychic organization, the same change can have a clinically devastating effect and threaten the very resistance of the ego itself. It seems that attention has rarely been given to this aspect of the problem. In his autobiography, Schreber (1903) explicitly connects his first psychotic crisis with his candidacy for the Reichstag, and the second to his promotion to president of the Court of Appeals;[9] naturally, in discussing this, Freud does not depart from the biographical data, but he does focus attention on the *sense* that the data assumes in the dramatic *content* of the delusion, and not on the *catastrophic* potential for the ego brought about by the change in the self.

The content of the delusional fantasy is certainly important and requires a searching analysis of its various aspects. But what I wish to emphasize here is that the content is always an attempt—"mad," perhaps, but not to be ignored—to artificially construct the sense by means of a sharable (even if not actually shared), narratable tragic plot, which in fact transforms the catastrophe into

[9] Likewise, in the reconstruction of the case of Aimée (Lacan 1932), we find an important factor to support this theory: the patient's first psychotic manifestation coincides with her first pregnancy (she later gave birth to a stillborn baby), while her second pregnancy only made the crisis more acute, with constructions of delirium and the *action* of attempted murder.

pain, persecution, anger, guilt, jealousy, mourning, and so forth. In any case, the tragic representation leads the individual into a libidinal universe of affects and memory, while the catastrophe in itself is nothing other than dissolution into the void and nameless terror.[10]

Freud (1911) intuited the rescuing motive of such a delusional fantasy when, in regard to Schreber, he drew attention to the fact that "the delusional formation, which we take to be the pathological product, is in reality an attempt at recovery, a process of reconstruction" (p. 71). What should be clearly understood, however, is that the apparent failure of this attempt is due to the fact that healing and reconstruction are not the real goals of the game. Rather, the aim is the very survival of the ego, and, in respect to this, the attempt, brought into existence as a pathological solution, may be considered fundamentally successful.

REFERENCES

Abraham, K. (1908). Die psychosexuellen Differenzen der Hysterie und der Dementia praecox. *Zentbl. Nervenheilk. Psychiat.*, 19:521-533.

Bak, R. (1953). Fetishism. *J. Amer. Psychoanal. Assn.*, 1:285-298.

Baranger, M. & Baranger, W. (1969). *Problemas del campo analítico.* Buenos Aires, Argentina: Kargiemann.

Bion, W. R. (1959). Attacks on linking. In *Second Thoughts.* London: Heinemann, 1967.

——— (1962). *Learning from Experience.* London: Heinemann.

——— (1967). *Second Thoughts.* London: Heinemann.

——— (1970). *Attention and Interpretation.* London: Tavistock.

Bleger, J. (1967). Psycho-analysis of the psycho-analytic frame. *Int. J. Psychoanal.,* 48:511-519.

Clérambault, G. G. (1921). Érotomanie pure, érotomanie associée. In *Oeuvres psychiatriques.* Paris: Frénésie Editions, 336-347.

Coen, S. J. (1981). Sexualization as a predominant mode of defense. *J. Amer. Psychoanal. Assn.,* 29:893-920.

[10] From this standpoint, the grandiose scenario of a relation with the Prince of Wales, for example, created by Aimée in her psychotic delusion, is obviously very far from an expression of intense erotic excitement, however it is interpreted (Lacan 1932). Here, Eros is the "literary" content of an auto-narration, which is all the more emphatic in accordance with the extent of the despair it was created to alleviate.

EHRENBERG, D. B. (2000). Potential impasse as analytic opportunity. *Contemp. Psychoanal.*, 36:573-586.

EIDELBERG, L. (1945). A contribution to the study of the masturbation fantasy. *Int. J. Psychoanal.,* 26:127-137.

FERRO, A. (1993). The impasse within a theory of the analytic field: possible vertices of observation. *Int. J. Psychoanal.,* 74:917-929.

——— (2000). On James Herzog's "Blood and Love." *Int. J. Psychoanal.,* 81:595-597.

FREEMAN, T. (1989). A sexual theory of persecutory delusions. *Int. J. Psychoanal.*, 70:685-692.

FREUD, S. (1895). Draft H. Paranoia. *S. E.,* 1.

——— (1896a). Draft K. The neuroses of defence (a Christmas fairy tale). *S. E.,* 1.

——— (1896b). Further remarks on the neuro-psychoses of defence. *S. E.,* 3.

——— (1905). *Three Essays on the Theory of Sexuality. S. E.,* 7.

——— (1908). *Delusions and dreams in Jensen's "Gradiva." S. E.,* 9.

——— (1911). Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides). *S. E.,* 12.

——— (1914). On narcissism: an introduction. *S. E.,* 14.

——— (1915). The unconscious. *S. E.,* 14.

——— (1926). *Inhibitions, Symptoms and Anxiety. S. E.,* 20.

GADDINI, E. (1969). On imitation. In *A Psychoanalytic Theory of Infantile Experience.* London/New York: Tavistock/Routledge, 1992, pp. 18-34.

——— (1985a). The mask and the circle. In *A Psychoanalytic Theory of Infantile Experience.* London/New York: Tavistock/Routledge, 1992, pp. 177-185.

——— (1985b). La nascita, la crescita. In *Scritti, 1953-1985.* Milano, Italy: R. Cortina, 1989, pp. 702-730.

GENOVESE, C. (1991). The problem of representability. In *Psychoanalysis and Development: Representations and Narratives,* ed. M. Ammaniti & D. N. Stern. New York/London: New York Univ. Press, 1994, pp. 175-186.

——— (1999). Vertigine e non-senso nella depressione psicotica. In *Il piacere offuscato,* ed. A. Racalbuto & E. Ferruzza. Roma, Italy: Borla, 1999, pp. 37-59.

——— (2003). En deçà ou en dessous du sexuel. *Penser/Rêver,* 3:207-224.

GOLDBERG, A. (1975). A fresh look at perverse behavior. *Int. J. Psychoanal.*, 56:335-342.

GREEN, A. (1979). L'angoisse et le narcissisme. In *Narcissisme de vie, narcissisme de mort.* Paris: Minuit, 1983.

——— (1997). *Les chaînes d'Eros.* Paris: Odile Jacob.

——— (2000). The intrapsychic and intersubjective in psychoanalysis. *Psychoanal. Q.*, 69:1-39.

Greenacre, P. (1960). Regression and fixation: considerations concerning the development of the ego. In *Emotional Growth, Vol. I.* New York: Int. Univ. Press, 1971.

——— (1968). Perversions: general considerations regarding their genetic and dynamic background. In *Emotional Growth, Vol. I.* New York: Int. Univ. Press, 1971.

——— (1969). The fetish and the transitional object. In *Emotional Growth, Vol. I.* New York: Int. Univ. Press, 1971.

Jones, E. (1953). *The Life and Work of Sigmund Freud.* New York: Basic Books.

Jung, C. G. (1907). *Uber die Psychologie der Dementia praecox: ein Versuch.* Halle, Germany: Marhold.

Khan, M. M. R. (1965). Foreskin fetishism and its relation to ego pathology in a male homosexual. *Int. J. Psychoanal.*, 46:64-80.

——— (1969). Role of the "collated internal object" in perversion-formations. *Int. J. Psychoanal.*, 50:555-565.

Kohut, H. (1971). *The Analysis of the Self.* New York: Int. Univ. Press.

——— (1977). *The Restoration of the Self.* New York: Int. Univ. Press.

Lacan, J. (1932). Le cas Aimée. In *De la psychose paranoïaque dans ses rapports avec la personnalité.* Paris: Sueil, 1975.

Schreber, D. P. (1903). *Denkwürdigkeiten eines Nervenkranken.* Leipzig, Germany: O. Mutze.

Smith, H. F. (2003). Analysis of transference: a North American perspective. *Int. J. Psychoanal.*, 84:117-141.

Stolorow, R. (1975a). Addendum to a partial analysis of a perversion involving bugs. *Int. J. Psychoanal.*, 56:361-364.

——— (1975b). The narcissistic function of masochism (and sadism). *Int. J. Psychoanal.*, 56:441-448.

Terrier, F. (1967). De l'érotomanie. In *Le désir et la perversion.* Paris: Editions du Seuil.

Tustin, F. (1981). *Autistic States in Children.* London: Routledge/Kegan Paul.

Winnicott, D. W. (1951). Transitional object and transitional phenomena. In *Through Paediatrics to Psycho-Analysis.* London: Hogarth/Inst. Psychoanal., 1975.

——— (1959). Classification: is there a psycho-analytic contribution to psychiatric classification? In *The Maturational Processes and the Facilitating Environment.* London: Hogarth, 1965.

——— (1960). The theory of the parent–infant relationship. In *The Maturational Processes and the Facilitating Environment.* London: Hogarth, 1965.

——— (1962). Ego integration in child development. In *The Maturational Processes and the Facilitating Environment.* London: Hogarth, 1965.

——— (1963a). Fear of breakdown. In *Psycho-Analytic Explorations,* ed. C. Winnicott, R. Shepherd & M. Davis. London: Karnac, 1989.

——— (1963b). The mentally ill in your caseload. In *The Maturational Processes and the Facilitating Environment*. London: Hogarth, 1965.

——— (1963c). From dependence towards independence in the development of the individual. In *The Maturational Processes and the Facilitating Environment*. London: Hogarth, 1965.

Via Ugo Ricci 15
80127 Naples, Italy

e-mail: cgenoves@libero.it

Psychoanalytic Quarterly, LXXV, 2006

NEUROSCIENCE AND IMAGINATION: THE RELEVANCE OF SUSANNE LANGER'S WORK TO PSYCHOANALYTIC THEORY

BY MARGARET M. BROWNING, PH.D.

This paper presents the work of philosopher Susanne Langer and argues that her conceptualization of the human mind can provide psychoanalysts with a unique framework with which to theoretically combine interpretive and biological approaches to their work. Langer's earlier work in the philosophy of symbols directs her investigation into the biological sciences along the lines of sentience and imagination, which in turn become the cornerstones of her theory of mind. Langer's understanding of the continuing transformation of affect into language is a decisive contribution yet to be built upon by others.

INTRODUCTION

As psychoanalytic theory moves to integrate within itself the continuing advances being made in the neurosciences, and in particular affective neuroscience, it is very important that it hold onto the insights that have always distinguished Freud's psychological ideas. While Freud would have a heyday working within the new sciences of neural complexity, attempting to understand the dynamic pattern formations of the most complex self-organizing system in the universe, he would nevertheless remain ensnared in psychology's other domain: hermeneutics. Freud, the rigorous empirical scientist, became caught up in hermeneutics with the publication of the *Interpretation of Dreams* (1900). So he would remain

today, notwithstanding the advances he would enjoy in the neurosciences.

In spite of developing an effective psychotherapeutic method for healing through the interpretation of meaning, Freud never seemed to fully satisfy himself with the merit of doing so. He never seemed to understand, philosophically, how he could combine, so obviously necessarily, both a scientific and personal-historical or literary approach to examining the human mind.[1] Indeed, the philosophical line between the natural sciences and the humanities today is as sharp as it ever was in the nineteenth and twentieth centuries, offering no real ongoing bridge between human biology and human culture.

What Susanne Langer provides is a dynamic, endogenous connection to bridge these two realms. With her appreciation of our *symbolic capacity to continuously, imaginatively transform our biology, i.e., to render our affects into a new key*, Langer provides for psychoanalysis a philosophical basis for the place of meaning and interpretation in the understanding of human lives. This place holds while making room for the "truths" that continue to be revealed by the burgeoning neurosciences.

Carrying on Cassirer's integrative tradition of philosophy, some of whose work she has translated, Langer carves a middle philosophical ground between the logical positivism of the Vienna Circle and the ontological/existential work of Heidegger.[2] Langer works within the objective sciences of evolution, but finds a way to properly locate human subjectivity as the essential topic of her investigation. As a philosopher originally of the arts, she does her homework in the sciences, thus putting herself in a unique position to unite scientific and artistic domains. Some of her science is out of

[1] Ricoeur (1970) would disagree, combining the two Freudian epistemologies thus: "Freud's writings present themselves as a mixed or even ambiguous discourse, which at times state conflicts of force subject to an energetics, at times relations of meaning subject to a hermeneutics. I hope to show that there are good grounds for this apparent ambiguity, that this mixed discourse is the *raison d'être* of psychoanalysis" (p. 65).

[2] Professional philosophy today is still split between the analytic and continental traditions that Langer bridges (Friedman 2000).

date, but this does not diminish the usefulness of her philosophical framework for understanding the human mind from both scientific and artistic perspectives within a single continuum. Langer's scaffolding for examining the human mind is not presented for scientific testing, but for conceptual serviceability. Her poetic use of language for building this scaffolding may be distracting to some, but I believe it enhances the novel integrative model she builds.

The challenge for psychoanalysis is to understand the human mind as it is transformed by our unique symbolic capacity while maintaining its basis in our presymbolic animal nature. Langer's conceptualization of the logical distinction between these two aspects of human mentality ironically allows her to cogently explain their seamless integration in human behavior. Langer's work revolves around the deceptively simple notion of *feeling*. In contrast to current thinking regarding the nature of feeling and its relation to consciousness, as discussed below, Langer's simplicity turns out to be compelling; she defines feelings not as something animals *have* but as something they *do*, and she equates this activity with consciousness. To act is to feel, and to feel is what it means to be conscious. For Langer, it is our animal feelings that constantly broker between the presymbolic and symbolic in our uniquely human mind.

Within this framework, Langer provides a *single but comprehensive conceptual perspective* for integrating the empirical and interpretive sciences, a critical integration that others fail to achieve. While we cannot examine human psychology *simultaneously* from empirical and interpretive positions, since we must choose between competing methods of analysis, we recognize the same central issue by whichever method we choose: our capacity to feel.

Since the 1982 publication of the last volume of Langer's *Mind: An Essay on Human Feeling*, there has been a burgeoning of research in the neurosciences, with an explicit effort to tackle the problem of the biological basis of consciousness. The distinctions made philosophically by Langer and the distinctions made empirically today by neuroscientists exhibit undeniable parallels, whether or not scholars have read Langer, which shows how well she an-

ticipated current thinking. But more importantly, there are insights of Langer's that neuroscience has yet to recognize, insights that would greatly enhance its efforts to understand consciousness and the human mind and would make neuroscientific work even more appealing to psychoanalysts.

Neuroscientists still do not fully appreciate the qualitatively different nature of human consciousness when it is transformed by imagination and symbolic activity. While they make many distinctions in levels of consciousness, they do not understand symbolic activity well enough to appreciate the radical shift it produces in conscious experience. Langer's unique contribution is to recognize and elaborate upon the qualitative difference in the symbolizing mind without entirely leaving the realm of biology. *From her philosophical perspective, she makes a place in natural history for the human project of meaning making.* In other words, Langer provides a novel philosophical framework with which to bridge neuroscience and psychoanalysis.

The first and most lengthy part of this paper presents the evolution of Langer's thinking, culminating in her final, three-volume work, *Mind: An Essay on Human Feeling* (1967, 1972, 1982). Following this presentation is a shorter section dedicated to more recent work in the neurosciences and psychoanalysis on consciousness, and in particular the work of Damasio (e.g., 1994, 1999, 2003), Edelman (e.g., 1989), Edelman and Tononi (2000), Modell (2003), and Panksepp (1998, 1999).

BACKGROUND

An Overview of Langer's Work

Feeling is the central motif in Langer's final work. It is the central point toward which her theory of biology leads and from which her theory of symbolism proceeds. Langer's first critical move is to use the framework of feeling to conceptualize all conscious knowing. The extensively articulated system of sense perceptions that we experience as *qualia* derives from *feelings of impact*,

the so-called objective stimuli that constitute our *objective* world.[3] Conversely, *feelings of autogenic action* include all our so-called subjective responses, constituting our *subjective* world. We are accustomed to thinking about our internal state in terms of feelings, but the idea that knowing the world as we "see" it is equally based on feeling seems very odd. It is one of Langer's significant conceptualizations, as argued below. It is also quite similar to Freud's ideas about the parallels between external and internal perception, or the continuum of subjective experience (Solms and Nersessian 1999).

Langer's next critical move is to recognize the distinction and place of imagination in human understanding. To imagine is to feel spontaneously. Imagination can function *involuntarily*, as it does in dream consciousness, or *voluntarily*, as it does when we speak. To speak is to symbolically render the world and ourselves into a "new key" through our imagination. *It is the capacity to voluntarily control our imagination that is the basis of our symbolic activity and that produces our pursuit of meaning*. Langer argues that our symbolic capacity developed not for survival purposes, but rather for the purpose of self-expression.

Langer's "new key" in her first and most widely read book, *Philosophy in a New Key* (1942), refers to the shift in philosophical inquiry from truth to meaning, based on a new philosophical appreciation for self-made symbol systems in human transactions.[4] Langer makes a case for distinguishing between the use of self-made symbols and the use of naturally occurring signs as a context for behavior. In their symbolic transformations of the world, humans live in a radically different environment. Langer's elaboration upon the variety of symbolic forms in *Feeling and Form* (1953) is what leads to her investigation of the biological basis of this symbolic

[3] *Qualia* is a term used by philosophers to refer to the phenomenal aspects of our mental lives, e.g., the qualitative experience of redness in seeing a red object. The nature of qualia is central to philosophical debates about consciousness and the mind–body problem.

[4] In using the expression *self-made*, I am not implying that individuals create symbol systems alone.

capacity. In her final, three-volume work, Langer (1967, 1972, 1982) outlines the natural evolution of feeling or consciousness that forms the basis of this unique characteristic of human mentality.[5] In the introduction to her last book on mind, Langer (1988) disclaims any attempt to prove the "sole rightness" of her approach, suggesting that the "value of a philosophical outlook does not rest on its sole possibility, but on its serviceability" (p. xv).

Langer's Work Prior to Mind: An Essay on Human Feeling

Langer comes to her understanding of mind as the transformation of feeling based upon her previous work in the logical analysis of signs and symbols (1942) and the development of a philosophy of art (1953). She sees the attack on the "formidable problem of symbol and meaning" (Langer 1942, p. viii) as the keynote of philosophical thought; in this way, she follows the tradition of Whitehead, Russell, Wittgenstein, Freud, and Cassirer, among others.

Langer asserts that the emergence of symbol and meaning in human activity derives from the evolution of a uniquely human emotional need to express or conceive of ideas. For her, the impractical nature of early symbolic behavior in the natural history of the human species, e.g., ritual and art, suggests that symbol use did not evolve as an extension of instrumental activity. Symbols make use of sense data, but not to improve practice. They express ideas. "The sign is something to act upon, or a means to command action; the symbol is an instrument of thought" (Langer 1942, p. 63). Words are a product of our collective imagination. While they mediate between our selves and the world, as symbols they do so only indirectly through the conceptual connotations or ideas that they project about the world. The failure of philosophers of language in the first half of the twentieth century to recognize language as an imaginative creation similar to other symbolic creations was cor-

[5] Gary Van Den Heuvel published an abridged edition of Langer's three-volume work in a single volume (Langer 1988), with the "aim of introducing Langer to a wider audience, with the conviction that her magnum opus deserves a broader readership than it has achieved" (p. viii).

rected by those such as Sapir, who, according to Langer (1942), recognized that

> . . . it is best to admit that language is primarily a vocal actualization of the tendency to see reality symbolically . . . and that it is in the actual give and take of social intercourse that it has been implicated and refined into the form in which it is known today. [pp. 109-110]

Early twentieth-century philosophers of language also failed to appreciate the intellectual import of nonscientific, e.g., artistic, thinking. Langer asserts a formal similarity between discursive (i.e., scientific) and nondiscursive (i.e., nonscientific) symbolisms, elevating the latter as serious modes of thought and qualifying the former as *intellectual* creations. While we *intelligently* use signs in our environment to guide our behavior, as all animals do, we appear to be the only species to function *intellectually* in using symbols to seamlessly guide our behavior as well.

In *Feeling and Form* (1953), Langer turns to the nature and import of symbolic projection in the arts—what she refers to as *presentational,* as opposed to *discursive*, symbolism. Many agree that art reflects something of our subjective nature. Some suppose that art attempts to stimulate (or soothe) feelings in the observer, or symptomatically express feelings actually experienced by the artist during the process of creating the work. Langer understands art, rather, as the *projection of a conception of subjective feeling*. Presentational forms represent the *intellectual* formulation of an idea, the making of something perceptible in order to convey an understanding of something felt but imperceptible.

> The prime function of art is to make the felt tensions of life, from the diffused somatic forms of vital sense to the highest intensities of mental and emotional experience, "stand still to be looked at". . . . The expression of such ideas, however, reveals the nature of what is expressed in a direction that is not open to actual experience: the unfelt activity underlying every event that enters the state of feeling. [Langer 1988, pp. 51, 66]

It is from her theory of art that Langer formulates her notion of mind: a continuously shifting state of feeling arising from the unfelt depths of our being, continuously symbolically transformed.

Langer calls feelings of impact *objective* because they form the basis of our symbolic descriptions of the world, which we commonly take to be "natural" signs found in the world. We are seduced into believing that our descriptions of the world are based on a natural language of signs that we learn to read. Our common sense does not remind us that the world, albeit existing beyond our description of it, does not present itself in any language, and to know it in a language is to live symbolically within it (Rorty 1989). This is not to say that we do not read natural signs in the world as other animals do, but when we speak of the world, we know it symbolically. Feelings of impact can also be considered "objective" because they lack the sense of urgency or intensity that we associate with what we think of as "real" feelings, "subjective" feelings of our own responsivity.

While the singular, often unequivocal projection of language makes it powerful as a tool for practice beyond its origins in expressiveness, it is, for the same reason, limited in its capacity to express the complexity of autogenic feelings of tension and rhythm. The rich ambiguities of artistic images, on the other hand, conjure up a good sense of the depths of unfelt organic activity from which our feelings emerge. It is these unfelt depths that make the internal tensions that we *do* feel so powerful and so hard to put into words.

Langer's first two books set up a veritable gulf between the natural world of signs in which animals *intelligently* behave and the imagined world of symbols in which human beings *intellectually* conduct their lives. In her final, three-volume work, she exhaustively reviews a very broad range of scholarly literatures, from biochemistry and evolutionary biology to anthropology, aesthetics, and mathematics, and constructs a basis for elaborating the image of mind that she has begun to create in order to bridge the gap between sign and symbol.

MIND: AN ESSAY ON HUMAN FEELING

> It was the discovery that works of art are images of the forms of feeling, and that their expressiveness can rise to the presentation of all aspects of mind and human personality, which led me to the present undertaking of constructing a biological theory of feeling that should logically lead to an adequate concept of mind, with all that the possession of mind implies. [Langer 1988, p. xiii]

The biological theory of feeling developed in this work presents a philosophical and conceptual foundation for an authentic science of mind. Langer believes that academic psychology, in its rapid attempt to achieve "scientific" (i.e., objective and measurable) status, bypassed a period of philosophical gestation necessary for the formulation of generative ideas, resulting in a pseudoscience of behavior. For Langer, a philosophical framework of generative concepts produces a coherent image, and "only an image can hold us to a conception of a total phenomenon, against which we can measure the adequacy of the scientific terms wherewith we describe it" (p. xii).

Mind: An Essay on Human Feeling (1988) reads as both a "presentational" and a "discursive" piece of literature, a work of both art and science. As stated previously, much of the science needs to be updated, and some readers may not agree that the poetic use of language enhances the value of the work. But as a philosophy of mind, Langer's conceptual framework is as relevant as ever to current scholarship. Her philosophical integration offers a unique solution to a major theoretical problem still plaguing psychoanalytic theory, today focused on the relevance of affective neuroscience to psychoanalytic explorations of meaning. Langer provides a way to both connect these domains and render them apart. While fully appreciating the affective basis of human mentality, she posits a qualitatively different form of experienced meaning that is constructed within our thoroughly symbolizing minds. It is Langer's appreciation of the logic of the affective *symbolic* process that makes her both unique and important today for a psychoanalytic philosophy of meaning.

The Concept of Feeling

For Langer, to feel is to *do* something, not to *have* something. She describes feeling as the psychological phase of organic process, arising out of the great complex of organic activity that constitutes the living organism, a dynamic state constantly changing as previously unfelt processes build into perceived experiences of tension. While the actual neurological processes that constitute subjective feeling are far from being understood, it is believed that neuroscience may one day be able to specifically describe the neurodynamics involved. Langer's description does not begin to address the mechanisms that science may one day realize, but it is nevertheless an intuitive and compelling account, and will in all likelihood accommodate the science when it comes. This is not an irrelevant achievement for psychoanalysts to pay attention to.

Continuing in the same poetic yet also conceptually valuable vein, Langer describes the continuous dynamic activity of the organism that is always in transaction with the surrounding environment, the latter determining what is given and the former determining what is taken. Feelings arising in this vital activity are experienced in one of two ways: as feelings of impact or as feelings of autogenic action. With the elaboration of special receptor organs, sensory activity is not only felt as impact, but also as qualitatively *different kinds of* impact. As counterpart to this centripetal activity—and, indeed, with seemingly far greater intensity—the central nervous system itself is constantly functioning in the absence of specific external stimulation, and this centrifugal activity is experienced as a texture of emotive tensions. These two realms, the realm of sensibility and the realm of emotivity, can be labeled as the objective and the subjective modes of experience—although as Langer (1988) says, "Any felt process may be subjective at one time and objective at another, and contain shifting elements of both kinds all the time" (p. 13).

The Concept of Act

Langer's philosophical scaffolding for a biology of feeling is predicated on a dynamic of acts, once again more poetically than

scientifically rigorously described, but nevertheless conceptually intuitive. Her image of life pictures a continuum of activity, a process composed not of discrete episodes but of different phases and patterns of activity. The elements of this activity may be termed *acts,* for it is in the relations among these acts that patterns of biological activity become increasingly concentrated, intense, and articulated, until a phase of being felt is reached. An analysis of acts leads to

> . . . further and further acts subsumed under almost any act with which one chooses empirically to begin . . . . They [the intricate life processes] show rhythms within rhythms, interlocking timed sequences of chemical changes, electrical fields and currents that induce the chemical actions or, conversely, are generated by them, the most elaborate physical processes under a network of homeostatic controls. [Langer 1988, pp. 108-109]

Although Langer says a causal order of acts might be theoretically, if not actually, specifiable (and this may be where neuroscience will take us someday), she suggests that relations between acts are more usefully pictured as a pattern of motivation, every act arising in a constellation of other acts in a process of induction. A potential act may never reach fruition, but may contribute to the matrix of life as an impulse, abrogated in its expression. Langer's picture is a dynamic not only of actual activity, but also of all the tensions inherent in potential acts. Out of this fabric of impulses, those completing themselves are in turn concatenated into series, sequences of acts of a discernible form that repeat themselves over and over, comprising the self-continuing rhythms that constitute biological agency.

Langer's (1988) motif of acts ties together her entire philosophy, again in more poetic than rigorously scientific language. Acts are the unifying form, from the "chemistry of protoplasm to the psychology of man" (p. 159). Langer conceives of biological evolution as "a pattern of acts, rather than of the anatomical changes that form the record of acts" (p. 146). Similarly:

> . . . a germ cell carries a "genetic code," not as a "blueprint" to be followed or a set of "instructions" to be obeyed, but as an organically engendered crowd of suspended activities ready to resume their advance whenever possible in any subsequently possible ways. [p. 142]

In sum, "every discovery makes the living organism look less like a predesigned object and more like an embodied drama of evolving acts, intricately prepared by the past, yet all improvising their moves to consummation" (1988, p. 143). Rhythm is the organization behind the multiple concatenations of acts, sequences within sequences, held together in a temporal pattern such that biological activity may be "conceived as tension patterns expressed in substance, which hold their form by a staggering complex of rhythmicized acts" (pp. 159-160), each act preparing for its repetition in the cadence of its consummation.

Individuation and the Evolution of Feeling in Instinctive Behavior

Langer's (1988) evolutionary picture of life is characterized by the dialectical processes of individuation and involvement, the two extremes of the great rhythm of evolution. "The most primitive act of individuation is the isolation of a protoplasmic unit by a completely surrounding membrane, selectively penetrable under osmotic pressure" (p. 128). At the same time, the dynamics of reproduction involve every organism with other organisms in this process of individuation.

With the evolution of a peripheral surface between the individuated organism and its environment, the potential arises for activity of sufficient intensity to engender a psychical phase, "a moment of intraorganic appearance as sensation" (p. 157). As more and more of the animal's activities include a psychical phase, the creature's behavioral actions fall increasingly under the influence of "felt" encounters, thus resulting in a behavioral repertoire guided by feeling. In turn, the animal's responsive behavior develops an organization of intensity sufficient to engender a psychical phase, i.e., an experience of emotion. Thus arises for the animal a perceived distinction between inside and outside.

With the growth of life, the growth of acts in size and intensity, and the emergence of an intraorganic phase to individuated biological activity, a shift in natural history occurs comparable to the shift that took place with the evolution of life. With the emergence of feeling, i.e., consciousness, value arises: "For value exists only where there is consciousness. Where nothing ever is felt, nothing matters" (Langer 1988, p. 165). Aside from the more poetic than scientific conceptualization expressed here, psychoanalysts may take issue with the idea that only things that are felt matter. Certainly, there are evolutionarily valuable processes that are never felt but that nonetheless matter. But emotional processes, i.e., processes of *valuing*, even in their most primitive form, generally include a subjective experiential state (see Panksepp 1998). To this extent, one can conclude that only what is felt matters.

An organism is always advancing, doing everything it can do along a continuum of internal to external activity within the confines of a particular environment. The repertoire of instinctive behavioral tensions a creature inherits is an extension of its inherited organic tensions, expressed in shifting motivational patterns advancing in shifting environments. Langer (1988) describes it thus:

> At the low activity level of plants, which is normally a purely somatic level, contacts with environmental stimuli motivate unequal rates of metabolism and mitosis, so roots grow vigorously toward a source of food, buds open fastest where light and warmth reach them most freely, etc. It is typical of animals, however, to unfold their behavioral acts particularly under the influence of external events, so that more or less acute outward changes are reflected in the motivation of overt acts, making those acts appear like direct mechanical effects of the stimulus. [p. 171]

Langer sees the instinctive behavior of animals as always *proactive* rather than *reactive;* behavior is always a matter of the advancing consummation of acts, albeit often requiring extensive accommodation to the very stringent constraints of the environment. When instinctive behavior is carried out consciously, it is guided by

both central and peripheral feeling, but only in the human animal is this feeling transformed into a *conception of purpose:*

> We human agents hold our acts together by a conception of purpose and means . . . . In animal acts, the overall tension is preformed in the impulse, and the act is apparently not controlled by an image of external conditions to be achieved, but by a constant internal pressure toward its consummation . . . . Such complete patterns are not found in human lives; all their elements may occur, but they have been fragmented by the pressions of conceptual processes so that there is no automatic sequence nor order of detailed, unpremeditated action any more. [Langer 1988, pp. 189-190, 193]

This is Langer's bridge between the biology of feeling and the cultural experience of human meaning: conceptions of purpose.

Social Behavior

Langer discusses at length studies of social and communicative behavior in animals. She does not dispute empirical findings, but takes issue with interpretations. For Langer, animal behavior is predicated on the intelligent reading of naturally occurring signs in the animal's environment, including the reading of social signs from conspecifics, i.e., other members of the animal's species. In a highly developed but nonconceptual (that is, nonsymbolic) emotional animal, subjective and objective feelings are confused—what is seen is confused with what is felt—so that the emotionally charged behavior of one animal is motivating to the easily suggestible conspecific, in a kind of contagious fashion. Animals respond in a literally empathic way to each other, as opposed to the more sympathetic response seen in a symbol-using species. Animals live in communion rather than in real communication with each other.

The Evolution of Imagination

The evolution of the human mind, as conceptualized by Langer, emerged from a set of capacities found in lower species but

uniquely conjoined in the human species to render the potent mentality we call human thought. The rapid eye movements of mammalian sleep, for instance, may indicate a constantly present cerebral activity in all mammals, indicative of an intense nervous activity that has evolved in higher species, presumably leading to a great refinement and quickening of every sort of peripheral and central feeling. Neural mechanisms for the production of images may have evolved in these animals as a defense against the unbearable rise in nervous stimulation that threatened to overwhelm the organism. "The eschewed behavioral consummation of a started impulse is replaced by the formation of an image in the visual system, especially in the cortical part, or by some comparable, purely sensory event" (Langer 1988, p. 253).

The conjoining of sensory images with emotional color may account for the unique potency of human imagination:

> For we are overburdened not only with excessive sensibility, but also too many emotive impulses, certainly more than can be freely, overtly spent, especially in the social context of human life. So, while animal hallucinations (if there be any) probably pass in kaleidoscopic fashion without any interest except change (emergence, fading, succession), ours tend to pick up emotional values. [Langer 1988, p. 262]

The emergence of dreaming as a physiological process for the regulation of extensive sensory functioning is coupled in the human species with the regulation of autogenic emotive impulses, profoundly elaborated in the complexly social human animal and necessitating imaginative completion for the well-being of the organism. These intense emotive impulses drive the projective dynamic of symbolic behavior.

A shift from involuntary to voluntary control was likely the last ingredient in the evolution of imagination:

> For eons of human (or proto-human) existence, imagination probably was entirely involuntary, as dreaming generally is today, only somewhat controllable by active or pas-

> sive behavior, in the one case staving it off, in the other inviting it. But what finally emerged was the power of image making. [Langer 1988, p. 265]

A neuroscientific understanding of imagination is probably a long way off, depending on how it is defined. If imagination is equated with cross-modal cognition, as Modell (2003) defines it (this is discussed below), then it will be less difficult to investigate neurologically. But if imagination requires a neurological understanding of subjective experience, then it will be more difficult to explicate. Langer's description is far from scientific, yet again there is a certain resonance with our experience, which allows her description to function effectively in the conceptual framework she is building for understanding human mentality.

The Evolution of Symbolic Functioning

The integration of imagination into a waking life of conscious feeling and control, and the spread of this imaginative capacity from private to public uses—e.g., a shared language—forms the basis of the uniquely symbolic human mind.

> Symbolism is the mark of humanity, and its evolution was probably slow and cumulative, until the characteristic mental function, semantic intuition—the perception of meaning—emerged from the unconscious process Freud called the dream work into conscious experience. [Langer 1988, p. 268]

With the human animal, a new waking capacity arises apart from the constancy of practical behavior: the capacity to project emotional tone onto arrested perceptions and to intuit meaning. Arrested perceptions command a sense of awe: "That is the momentous step, from form perception to the sense of significance" (Langer 1988, p. 270). Conceptual capacity, Langer suggests, might have arisen from the early vociferous accompaniment of ritual, the earliest communal expression of formalized feeling. With the evolution of ritual, human sociality moved from body contact, gesture, and emotional vocalization to mental contact. In the case of dance,

for example, each dancer could have called up his/her own images in a private symbolic process. The sound patterns intoned in the celebration could then have lent themselves to conjuring up, apart from the activity of the dance, the multiple private images with their cargos of feeling. When these sound patterns were uttered and recognized publicly, a shift may have occurred:

> The image is a genuine conception; it does not signalize or demand its object, but denotes it. Of course, this conception itself is not communicable, for it is covert, purely private, but the things remembered are public and the sounds activating the private images are public; they evoke images in other persons too, by arousing memories of roughly the same moments of dance action . . . . and suddenly the symbolic function shifts from the several private images to the vocal fragment that evoked them all concomitantly, so meaning accrues to the phrase, other beings understand. [Langer 1988, p. 276]

Thus, sounds move from sign to symbol, from action to thought, and integrate private and public aspects of mind in the evolution of language.

The Pervasiveness of Symbolic Functioning

Symbol use transforms every aspect of human life. The human child develops as a symbol user in a symbolically defined environment; the instinctive unity of the young animal that is absent in the human child is replaced by the symbolic function. We grow up using names without knowing what naming is; having learned to speak, we cannot do otherwise—our very perception varies according to our particular language:

> Language, despite the fact that its early development requires the influence of a speaking society during the early years of each individual life, is not acquired only for communal purposes, but even as it is learned penetrates the entire system of cerebral activities, so that perception and fantasy and memory, intuition and even dreaming take

> their special human forms under its continual and increasing influence. [Langer 1988, pp. 294-295]

Although it seems that the words we use are derived naturally, i.e., that the world itself is labeled, this is not the case. While the world, including ourselves, certainly exists outside our descriptions, it is through our descriptions that we know it (Rorty 1989). This knowledge is framed in a particular time and place:

> Time is the new dimension which verbalizing and its mental consequence, symbolic thinking, have imposed on the human ambient, making it a world with a homogeneous spatial frame and a history . . . . Society, like the spatiotemporal world itself, is a creation of man's specialized modes of feeling—perception, imagination, conceptual thought, and the understanding of language. [Langer 1988, pp. 288, 298]

Action and thought, presymbolized and symbolized feeling, become inextricably joined.

The Subjective/Objective Dialectic

Human experience is constituted by a constant integration of inner and outer orientations, subjective and objective feeling. The locating of the opposition between subjectivity and objectivity within a single realm of feeling or consciousness is critical to the concept of mind painted by Langer. The subjective/objective distinction has been conceived in Western thought as the distinction between human consciousness and the world—the world as objective and our consciousness of the world as subjective. Science has passed off consciousness as mere subjectivity and, therefore, as unimportant to scientific study. Langer asserts that scientific study itself is a form of consciousness. She begins with consciousness as the inescapable starting point, within which we can identify the experiential distinction between subjective and objective. What we feel as our own activity we label *subjective,* and what we feel, i.e., observe, as activity in the world we label as *objective.* The dialectic

between these realms of feeling is the basis for the dynamic processes of a symbolizing imagination:

> The dialectic which makes up that life is a real and constant cerebral process, the interplay between two fundamental types of feeling, peripheral impact and autonomous action, and objective and subjective feeling. As fast as objective impingements strike our senses, they become emotionally tinged and subjectified; and in a symbol-making brain like ours, every internal feeling tends to issue in a symbol which gives it an objective status, even if only transiently. This is the hominid specialty that makes the gulf between man and beast, without any unbiological addition. [Langer 1988, p. 292]

INTEGRATING NEUROSCIENTIFIC AND PSYCHOANALYTIC THEORIES OF MIND: LANGER'S ARTICULATION OF A SINGULAR FIELD

Langer's philosophical recognition of the logical distinctiveness of symbolic behavior provides a framework for psychoanalysis to incorporate advances in the neurosciences, without diminishing the realm of uniquely imagined human meaning that can only be understood through processes of interpretation. The neuroscientific and psychoanalytic investigations of Damasio (e.g., 1994, 1999, 2003), Edelman (e.g., 1989), Edelman and Tononi (2000), Modell (2003), and Panksepp (1998, 1999) outline theories of mind that are rich in describing the affective basis of the experiential self, but they do not take into account the transformation of affect through human imagination. While Modell acknowledges the critical importance of imagination, his definition of imagination does not do it justice. Damasio, Edelman, Modell, and Panksepp do not really get beyond human action, albeit motivated—consciously or not—by affective valuing. Value serves them well, but for action only.

For Langer, imagination is about *not* acting. It is about having ideas for the sake of having ideas. These ideas, of course, matter

very much in our lives. They are continuously spun from our ongoing affective engagement in the world, but they take on a life of their own, and it is the psychoanalytic process that can help us understand what we have created.

Evolutionary Theory

All work in the neurosciences, as indeed in psychoanalysis, is grounded in evolutionary theory and places emphasis on the active mind, just as Langer does. Langer proposes that the evolution of our human capacity to *create ideas about the world* was an adaptation in its own right, for purposes not of practice but of expression. Darwin's theory of sexual selection supports this sort of adaptation. One might suggest that the human capacity to control imagination and render the world symbolically into a human environment of complex meaning is an *exaptation,* a *spandrel:* a byproduct of an earlier adaptation for survival.

Geoffrey Miller presents a compelling account of Darwin's theory of sexual selection in *The Mating Mind: How Sexual Choice Shaped the Evolution of Human Nature* (2000), drawing a clear distinction between Darwin's ideas of natural selection for survival and sexual selection through mate choice.

> Most people equate evolution with "survival of the fittest," and indeed most theories about the mind's evolution have tried to find survival advantages for everything that makes humans unique . . . . Ever since the Darwinian revolution, this survivalist view has seemed the only scientifically respectable possibility. Yet it remains unsatisfying. It leaves too many riddles unexplained. Human language evolved to be much more elaborate than necessary for basic survival functions. From a pragmatic biological viewpoint, art and music seem like pointless wastes of energy . . . . This book proposes that our minds evolved not just as survival machines, but as courtship machines . . . . Those proto-humans that did not attract sexual interest did not become our ancestors, no matter how good they were at surviving. [pp. 1-3]

Sexual selection is about choosing mates who will contribute to offspring. Characteristics of species that evolved through sexual selection were preferred because they were "taken to be" indicators of reproductive fitness (not, of course, consciously). Indeed, they were indicators of fitness. The peacock's tail is the classic example. While the tail in fact hinders the survivability of the peacock himself, since it is big and heavy and *very* salient, it indicates a robust nature that peahens can use to identify a good mate. For the human species, Miller (2000) notes that:

> By intelligently choosing their sexual partners for their mental abilities, our ancestors became the intelligent force behind the human mind's evolution . . . . During human evolution, sexual selection seems to have shifted its primary target from body to mind. [pp. 4, 10]

Spandrels are *automatic* byproducts of evolutionary adaptations and are, therefore, nonadaptive in their origin (Gould 1997). However, such byproduct features are available subsequently to be coopted by a new function, and are often mistaken as a primary adaptation because of the robustness of this later function. Gould suggests that "mating display" is a function that may coopt spandrels. This is sexual selection. Presumably, however, imagination represents a primary adaptation for neuroregulatory purposes, and is not a byproduct of some other adaptation. Nevertheless, it was, presumably, subsequently coopted for purposes of "mating display."

The biological framework of sexual selection for human psychology is the perfect complement to Langer's theory of mind, offering an evolutionary scaffolding for all the varieties of cultural symbolisms that transform human society through human imagination.

Basic Neuroscientific Framework

The work of Damasio (1994, 1999, 2003), Edelman (1989), and Edelman and Tononi (2000) is particularly relevant to this paper,

since they have shared their extensive neuroscientific research about consciousness in many books written for an interested public. Damasio (1999) states:

> Consciousness is the rite of passage which allows an organism armed with ability to regulate its metabolism, with innate reflexes, and with the form of learning known as conditioning, to become a minded organism, the kind of organism in which responses are shaped by a mental *concern* over the organism's own life. [p. 25, italics in original]

Edelman's theory of mind posits a continuously self-organizing process of categorization and recategorization, in distinction to the many computer models of mind in cognitive science that characterize mental activity as programmed information processing (this characterization actually pushes these computer models outside an evolutionary framework). Information processing models depend on prearranged categories in the world and precise neural "software" for the manipulation of categorized information. According to these models, replicate copies of information from the world are made, stored, retrieved, and updated. For Edelman (1989), the world obeys the laws of physics but is not a priori categorized. Mental activity has evolved precisely congruent with this capacity to categorize and recategorize in a continuously dynamic fashion.

Self versus Nonself

Edelman's (1989) research on the nature of the brain-mind is predicated on the conceptualization of a biologically based self/nonself distinction inherent in the human nervous system. This distinction involves differing structural and functioning portions of the brain that support value (self) versus perceptual (categorical or nonself) functioning.

> While neural parts of the first kind [value] (e.g., the hypothalamus, pituitary, various portions of the brain stem, amygdala, hippocampus and limbic system) operate within developmentally given parameters, those of the second

> kind [category] (e.g., cerebral cortex, thalamus, and cerebellum) operate largely through ongoing exteroceptive sensory interactions with the world, that is, through experience and behavior. [Edelman 1989, p. 94]

The constant interaction between these two systems of neural functioning is the basis of memory and learning and is enhanced by the evolutionary emergence of consciousness. Edelman pictures consciousness as an ongoing bootstrapping experience that occurs as current *value-free* categorization takes place in conjunction with a *value-dominated, value/category memory.*

The homeostatic or value-maintaining nervous system is dissimilar to the perceptual nervous system in terms of its accessibility and the richness of its "topographic mappings." Value states are "one of the essential bases of primary consciousness, but do not provide its main content" (Edelman 1989, p. 101). Input from this internal homeostatic value system dominates over external perceptual input from the world by gating, dampening, or reducing the latter according to internal needs.

The two things that must be explained to understand consciousness, according to Damasio (1999), can also be labeled as self versus nonself: (1) the "movie" in the brain, or the philosophical problem of qualia, and (2) the sense of self in the act of knowing: "The pathbreaking novelty provided by consciousness was the possibility of connecting the inner sanctum of life regulation with the processing of images" (p. 24). We do not typically think of our experience of the world as a "movie" in our brain or as the philosophical problem of qualia, but we understand exactly what Damasio means. We also know exactly what is meant by a sense of self in the act of knowing.

Langer's theory enriches the distinction between our experience of self and nonself by obliterating it at some more fundamental level. While we think of knowing ourselves from a first-person perspective and knowing what is not ourselves from a third-person perspective, both ways of knowing depend on the same process: what Langer refers to as the *intraorganic* state of feeling that arises with sufficiently intense mental activity. The intuitive but often

problematic distinction between self and nonself, subject and object, is both preserved and eliminated in Langer's conceptual framework by an emphasis on the unitary nature of the capacity to feel as the basis for both types of knowledge.

Primary versus Higher-Order Consciousness

Panksepp's (1998) work on affective neuroscience not only emphasizes the significance of emotions as the continuing foundational basis of human psychology, to which our sophisticated cognitions still report, but also, throughout his work, he emphasizes the significance of emotional feeling. While emotional systems (Panksepp suggests that there are many different ones) obviously function very much subconsciously, Panksepp returns again and again to the importance of internally experienced affective states for the generation of behavior. Panksepp does not try to move beyond this primary consciousness, so he does not run into the problem that Langer's philosophical framework can solve for so many theorists of mind, namely, the move from primary to secondary consciousness, the move from experience to words.[6] Panksepp's description of primary consciousness mirrors Langer's; he notes that the mere presence or experience of feelings is what consciousness really is, that talking about *consciousness of feelings* is necessarily redundant. Much as Langer describes these feelings, Panksepp (1998) talks about feelings not only of affective states, but of such things as "redness," a prototypical example of qualia:

> Redness, like all other subjective experiences, is an evolutionary potential of the nervous system, one that was "designed" to allow us to appreciate the ripeness of fruits, the

[6] In the first issue of *Neuropsychoanalysis* (1999), where Panksepp is asked to address the potential linkages between psychoanalytic and neuroscientific observations, he indicates an appreciation of the complexities involved in moving from primary to secondary consciousness, the complexities that Langer so uniquely tackles: "Regrettably, modern neuroscience has not been adept at conceptualizing how the internal neurodynamics of the brain weave psychological realities by blending evolutionarily provided abilities with neurodynamic symbolizations of ongoing world events" (p. 33).

> readiness of sexuality, and perhaps even the terror and passion of blood being spilled. [p. 14]

Edelman (1989) distinguishes between primary and higher-order consciousness along the lines of Langer's sign versus symbol mentality, describing the latter as the *consciousness of consciousness*. But for Edelman, this represents merely a *quantitative* addition of an evolved phonological capacity that produces a *quantitative* addition to cognition in the form of a syntax added to semantics.

In contrast to Edelman, Langer envisions a symbol-using mind as a *qualitatively* different sort of mentality. Her conceptual leap emphasizes the evolution of imagination, and from this imaginative capacity the emergence of a *uniquely human need to express ideas*. Such a need is biologically consistent with Darwin's theory of sexual selection, or with the cooptation of a neuroregulatory adaptation (imagination) for purposes of enhancing mating. We are attracted to each other in terms of the way we think.

While Edelman recognizes a shift in consciousness and mentality evolving from the use of symbols, he misattributes to this consciousness merely a greater survival function. He never fully appreciates the imaginative aspect of symbolic functioning, since for him symbols only provide more precise instrumental support for our practical activities. Edelman does not understand that the truly imaginative nature of symbolic functioning expresses a truly different pursuit: the pursuit of meaning.

The distinctions Damasio (1999) makes in conceptualizing the development of consciousness mirror Langer's, but his labeling of these distinctions is not as compelling as hers. Damasio makes a distinction between (1) emotion, (2) the feeling of emotion, and (3) knowing that one feels emotion. He equates consciousness with this last position—i.e., consciousness is knowing that one feels something. Langer makes a more commanding case with the simple idea that consciousness is no more than the presence of feeling; of course, for Langer, *to feel* is an exquisite capacity. To subsequently "know" that one feels is a statement that can only be

made in terms of a higher order of consciousness, what Langer alone fully appreciates as an act of imagination.

Neither Damasio nor Edelman appreciates the radical shift in consciousness that accompanies the advent of symbolic thinking. They do not understand that the project of symbolic thinking is to make the world *explicitly meaningful*, beyond whatever advantages we gain for survival by conceptualizing the world and our place in it.

Imagination

Modell's latest book (2003) addresses the same issues of imagination and meaning that Langer tackles, but once again stops short of appreciating the radical transformations our symbolizing minds make in the process of using imagination to create explicit meaning out of affect. Modell makes extensive use of Edelman's work, as well as the philosophical work of Lakoff and Johnson (1999). This latter work is particularly important here.

Lakoff and Johnson suggest that the human mind is inherently embodied, that thought is mostly unconscious, and that abstract concepts are largely metaphorical. They argue that human reasoning, the object of investigation in Western philosophy, is predicated on the nature of our bodies, our brains, and our bodily experiences. They argue as well that reasoning is a capacity that has evolved in animals, that is intimately connected to emotion, and that has arisen from the sensory, motor, and other neural systems that are present in all animals. Modell focuses on the idea of metaphor in Lakoff and Johnson's work. For Modell, this metaphoric capacity is unique to the human mind and defines imagination: the projection of our bodily experiences onto the world, i.e., the construction of meaning based on our affectively motivated actions.

There are two problems I have with Modell's presentation. First, I believe that Lakoff and Johnson consider metaphorical conceptualization a basic cognitive process of categorization based on bodily experience and characteristic of all animal cognition. Second, limiting imagination and meaning to the realm of cognition

and action, as Modell does, albeit affectively motivated cognition and action, is exactly the limit Langer is superseding in the case of human mentality. Langer transforms the embodied human mind in a way that Lakoff and Johnson do not appreciate, nor does Modell. Once again, these theorists of mind do not understand the real role of imagination in human thought. It is by allowing us *not to act* that human imagination engenders the pursuit of meaning and the flowering of human expression.

The philosopher Rorty (1989) posits mind as the ironic use of language to appropriate the contingencies of our lives, thereby creating ourselves in imagination. This is the full projection of Langer's understanding of mind as transformation, a product of imagination. While recognizing real internal and external constraints on the creations of our imagination, Rorty is neither as interested nor as able as Langer to actually delineate these constraints, nor to see that our imagination is based on our biological capacity to feel. Rorty does not appreciate that our need to create ourselves beyond the instinctive activities of our practice in the world, our need to find explicit meaning, is a part of our natural evolutionary history. Rorty's lack of appreciation again underlines the unique importance of Langer's work to current theories of mind; Langer can combine humanistic and scientific traditions of inquiry heretofore considered incommensurable.

CONCLUSION

As stated at the beginning of this paper, the challenge for psychoanalysis is to understand the human mind as it is transformed by our unique symbolic capacity while maintaining its basis in our presymbolic animal nature. Using the simple but powerful notion of feeling as the center of her theory of mind, Langer develops a framework for integrating these two very different aspects of human mentality. Feeling not only brokers between these two realms of mind; it also bridges the gulf between objectivity and subjectivity. Both objectivity and subjectivity derive from our capacity to feel our own activity, whether we feel it as impact and call it the

objective world, or feel it as responsiveness and call it our subjective selves.

Langer's development of the concept of feeling provides a compelling framework for pulling together the multiple capacities that are effortlessly combined in the human mind. While students of psychology are told that biological and cultural studies are equally relevant to the study of human behavior, in fact, psychologists seem to experience these domains as isolated, unrelated entities. Only psychoanalysts have awkwardly straddled both domains, as Freud himself did, but even in psychoanalytic theory, the bridge between biology and culture has not been clear. Langer articulates the seamless integration of biology and culture, based on the unity of her single theater of felt activity. For Langer, our bodies enable us to feel, and our feelings enable us to create our distinctly human minds.

REFERENCES

Damasio, A. (1994). *Descartes' Error: Emotion, Reason, and the Human Brain.* New York: G. P. Putman & Sons.

——— (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness.* New York: Harcourt Brace & Co.

——— (2003). *Looking for Spinoza: Joy, Sorrow, and the Feeling Brain.* New York: Harcourt Brace & Co.

Edelman, G. (1989). *The Remembered Present: A Biology Theory of Consciousness.* New York: Basic Books.

Edelman, G. & Tononi, G. (2000). *A Universe of Consciousness: How Matter Becomes Imagination.* New York: Basic Books.

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

Friedman, M. (2000). *A Parting of the Ways: Carnap, Cassirer, and Heidegger.* Chicago, IL: Open Court.

Gould, S. (1997). The exaptive excellence of spandrels as a term and prototype. *Proc. Nat. Acad. Sci.,* 94:10750-10755.

Lakoff, G. & Johnson, M. (1999). *Philosophy in the Flesh: The Embodied Mind and Its Challenge to Western Thought.* New York: Basic Books.

Langer, S. (1942). *Philosophy in a New Key: A Study in the Symbolism of Reason, Rite, and Art.* Cambridge, MA: Harvard Univ. Press.

——— (1953). *Feeling and Form.* New York: Charles Scribner & Sons.

——— (1967). *Mind: An Essay on Human Feeling, Vol. 1.* Baltimore, MD: Johns Hopkins Univ. Press.

——— (1972). *Mind: An Essay on Human Feeling, Vol. 2*. Baltimore, MD: Johns Hopkins Univ. Press.

——— (1982). *Mind: An Essay on Human Feeling, Vol. 3*. Baltimore, MD: Johns Hopkins Univ. Press.

——— (1988). *Mind: An Essay on Human Feeling,* abridged by G. Van Den Heuvel. Baltimore, MD: Johns Hopkins Univ. Press.

Miller, G. (2000). *The Mating Mind: How Sexual Choice Shaped the Evolution of Human Nature*. New York: Doubleday.

Modell, A. (2003). *Imagination and the Meaningful Brain*. Cambridge, MA: MIT Press.

Panksepp, J. (1998). *Affective Neuroscience: The Foundations of Human and Animal Emotions*. New York: Oxford Univ. Press.

——— (1999). Emotions as viewed by psychoanalysis and neuroscience: an exercise in consilience. *Neuropsychoanal.*, 1:15-38.

Ricoeur, P. (1970). *Freud and Philosophy: An Essay on Interpretation*. New Haven, CT: Yale Univ. Press.

Rorty, R. (1989). *Contingency, Irony, and Solidarity*. Cambridge, England: Cambridge Univ. Press.

Solms, M. & Nersessian, E. (1999). Freud's theory of affect: questions for neuroscience. *Neuropsychoanal.*, 1:5-14.

———

408 Merry Oaks Road
Streamwood, IL 60107

e-mail: margaret.browning@comcast.net

Psychoanalytic Quarterly, LXXV, 2006

THE BELIEVER

BY FRANCES LANG, L.I.C.S.W.

The author discusses the film The Believer *(2001) as illustrative of ambivalence and conflict regarding aggression in the father–son relationship. The biblical story of Abraham and Isaac, a preoccupation of the film's protagonist, is explored in terms of its implications in considering oedipal rivalry themes. Filial conflict regarding the wish to surrender to the father is explored, as are conflicts regarding masculine and feminine identifications. The theme of Jewish self-hatred is discussed.*

> Odi et amo. Quare id faciam, fortasse requiris?
> Nescio, sed fieri sentio et excrucior.[1]
>
> —Catullus (c. 84 B.C.–c. 54 B.C.),
> quoted in Seymour-Smith 1973, p. 66

In 1965, Danny Burros, a young member of the Ku Klux Klan and the American Nazi party, was arrested after participating in a demonstration. He was subsequently identified in a *New York Times* article as Jewish, and, as a result of this exposure, killed himself.

The 2001 film *The Believer*, directed by Henry Bean, is based on this incident, but only loosely so. Like Danny Burros, the film's protagonist, Danny Balint, ultimately kills himself, but his suicide has minimally to do with fear of exposure; rather, it represents the only way in which Danny can reconcile his loving and hating feelings toward Yhvh, God the Father, whom he has known since

[1] Translation:

> I hate and I love. Why do I do this, you might ask?
> I don't know, but I feel it happening to me and I am tortured.

his earliest days. Like the subject of Caius Catullus's "Carmen 85" —the poem is displayed bilingually on the screen at the outset of *The Believer*—Danny is intolerably self-divided. The film is organized around his hatred of the faith in which he was raised, and his unwilling loyalty to it. As the movie begins, he harasses and kicks a young yeshiva student, all the while begging the student to fight back. Later in the film, he begins experimenting with explosives in order to kill Jews. At the same time, he begins to secretly attend synagogue, as in his youth, and to wear the ritual *talis*.

Notable is that all this conflict appears driven by the intensity of Danny's response to the biblical story of Abraham and Isaac. In a sense, indeed, the movie is a trope on this story. It is a version of the myth from the perspective of Isaac as a son whose faith in his father's benevolence is shaken; who, in consequence of traumatic disenchantment, is unable to develop a tolerable degree of autonomy or ambivalence. As Danny protests during the film, he *does* believe in the omnipotence of God—in fact, far more than he wishes to. For him, the father's power has not receded; indeed, its altogether malevolent nature serves to make it altogether irresistible. The movie explores Danny's poignant, never-conscious struggle to understand and master his disappointment and sense of betrayal. How can a son both respect himself and maintain his love for a father whose paternal love feels to be governed by paternal desire for domination? This is the dilemma that consumes him.

The first scene lays out the terms of much that will follow. We see Danny, his head shaven, swastikas tattooed on his body. He is muscular and is working out as a bodybuilder. In the background —in his mind—a quarrel is taking place between his religious school teacher and his 12-year-old self regarding the meaning of the Abraham-and-Isaac myth. On this occasion, we hear only the exchange. But it is to be reiterated obsessively as the movie progresses; Danny's memories deepen to include visual as well as aural aspects of the conversation and its increasing bitterness.

We hear, as a voice-over, words from Genesis: "Then it came to pass . . . that God tested Abraham and said to him . . .'Abraham!' And Abraham said, 'Here I am!' And God said, 'Take your son,

your only son whom you love, Isaac, and offer him as a sacrifice on a mountain that I will show you . . .' " We hear the teacher: "So, everyone, what's really going on here?" And the compliant student, Avi: "It was a test of Abraham's faith, his devotion to God."

TEACHER: Danny, as usual, you have something to add?

DANNY: It's not about Abraham's faith. It's about God's power. God said, "You know how powerful I am? I can make you do anything I want, no matter how stupid—even kill your own son. Because I'm everything and you're nothing."

This scene returns to Danny's mind again when he is in the basement of his father's house, looking through memorabilia. This time, we see the classroom, teacher, students.

TEACHER: Okay, then, Danny, if he [God] is everything, and we are nothing, how . . . are we to judge his actions?

DANNY: We have free will and intelligence, which God allegedly gave us.

AVI: What are you talking about? God never let Abraham kill Isaac. He gave him the ram so he doesn't have to.

DANNY: Personally, I think that's a lie . . . . There's midrash supporting [Danny's hypothesis]. My father read a book that said Isaac died and was reborn.

TEACHER: No one follows that midrash.

DANNY: I do! I follow it. But, okay, say God provided the ram. So what! Once Abraham raised the knife, it was as if he'd killed him in his heart. He could never forget that. And neither could Isaac. Look at him! He's traumatized! He's a putz the rest of his life!

TEACHER: Danny! Watch your language!

In the penultimate reiteration, we learn something of the outcome of the conflict:

AVI: Do you even believe in God?

DANNY: I'm the only one who *does* believe. I see him for the power-drunk madman that he is. And we're supposed to worship such a deity? I say, "Never!"

TEACHER: Avi, go ask Rabbi Springer to come and remove Danny from my class. And, you—if you had come out of Egypt, you would have been destroyed in the desert with all those who worshipped the golden calf.

DANNY: Then let him crush me now. Let him crush me like the conceited bully that he is. [He looks heavenward.] Go ahead! [At this point, pandemonium is about to break loose. Danny runs from the classroom and down the stairs, the teacher's angry voice calling after him.]

The final outcome, of course, takes place years from that exchange in the classroom, at the time of the current action. Danny blows himself up in a synagogue from which, at the last minute, he has evacuated the congregation. Seconds before the explosion, the scene in his *shul* is evoked one last time—there is the angry teacher: "If you had come out of Egypt, you would have been destroyed," and Danny, defiantly looking up toward God: "Then let him destroy me now. Go ahead, kill me! Here I am! Do it!"

Another scene involving father and son is also fixed in Danny's memory, echoing and lending contemporary meaning to his understanding of the Abraham/Isaac story. Danny and several of his thug-like friends have gotten into a brawl with the employees of a kosher deli. They are given compulsory "sensitivity training," forced to listen to the experiences of three Holocaust survivors. At first, they jeer. Then an elderly man gives an account of how

SS officers discovered him and his tiny son hidden in a haystack. He describes how his son was pulled from his arms and impaled on a bayonet; his blood fell onto the father. When no blood was left, the officers pulled him off the bayonet and gave back the dead child.

Danny, listening intently, is clearly agitated and bursts out: "What'd you *do?* . . . What'd you do while the sergeant was killing your son?!"

"What could he have done?" another of the survivors, a woman, asks.

DANNY: What could he have done?! The sergeant's killing his kid! What could he have *done?* He could have jumped the guy, gouged his eyes out, grabbed his bayonet!

WOMAN: They would have shot him on the spot!

DANNY: So he's dead! He's worse than dead now! He's a piece of shit!

WOMAN: What would you have done if you had been there?

DANNY: Not what he did—not just stand there and watch!

WOMAN: How do you know? You've never been tested . . .

To Danny, this is an intolerable taunt and challenge, evoking in him thoughts and feelings he cannot untangle, much less articulate. Rapidly, he organizes himself via an attitude of swagger and contempt and strides out of the room. But he cannot help imagining the haystack scene repeatedly. Often, as he pictures it, he himself is the SS officer. Finally, he pictures himself as the father grappling with the Nazi killer.

A reader of an earlier version of this essay has suggested that *The Believer* is a case study illuminating the more prevalent subclinical forms of Jewish self-hatred as a psychological and socio-

historical phenomenon. In this view, the thesis of the movie is that Jewish males develop self-hate as a reaction to their disappointment with their fathers, whom they perceive as behaving submissively to the males of the dominant culture. Jewish men brought up in the 1950s or '60s were especially confronted with this problem because of the perceived passive behavior of Jewish men vis-à-vis the Nazis. Faced with keen disappointment in the father as a strong phallic figure, the Jewish boy may experience a narcissistic crisis. To identify with such a father is to feel weak and feminine. To reject the father is to feel guilty and alone.

Lionel Trilling, in his introduction to Isaac Babel's *Collected Stories* (1955), wrote that Babel turned against Judaism when he was a child and saw Jewish men standing passively by while the Cossacks looted their homes. In *The Interpretation of Dreams* (1900), Freud describes a similar childhood disappointment with his own father and an early disidentification from him and identification with a gentile hero:

> I might have been ten or twelve years old when my father began to take me with him on his walks, and in his conversation to reveal his views on the things of this world. Thus it was that he once told me the following incident, in order to show me that I had been born into happier times than he: "When I was a young man, I was walking one Saturday along the street in the village where you were born; I was well-dressed, with a new fur cap on my head. Up comes a Christian, who knocks my cap into the mud, and shouts, 'Jew, get off the pavement!'"—"And what did you do?" "I went into the street and picked up the cap," he calmly replied. That did not seem heroic on the part of the big, strong man who was leading me, a little fellow, by the hand. I contrasted this situation, which did not please me, with another, more in harmony with my sentiments—the scene in which Hannibal's father, Hamilcar Barcas, made his son swear before the household altar to take vengeance on the Romans. Ever since then, Hannibal has had a place in my fantasies. [p. 197]

From this point of view, the testimony of *The Believer's* Holocaust survivor casts him as the weak Jewish father who did not protect Isaac, the son. The Nazi, a powerful, if sadistic, gentile, corresponds to the hated but feared—and, in effect, revered—God with whom Danny identifies. This picture of the father also appears to correspond to the brief view we are given of Danny's own father, a cynical-appearing man who is passively self-destructive, sick but refusing to take his medication. God the father is malevolent, but at least he is potent; he is no "putz."

From another perspective, however—the perspective of this paper—the two fathers are one. Abraham offers so little resistance to God, their relationship may be seen as that of "good cop/bad cop," with Abraham yielding to the deity the rigidity and excessive need for power he prefers not to own. His generational envy of and vengefulness toward his son are projected onto God. Similarly, the weak German father depicted in the film is, to some extent, the SS officer's more or less willing accomplice. Seen thus, the specifically Jewish focus, while meaningful in itself, is less central than the issue of the son's ambivalence and his intense conflicts regarding aggression in relation to the father. For Danny, the accommodation of paternal authority, let alone the longing for it, is accompanied by a sense of humiliation. Rebellion for its own sake is, correspondingly, essential.

A brief clinical vignette pertinent to the problem of authority and aggression: A patient of mine, a doctoral student, required hospitalization following severe criticism of his written work by a beloved, much-older male teacher. The teacher had even questioned my patient's ability to teach and intimated that he might raise this concern within his academic department. Of course, the teacher then added, he would not actually do this, but the words had already been spoken; in my patient's words, "They drained the blood from my face." Several days later, he was hospitalized in an acutely delusional, manic state. It was as if, whatever his teacher ended up saying he would do, in his heart—to paraphrase Danny—he had killed his student with his initial threat.

* * * * * * * * *

Danny sees the biblical story of Abraham and Isaac, in which life prevails, as, paradoxically, a scenario consigning the participants to a kind of death-in-life, an existence dominated by disappointment, mutual resentment, and guilt. He is drawn, instead, to the midrash expanding on the biblical incident in which Isaac *does* die at his father's hand. The outcome of the conflict, in this version, is martyrdom, at once cataclysmic and infinitely rewarding. My patient, whose blood was drained from his face by his teacher's words, temporarily could not go on living in the known world. In a certain sense, his humiliated, castrated self, not to mention his (unconscious) retaliatory rage, died or were murdered; he was born again full of passionate energy and ideas, grandiose, virile—out of his mind, in fact.

Predisposing factors could be found in this patient's relationship to his father. However, the vignette points also to the problems of suicidality and homicidality as they may inhere in the father–son relationship. This, in my view, is what *The Believer* goes further toward exploring than its author/director takes credit for in interviews he has given. Consistent with the idea that the impact of ethnicity is eclipsed by other concerns in the film, it is worth noting that the gentile father of the young woman with whom Danny later becomes involved also wants to kill himself.

The myth of Isaac's death and rebirth is, of course, repeated and amplified in the myth of the Crucifixion. The appeal and satisfactions of such Manichean thinking appear to be considerable —a reality connected to the extremely problematic appeal of religious fundamentalism.

* * * * * * * * *

Things happen in the movie. Fascist groups meet and plot. The problem of anti-Semitism is dealt with—indeed, as noted, it is nominally the movie's focus. But all these events have the feel of epiphenomena—epiphenomena for Danny, that is. His immersion in political and religious life seems to involve little more than his

ongoing submersion in the hopes and fears of his childhood. From the outset, his life is constructed around resistance to the claims of the father. There will be no submission or surrender to the "big, conceited bully." There is nothing lovable or admirable in the father, therefore nothing of that nature to be internalized. Paradoxically, in all significant respects, God remains the emotional focus of Danny's life through his identification with the father as aggressor. He is, moreover, bound to Judaism by his obsessive hatred of it. ("Is that why you became a Nazi, so you could talk about Jews incessantly?" his girlfriend asks.)

Surely, Danny's vengeful, castrating God is comprised of his own projected aggression, not to mention his harsh and unyielding self-reproach. In the end, he blows himself up on Yom Kippur, the Jewish Day of Atonement. Somewhat more subtly, Danny's conception of God has him not only omnipotent, but also, especially, hypermasculine. Most shameful and contemptible about the Jewish people, in Danny's view, is their weakness, their softness and impotence. His sense seems to be that the Jewish God demands timidity and self-sacrifice of his people, then despises them for yielding it up. Each hardship, each atrocity, in Danny's understanding, provides Jews with a renewed opportunity to act like men, if only they would recognize it as such. Submissiveness, softness, are what God hates, although he demands these qualities.

Indeed, Danny's own conflicts with his teacher seem to embody this conviction. Both teacher and God will ultimately respect him for standing his ground. If not, the ultimate, intense conflict between the deity and himself will at least be between two men; the various versions of the Nazi/father conflict, as they play out in Danny's mind, feature blood, a bayonet, and intense, sexualized physical struggle. Most to be dreaded is womanlike submissiveness or, for that matter, womanlike pleasure seeking—*anything* that smacks of femininity, the essence of which seems to be masochism on the one hand and pleasurable, polymorphous sexuality on the other.

"The Jew is essentially female," Danny tells the reporter who interviews him (loosely modeled after McCandlish Philips, the *New*

York Times reporter who "outed" the film character's real-life counterpart, Danny Burros).

DANNY: Judaism is like a sickness . . . . D'you ever fuck a Jewish woman? Jewish girls love to give head, right? And Jewish men love to get it.

REPORTER: Everyone loves to get it.

DANNY: Yes, it's very pleasurable. But Jews are obsessed with it . . . . Real men, white Christian men, we fuck a woman. We make her come with our cocks. But a Jew doesn't like to penetrate and thrust. He can't assert himself so he resorts to these perversions. Oral sex is technically a perversion. [Urgently.] You know that, right? So that's why, after a woman's been with a Jewish man, she's ruined. She never wants to be with a normal partner.

REPORTER: So the Jew's a better lover.

DANNY: He's not *better*. That's not what I said. I said, he gives pleasure—that's actually a weakness.

In the course of the movie, Danny develops a close relationship with Carla, the daughter of the woman who leads the fascist party he has become involved with. She is an extremely interesting character who gradually develops an interest in Judaism and ultimately wants to study and convert to Judaism. Carla wants to live according to the rules of Judaism "because God commands it."

DANNY: I thought [you thought that] he didn't exist.

CARLA: He commands it whether he exists or not. We can fight him and be crushed or submit.

DANNY: And be crushed.

CARLA: But what if submitting, being crushed, being nothing, not mattering, is the best feeling we can have?

It is meaningful that the wish underlying Danny's dread and hatred of a powerful deity—that is, the wish to submit—gains conscious expression through a woman. In Danny's mind, the wish *is* womanish. Moreover, the desire to submit is, for him, inextricable from being hurt, seeking out hurt. Again, Carla's "perverse" and confused desires represent his own. Her first request of Danny in their initial sexual encounter is "Hurt me."

In an effort to understand the mental process of a suicidal killer, Stein (2002) discusses the letter written by Muhammed Atta before the attacks of September 11, 2001. Stein highlights the banding together of brothers under the thrall of a father upon whom has been projected the brothers' own self-hatred and envy.

> The mental state of errant sons, masochistically returning to and fusing with a cruel, depraved Father, who they know will be content when they serve his homicidal needs in a cold, sadistic way in identification with Him as their ego ideal, is a homoerotic of merger and abjection. The sons love their corrupt father because He allows them to get rid of the impure, "infidel," soft, "feminine". . . parts of themselves and reach the certainty, entitlement, and self-righteousness that deliver them of painful confusion and guilt. [p. 305]

Danny, too, finds intolerable the "soft, feminine" part of himself. But, while the terrorists as depicted by Stein see allegiance to a hypermasculine God as their hedge against the seduction of femininity, for Danny, it is more complicated. Merger with God, with its connotations of boundarylessness, is terrifying because it connotes annihilation, and also because it implies sinking into the feminine attitude of passivity that he must avoid at all costs. Consciously and unremittingly, Danny hates God. In the end, this stance backfires. He is compelled toward homoerotic merger in the very acts of rebellion against it—engaging, repeatedly, in more or less violent, sadomasochistic struggle with male authority figures. Moreover, like the perpetrators of 9/11, he ultimately submits to the commands of the vengeful, angry god he purportedly hates—only split off from his identity as the God of the Jews.

However, there are significant differences between Danny and more successful terrorists. He is responsible for the death of one man, Elia Manzetti, a pillar of the city's Jewish community. In the company of his anti-Semitic cronies, Danny has outlined a plan for shooting Manzetti; later, to his horror, a fellow gang member enacts the murder. The realization in external reality of both his filial self-contempt and his hatred of the father intolerably deepens Danny's sense of guilt.

Throughout, Danny remains in agonizing conflict. He hates the Jews because they suffer from guilt. But he is, in the end, overwhelmed by guilt; his self-immolation at the conclusion of the film occurs, as mentioned, on Yom Kippur. Again, Jews are despicable because of their submissiveness. Yet the overall positive nature of Danny's relationship with Carla suggests that his rebellion against God is partly on *behalf* of softness, pleasure, the legitimacy of the feminine.

Carla might, for that matter, be seen as Danny's female alter-ego. Both their fathers are portrayed as longing for death, laying the groundwork for Danny's obsession with death and Carla's obsession with Danny's "tragic dimension." Nor do either of them have mothers who can provide a countervailing sense of life as benevolent or ongoing. There is absolutely no mention of Danny's mother in the film; she is an absence. Carla's mother is a sexually ambiguous figure—the cold, powerful founder of a fascist party, who relates instrumentally to party members and sexual partners. She is unloving of and unloved by her daughter.

Like Danny, Carla uses religion as the arena in which to express and struggle with a sadomasochistic orientation. However, she also appears to genuinely care for Danny, and not only as a potential abuser. Nor is her desire to submit to God exclusively masochistic; it appears to have a positive dimension, serving to help extricate her from the hate-filled violence of her familial and political surround. Positive maternal representations are distinctly lacking from *The Believer*. It is possible that Carla's increasing openness to the deity involves a longing specifically for a mother who will not exploit the need and helplessness of her child. Indeed, it is pos-

sible that Danny objects to God primarily because he contains too little an admixture of the feminine.

Other than, fleetingly, Carla and another young woman who has been his friend since childhood, no one recognizes the legitimate needs that Danny's behavior seeks to express. From the outset, he identifies with a sadistic deity as a stopgap solution to overwhelming disappointment and fear. But, all the while, he appears simultaneously to be seeking a more satisfying resolution to trauma —possibly, simply, to the trauma of the Oedipus. Under more favorable auspices, his odyssey might have found a happier outcome and would have been understood for what, at least in part, it was: a legitimate quest for autonomy, a son's need to establish an acceptable distance from and power equilibrium between himself and God.

One of Loewald's (1979) very few clinical vignettes—in fact, one of only two that I have found—concerns the struggle of a patient to complete a thesis in the same field as his father's. The father had died a year earlier.

> As . . . [the patient] continued . . . to insist that completing the thesis was his and no one else's responsibility, but that he could not bring himself to work on it, it dawned on me that . . . in addition to or underneath the meaning of responsibility as accountability to himself, as self-autonomy, perhaps he was talking about being responsible for a crime. It would be a crime he wished to delay, avoid, or undo. An interpretation along these lines led to further work on his relationship with his father, his murderous impulses and fantasies regarding him, his ambitions and fears of out-distancing him, and on his guilt about these ambitions . . . . In this case, as in so many others, preoedipal currents and those belonging to the positive and negative Oedipus complex were inextricably blended . . . . Completing his thesis was for my patient . . . the outcome of reconciling parricide with love for his father, and of reconciling his quest for emancipation and self-responsibility with his desire for identification and becoming one with his father. [pp. 756, 759-760]

It is Danny's extreme misfortune that his religious school teacher is unable to understand his student's rebellion in this light. Danny is looking for support in finding a way both to symbolically kill off his father and to bear the guilt for the parricide; he is looking also to be supported in his continuing need for closeness to him. The teacher, instead, retaliates, at first verbally, then by banishing him from his classroom. Not only God, in fact, but also the teacher, Abraham, and both the Holocaust survivor and the SS officer all serve as paternal representations who are either "storm troopers" or "wimps" (labels used in the film). Nor can Danny's own bitter father, any more than the others, serve as an opponent "with whom the drama of gaining power, authority, autonomy, and the distribution of guilt can be played out" (Loewald 1979, p. 757).

* * * * * * * * *

My patient mentioned earlier described to me the evaluation conducted at his university counseling center prior to his hospitalization. He was manic and delusional, full of energy and ideas. The interviewer asked him questions about these, listened, wrote down his responses. The patient was encouraged by all this attention, which he took as confirmation of the significance of his thoughts. Reflecting on this with me, he expressed the wish that the evaluator had, instead, sought to locate, in effect, such observing ego as might exist even at that dire moment. He wished the interviewer had not gone along with him, but had instead shared the sense that something was wrong, that the words the student was using were not getting at whatever was troubling him, that the interviewer was concerned for him and wanted to understand and help him.

Danny, similarly, is essentially babbling throughout the movie. Unfortunately for him, when he is twelve years old, his words sound as though they are about religion; as an adult who has turned violently against his faith and its followers, he shares his more or less delusional ravings with individuals listening for the words' political content and agenda.

I have spoken of Danny's disavowed wish to submit, but *submit* may not be the most accurate word. Danny himself does formulate

his options in terms of rebellion or submission, but his insight is impaired. Ghent (1990) has written convincingly of the longing for surrender in the sense of a longing to be known, to relinquish defensive barriers. Used in this sense, surrender implies faith: "A longing [exists] for something in the environment to make possible the surrender, in the sense of yielding, of false self . . . . One may surrender 'in the presence of another,' not 'to another,' as in the case of submission" (pp. 109, 111).

Ghent emphasizes how easily surrender can become confused with or appropriated by a defensive masochistic submissiveness. He gives a clinical example of a female patient who, following a session in which she had felt genuinely discovered, went home, beat herself, and masturbated to a fantasy of being tortured: "A momentary new reality was translated back into the old familiar inner reality; the impulse to surrender (she had often said 'Please do not let me fool you') had to be experienced as its perversion, masochism" (Ghent 1990, p. 120).

There may exist in Danny a buried or frozen longing to surrender, to be found, which he conflates—for complex reasons largely unexplored in *The Believer*—with succumbing to the threat of annihilation, with impotence, and which he defends against desperately through adopting a stance in which superpotency is merged with sadism. Ghent, in fact, discusses sadism as involving, like masochism, a perverse distortion of a developmental need—in the case of sadism, the need to develop a capacity for object usage. He draws on Winnicott: "The object, if it is to be used, must necessarily be real in the sense of being part of shared reality, not a bundle of projections" (Winnicott 1969, quoted by Ghent 1990, p. 123). In this formulation, aggression is not reactive to external reality. Aggression, or destructiveness, "creates the very quality of externality, placing the object outside the self" (p. 123).

Ghent (as well as other theorists) elaborates on the consequences for the child if the caretaker does not survive the aggression visited on him or her, but instead retaliates, withdraws, becomes suspicious or less receptive. In any of these cases:

> The triple misfortune is that the subjective object never becomes real but remains a bundle of projections, and externality is not discovered; as a corollary the subject is now made to feel that he or she is destructive; and finally, fear and hatred of the other develops, and with them, characterological destructiveness comes into being. [Ghent 1990, p. 124]

The Believer could be presented as a case study of such a triple misfortune.

* * * * * * * * *

Before *Kol Nidre*, the evening service that ushers in Yom Kippur, Danny plants an explosive device under the *bima,* the altar, in the synagogue where he will attend services. He then insists on leading the service, which places him on the *bima.* Moments before the scheduled explosion—terrible conflict registering on his face—he abruptly warns the congregation of what is to occur. Panic-stricken and urging him to escape with them, everyone flees. But Danny remains. The final conflict with his teacher replays itself before his eyes: "Go ahead, kill me! Here I am. Do it!" Soundlessly, the device detonates. At once, Danny has killed off both the despised Jewish son and the murderous Nazi father.

There follows a kind of postlude. Danny as an adult is climbing the stairs of his old *shul.* His teacher stands on a landing and speaks to him in a kindly way. He refers to their old dispute, about whether or not Isaac died on Mount Moriah. Perhaps Danny was right, the teacher suggests. Perhaps Isaac *did* die—"died and was reborn in the world to come." Danny does not respond, although the teacher repeats his statement several times. He continues to climb the stairs, until finally, "Where are you going?" the teacher's voice calls after him. "Don't you know there's nothing there?"

The misguidedness and futility of Danny's final solution is highlighted. The dream of rebirth transpires to have played an unexpectedly large role in his quite heartbreaking suicide. To the extent that this is a dream in which all is forgiven and God gathers

his child to his bosom for all eternity, it is a dream denying the realities of existence, including the reality of ambivalence between parent and child. *The Believer* does not minimize the problem of paternal ambivalence. The violence of Danny's death—modeled on Isaac's—concerns God's hatred as much as Danny's. (It is proverbial that old men make wars in which young men fight and die; in some sense, the myth of Abraham and Isaac apotheosizes this kind of phenomenon, the sacrifice of youth.)

Still, perhaps the dream of rebirth—at least of a son's rebirth—expresses also the longing, both father's and son's, for a relationship between them subsuming irresoluble antagonisms. When he writes of internalization, Loewald (1973) explicitly describes a process of destruction and transformation. Perhaps we are complexly motivated to concretize metaphors of death and rebirth. Danny Balint's particular death and rebirth may convey, in counterpoint to despair, a mythic and legitimate longing for reconciliation. "Here I am!" calls Abraham at the beginning of the movie. And "Here I am!" the son calls back at the end. They are trying to speak to each other.

REFERENCES

The Believer (2001). Directed by H. Bean; story by H. Bean & M. Jacobson; produced by Fuller Films.

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

Ghent, E. (1990). Masochism, submission, surrender—masochism as a perversion of surrender. *Contemp. Psychoanal.,* 26:108-136.

Loewald, H. (1973). On internalization. *Int. J. Psychoanal.,* 54:9-17.

——— (1979). The waning of the Oedipus complex. *J. Amer. Psychoanal. Assn.,* 27:751-775.

Seymour-Smith, M., ed. (1973). Catullus Carmen 85. In *Funk and Wagnalls Guide to Modern World Literature.* New York: Funk & Wagnalls.

Stein, R. (2002). Evil as love and as liberation: the mind of a suicidal religious terrorist. In *Hating in the First Person Plural,* ed. D. Moss. New York: Other Press, pp. 281-310.

Trilling, L. (1955). Introduction. In *Collected Stories of Isaac Babel,* ed. W. Morison. New York: Criterion Publishing.

Winnicott, D. W. (1969). The use of an object and relating through identifications. In *Playing and Reality*. London: Tavistock, pp. 86-94.

85 Kenwood Street
Brookline, MA 02446-2412

e-mail: lang.f@rcn.com

BOOK REVIEWS

SELF CREATION: PSYCHOANALYTIC THERAPY AND THE ART OF THE POSSIBLE. By Frank Summers. Hillsdale, NJ: Analytic Press, 2005. 288 pp.

In the course of our work as psychoanalysts, we often encounter situations in which our patients appear to change slowly or not at all. These moments of partial or total impasse challenge the analyst and bring underlying theoretical assumptions into high relief. Most often, I think, contemporary psychoanalysts tend to see impasse as a reflection of a failure in understanding. The analyst may simply fail to understand the patient. Alternatively, impasse may reflect the replacement of insight by enactment, a process that may itself be variously understood, from different theoretical perspectives, as the patient's recruitment of the analyst to play the role of one of the patient's internal objects, or as the meshing unconscious for both participants of the internal worlds of patient and analyst.

A particularly confident psychoanalyst may argue, in a variant of the old joke that the operation was a success but the patient died, that he or she understood the patient well enough, but the patient did not make use of this excellent insight. This position, however, would itself raise the question of enactment: What drama would patient and analyst be playing out together if the analyst felt that he or she understood the patient, but the patient did not agree? Or, more subtly, what drama might be taking place if both parties agreed that everything important had been understood, but nevertheless no change had occurred?

From another perspective, however, impasse may be viewed as a demonstration of the limitations of insight in effecting change. Experienced clinicians from Freud onward have recognized that analytic change occurs slowly, and that some aspects of mental life cannot be changed at all. Analytic impasse may occur as a reflection of an underlying psychotic or affective disorder. In these cases,

it might be said that an enactment occurred in which analyst and patient shared an unquestioning belief in the omnipotence of analysis or the omniscience of the analyst.

Self psychology and other theoretical models that trace psychopathology to deficits in development afford a special perspective upon impasse and its relation to analytic understanding. In these models, where understanding is seen not as a goal in itself but as a key ingredient of a therapeutic relationship, how is impasse to be understood? Has the analyst's understanding failed to support a relationship that the patient could internalize? Has the severity of the patient's pathology precluded his or her use of the analytic process? Or does impasse highlight intrinsic limitations and difficulties in deficit models and call for alterations in theory and technique, as has often been demonstrated with conflict models?

Frank Summers is among the group of analysts for whom impasse has raised the question of a need for alteration in the theoretical model adopted. Summers's starting point is fundamentally a self psychological approach. Repeated experiences of analyses in which analytic understanding and the transmuting internalizations to which this has given rise have failed to lead to change have caused him to reconsider the ingredients of therapeutic action in psychodynamic treatment, and to formulate a new technical strategy that emphasizes change. He intends his model to be used not only by self psychologists, but by analysts working in other models as well, and draws creditably upon a broad literature. In addition, he believes that similar models and strategies operate in psychoanalysis and in psychotherapy, and intends his model for "psychoanalytic therapy" to apply to both. These are ambitious goals. I will first outline Summers's argument and then indicate some of the strengths and weaknesses that I find in it.

Summers believes that interpretation and insight are necessary but insufficient to accomplish change in psychoanalytic therapy. The analyst/therapist's work with the patient must necessarily be *biphasic,* or must proceed in a series of biphasic segments. First, assuming a more traditional stance, the analyst must explore with the patient the reasons for the patient's difficulties. During this

phase, exploration of the past is important, and the transference is used to help unlock unconscious aspects of the patient's history. The patient's free associations similarly serve as indicators of the repressed or denied past.

In Summers's view, although the patient is clearly an active participant in exploring the past, this first phase is primarily one in which the patient takes in what the analyst provides. This includes both insight and the experience of the analyst's empathy. At the end of this phase, Summers believes, analyst and patient have achieved a fairly complete understanding of *why* the patient is the person he or she is. What remains to be done is for the patient to change—to move away from old patterns of relating that have been uncovered and to feel and act differently.

According to Summers, in order for the patient to move toward new patterns of feeling and relating, patient and analyst must now shift toward a different mode of operation. This has to do with Summers's understanding of the way change occurs. In order to make significant changes, Summers believes, the patient must move away from a self that is rooted in the discovered past and toward the creation of a new self or partial self. This new self is not one that arises from internalization—the patient cannot take it in from the analyst. Rather, the new self is one that the patient creates for him-/herself, drawing upon inner potentials that have not previously been developed. Thus, from Summers's perspective, the first, exploratory phase of treatment has uncovered the reasons why potential aspects of the self have *not* been developed; the second phase involves the patient's development of these untapped potentials.

During this second, mutative phase, the analyst's task is to provide a structure in which the patient's self-creation can take place. Drawing upon Winnicott, Summers conceptualizes the structure that is provided as a "potential space": an area that facilitates play and creativity. In order to provide this space, the analyst takes a very different technical stance from the one that he or she assumed during the first, exploratory phase. The analyst no longer uses his or her imagining of the patient primarily as a tool of understand-

ing; instead, in Loewaldian fashion, the imaginative rendering of the patient serves as a kind of scaffolding toward which the patient can grow.

Central to this new mode of functioning, in Summers's view, is a shift in the analyst's focus from past to future. The analyst now reads the patient's associations and actions as communications about what *might* be. In his or her own internal model of the patient, the analyst tries to imagine a future in which the patient might operate differently. In spoken interventions to the patient, the analyst no longer asks *why;* instead, the analyst challenges the patient to imagine a way in which the future might unfold, explicitly identifying and even celebrating the new threads that emerge in the patient's behavior and feelings. In this second phase, the analytic relationship is no longer usefully understood or interpreted in terms of transference, the repetition of the past; rather, the analyst serves as the facilitator of the patient's emerging self.

Summers commendably provides a series of cases that demonstrate the way this biphasic approach plays out in clinical work. He details the way that he uses his model with different sorts of cases. Most impressive, I think, is his work with a severely disturbed patient, Shannon, who gradually relinquishes relentless demands for fusion in favor of other modes of relatedness. Throughout the book, we are impressed with the author's dedication to his patients and his attunement. He is clearly a therapist who *helps* people. His open, detailed mode of presenting enables us to imagine how his interventions might play out if we used them in our own work and to compare his conceptualization with our own.

Summers's work usefully draws attention to the need for analysts and therapists of all schools to recognize treatments and phases of treatment in which change has ceased to occur. Impasse is often a silent phenomenon in which association and interpretation creep along while analyst and patient share the unquestioned belief that a little more work along the same lines will yield the desired result.

In his emphasis upon the importance of the analyst's vision of the future, Summers also highlights an important, often neglected

aspect of analytic work. As analysts, we frequently focus upon the changes that have occurred, or continue to occur, in individual sessions and in the grand sweep of analytic unfolding. Our clinical experience shows us, however, that the future of any treatment is limited by the analyst's capacity to imagine it. An analysis for which the analyst cannot imagine a termination is unlikely to end well. The analyst's imagined future for the analysis changes over the course of the work, and the appearance of changed features in the imagined future are good indicators of analytic change that has occurred. In my own experience, this vision of the future need not lead to specific interpretations, but the absence of this dimension in my thinking is a warning sign of a possible poor outcome.

Summers's bold approach encourages us all to consider the ways that we facilitate change and the relationship that change bears to analytic understanding. From a technical standpoint, Summers's focus on the new as it arises in the patient's associations and behavior is a useful approach. This special attention to the leading edge of the material is not, for most analysts, limited to a second, non-exploratory phase of the process, but is present, I think—like the analyst's possession of a vision of the patient's potential future —in the background of most good analytic work.

Should we, then, work in the biphasic way that Summers prescribes? I think that we should not, and this disagreement points to what I believe are the weaknesses of Summers's argument. The first of these weaknesses, and the principal one from my point of view, has to do with Summers's model of mental life and its development. Summers tends to conceptualize adult character as the direct, unmediated result of early experiences. His patients' objects have made them what they are. His patients, now adults, feel what their parents permitted them to feel, think what their parents told them to think. If they are unable to imagine a future for themselves, it is very often because no one imagined a future for them.

Although conflict plays a role in Summers's understanding of his patients' *interactions* with others, there is no room for fantasy, wish, or defense in his understanding of his patients' *views* of their

parents and themselves. The parents simply *are* as the patients describe them. To the ear of an analyst for whom fantasy is important, Summers's patients' stories sound curiously flat and unlayered. There is no sense that their stories of themselves were ever colored by developmental needs, fears, or wishes, that these stories have changed over the course of development, or that they might ever change in the future.

To the analyst who thinks in terms of fantasy and conflict, it seems possible that Summers and his patients believe that they have achieved a fairly complete understanding of the patients' stories at the time that they do because they have not explored the way the patients have *constructed* their objects and stories. From this perspective, the object world and the patient's history are not static entities to be discovered. Rather, understanding leads to a change in past objects and past self. Whereas in Summers's model, the patient changes by leaving past patterns behind—by reinventing the self—in a model that considers fantasy and conflict to be important determinants of the inner world, change occurs through the reworking of the past. The future is not a new invention, built upon potentials that have never been elaborated; rather, it is a continuation in which old representations of self and object change as we painfully acknowledge, mourn, and reframe our wishes and fears of them.

In this version of analytic change, in which the patient is viewed as constructor and narrator of his or her own history, the analytic situation also appears in a different light. Patient and analyst are no longer simply uncovering a story. Instead, the way the patient tells the story and the way the analyst hears it are important aspects of the story itself, or even the *most* important aspects. From this perspective, the analyst's movement out of the story, as Summers recommends for the second phase of treatment, is neither necessary nor possible. By doing so, the analyst would encourage the patient to believe and play out a fantasy that the past could simply be left behind; at the same time, the analyst him-/herself would be playing out a parallel fantasy in which patient and analyst could leave behind the earlier history of transference and countertrans-

ference developments that occurred in the first phase of the analysis.

For those analysts, and I count myself among them, for whom stories *about* the patient's story—the way it is constructed, told, and heard—are at the center of psychoanalysis, Summers's approach is inconsistent with analytic work. Is there room for it, nevertheless, in our therapeutic armamentarium? I think that there is. In formulating his theory, Summers has brought together into the single category of "analytic therapy" both psychoanalysis and psychoanalytic psychotherapy. It seems possible to me that, while Summers's approach runs counter to the demand for continuing open exploration that I identify with psychoanalysis proper, it could be a valuable implement in the toolkit of the analytic psychotherapist as he or she approaches certain difficult patients.

Although Summers's approach may well have broader application, I have already found it useful in thinking about my work with a certain group of patients. These patients tend to be rigid and concrete, unwilling to examine the way that they construct their view of self and others, and able to use transference interpretation only to identify rather generic images of past objects. For these patients, an emphasis on the story about the story tends to be unproductive. An approach in which the therapist offers his or her thinking as a kind of scaffolding for change, without the requirement of full understanding, may afford an opportunity for change that is of significant value. We owe Summers thanks for opening this vista for us.

LUCY LA FARGE (NEW YORK)

TELESCOPING THE GENERATIONS: LISTENING TO THE NARCISSISTIC LINKS BETWEEN GENERATIONS. (The New Library of Psychoanalysis.) By Haydée Faimberg. London: Routledge, 2005. 156 pp.

The papers in this collection, refined and shaped for this edition by Argentine analyst Haydée Faimberg (who has been based in Paris since the 1970s), were written over a period of thirty years. Rep-

resenting the evolution of a sophisticated psychoanalytic intelligence, this book gives a clear window into the working mind of an analyst equally comfortable with theory, philosophy, and clinical practice.

There are at least three good reasons that a North American psychoanalytic audience will find value in this consistently strong collection of papers. Analysts interested in intersubjectivity (in any of its guises) will resonate to one of Faimberg's main themes: the telescoping of generations. Intergenerational transmission of trauma is a topic of great interest at the moment, and Faimberg has both a theory and a method of work for observing and interpreting the emergence of secret, encrypted forms of identification that carry the unmetabolized trauma of prior generations.

A second point of interest in these papers is the clarity of clinical method. Faimberg's succinct term *listening to listening* roots her attunement to the patient in a very particular way. She is trying to discern, both through clinical observation and self-observation, who it is that the analysand speaks to or listens to. Who is the interlocutor whom the analysand is addressing? There are a number of implications in this kind of inquiry. First, Faimberg enters into a form of identification with the analysand, allowing her to be inhabited by his or her enigmatic gaps and silences. Then, clinical choices become guided by a sensitivity to the gaps in her own knowing. She speaks not from the authority of the one who knows, but as one who is curious, aware of the presence both of unconscious forms and of unconscious processes, and entering uncharted and often unrepresentable space.

A third point of interest is Faimberg's comfort with and immersion in matters of metapsychology, theories of mind and of language, and a philosophical backdrop to psychoanalytic work. This is no doubt evidence of the well-worn idea that Europeans and North Americans differ in regard to an interest in metapsychology. What interests me about Faimberg's work is the close fit of metapsychology and clinical theory. Model of mind and model of treatment are intricately interrelated.

This volume is more than simply a collection of essays, for it records the evolution and elaboration of an interlocking set of

concepts. The first iteration (chapter 1) focuses on narcissism and the kind of patient who "functions according to a narcissistic regulation" (p. 10)—but it is a regulation, Faimberg argues, that is carried forward from earlier generations, manifesting the patient's *parent's* narcissistic use of the child. The powerful wish to be at the center, to be loved and to be master of one's world, exerts an intense tug on all relational transactions.

Faimberg argues that a child can be made use of either by parental acts of appropriation or by exclusion. The narcissistic wound of the parent at the child's difference and the unshared history (and burdens of history) lead to hatred and misuse. A child may be cannibalized and taken over and intruded on by parents. Alternatively, exclusion, abandonment, and absence may mark and distort the child's inner relational world. Children in these circumstances are, curiously, both empty and overfull. Faimberg's insight is that it is the traces of these early developmental transactions, these narcissistic regulations, that appear in the language, modes of being, and internal conscious and unconscious worlds of the adult patient.

In this initial chapter, Faimberg describes the treatment of a young man, Mario, of almost evacuated psyche. Along with the patient, she finds a series of identifications that collapse three generations, making parents into siblings—with resultant oedipal and narcissistic implications—and that lead to the maintenance of selves in a strange representation of absence, an emptiness and refusal in regard to the patient's own legitimate narcissistic needs. Caught in living and repeating various pasts, involving each parent somewhat differently, Mario cannot invest in his own future.

Faimberg begins to develop her ideas about technique in this opening chapter. American readers may think of the semiotic theories of C. S. Peirce and hear in Faimberg's method a sense of the complex constructions of meaning that elaborate transpersonally as well as individually. It is the shared pursuit of an interpretation's reverberating meanings that leads to a reshaping of Mario's experience of himself within history and within generational

movement. Faimberg's work is thus poised to consider and coordinate the intrapsychic, the intersubjective, and the historical.

The book's second iteration of these ideas (chapters 2, 3, and 4) takes Faimberg in a more directly clinical and technical direction as she explores ways of listening to how the patient inhabits and functions in the transference, finding clues to how this person has been taken up and used as an object. In this context, Faimberg works on the countertransference, and here is where metapsychology and models of treatment come closer together. Faimberg's clinical model is a kind of nonlinear, open system, with the past and present reshaped by the dynamic movement of the analyst's and analysand's emerging understanding. The analyst listens to determine who she is heard as. She listens to hear the evolving fate of an interpretation.

From their distinct perspectives, one can imagine both a neo-Kleinian with an interest in induced countertransference and a relational and object relational theorist, interested in interpersonal transmissions and intersubjectivity, finding a lot to think about here. At the same time, Faimberg's method is rather different from both these perspectives. Like all analysts, she is curious about what is sequestered in the unconscious, but the crucial concept in her understanding of unconscious life is the power of narcissistically based resistances to the awareness of difference and of otherness.

The third elaboration of Faimberg's thinking (chapters 5 and 6) explores the relation of these narcissistic issues to oedipal dimensions in treatments and in transferences. Faimberg makes a subtle but significant shift in talking not solely of an oedipal complex, but also of an oedipal configuration. She does this in order to weave together the parental history (including the narcissistic regulation of the parents by *their* parents), the use of the child as an object of appropriation or exclusion, and the internalization of these experiences in conscious and unconscious life in the analysand. This makes of oedipality a bidirectional, intersubjective experience in which neither object relational history nor the history of desires and fantasy in the child is shortchanged. It is

here that one sees the great value of adding the concept of a *telescoping of generations* to our understanding of oedipal issues. Laplanche seems a crucial point of reference for Faimberg, but such a perspective is also one of great interest to relationalists like Benjamin, Davies, and Cooper.[1]

The interdependence of narcissistic and oedipal issues is explored in a consideration of the interlocking myths of Laius and Oedipus. Taken together, Faimberg suggests, these myths portray the sequelae of deceit, secrets, and a narcissistic father's filicide as a response to otherness and difference, all in play within situations of rivalry and contested or conflicted desires. Faimberg suggests that such narcissistic preoccupations can defend against a more conventionally oedipal crisis and resolution.

Tracing the oedipal dimensions of narcissism in the case of Alice (chapter 5), Faimberg listens for both subtle and acute changes in the patient's language, private codes, slang, and silences, in order to hear a long multigenerational history of narcissistic regulation of child by parent. I hear this material particularly for its relevance to gender identity. In a sense, Alice has the task of working through the legacy of a perverse view of gender or sexual difference, dominated by a misogyny at least two generations old. Faimberg makes the interesting observation that narcissistic modality is as much a matter of process as content—a deeply stained experience of self and other, sameness and difference, that appears subtly retranslated and reregistered from one generation to the next.

A fourth expression of the author's ideas (chapters 7, 8, and 10) deepens the focus on technique, countertransference, and, in the particular transformation of time and linearity, the concept of après coup. Here Faimberg brings together speculations on the double and triple function of interpretations, the narcissistic invest-

[1] See, for example, the following references: (1) Benjamin, J. (1998). *The Shadow of the Other: Intersubjectivity and Gender in Psychoanalysis.* New York: Routledge; (2) Cooper, S. H. & Davies, J. M. (2003). Reflections on Oedipus, post-Oedipus, and termination. *Psychoanal. Dialogues,* 13:65-75; (3) Laplanche, J. (1989). *New Foundations for Psychoanalysis.* London: Blackwell; (4) Laplanche, J. (1997). The theory of seduction and the problem of the other. *Int. J. Psychoanal.,* 78:653-666.

ments of the analyst, and the odd effect upon time of the psychic work of analysis. Just as the analysand speaks without full awareness, so analytic interpretations reflect, in part, unconscious material in the analyst. At the heart of Faimberg's method is a sense of the *polyphony in texts* at all levels of psychic functioning.

These enigmatic transactions lived out in transference-countertransference matrices can activate conscious and unconscious identifications in patients who, in the grip of these alienated states of being, have lived in a curious relation to time. Time is circular and repetitive rather than irreversible. Only in making interpretations addressed to these identifications, Faimberg feels, can the analyst hope to get the past into the past, and to construct or reconstruct a sense of ongoingness and pastness for the patient. Interpretations activate a kind of *Nachträglichkeit* having the potential to alter the past and the future.

I recommend this book for analysts at all levels of development. Faimberg writes in an open, accessible style, drawing on interesting clinical material. Several of these papers are already well known as wonderful teaching tools. But, above all, this is the kind of writing and thinking that comes alive for the analyst who sits and listens to analysands.

ADRIENNE HARRIS (NEW YORK)

THE QUIET REVOLUTION IN AMERICAN PSYCHOANALYSIS: SELECTED PAPERS OF ARNOLD M. COOPER. Edited and introduced by Elizabeth L. Auchincloss. East Sussex/New York: Brunner-Routledge, 2005. 277 pp.

This is a book about a psychoanalyst and his ideas about psychoanalysis. We are introduced to revolutionary/author Arnold Cooper and the quiet revolution in the book's first chapter, "The Impact on Clinical Work of the Analyst's Idealizations and Identifications." With autobiographical candor and a probing attitude that permeates every page, Cooper reflects on his formative experiences and raises questions as

> . . . part of an ongoing personal struggle to reassure myself that my thinking psychoanalytically wasn't totally eccentric. I was never certain that I did deep analysis as the so-called orthodox did . . . . Until quite recently I wasn't sure that they didn't know something vital that I didn't. It's possible that they did, although I think it is now clear that the world of orthodox self-assurance has collapsed. [p. 16]

In this remarkable essay written as recently as 1998 by a man whose career has spanned over fifty years, Cooper proceeds to expand upon some of the assumptions from the Freudian canon that he maintains have been "sanitized," if not preserved entirely, claiming that "it was years before I developed real comfort with the idea that I was a psychoanalyst by any serious definition, even if I differed with the mainstream" (p. 18). Underlying Cooper's doubts about "belonging" include formative experiences from a childhood that witnessed injustices, contradictory parental attitudes (particularly toward religious practices in the family), and the unavailability of books in the household.

Music and his serious involvement with the clarinet provided an escape, and weekend visits to New York City gave Cooper glimpses of a vibrant world, where his enriched intellectual, musical, and social life provided a catalyst for his gravitation to the world of psychoanalytic ideas. His route to becoming a psychoanalyst was circuitous, winding through a small medical school in Utah with no department of psychiatry. This ostensible limitation provided him with an opportunity to interact with a diverse faculty, immersing himself in physiology. Further training at Harvard University following completion of his M.D. degree gave him additional laboratory experience. An internship in internal medicine at Columbia-Presbyterian rekindled earlier determinations to become a psychoanalyst, with three years of psychiatric residency to follow at Bellevue Hospital in New York City. Psychoanalytic training followed at Columbia University, and by the time Cooper developed his private practice, he had become deeply involved in teaching, an experience he credits with enriching his psychoanalytic identity and clinical work.

Unlike the burgeoning creativity in music and the arts during the 1950s and early 1960s, bolstered by the establishment of the National Endowment for the Arts, psychoanalysis as Cooper initially experienced it seemed to continue to cling to its orthodox origins. Clearly, Cooper's formative years and subsequent immersion in a larger world of ideas, including music and the arts, contributed to the tensions that are addressed in his book. He invites us to join his personal evolution—his silent *rev*olution—to think about where we have been as a profession and where we may be headed.

Cooper sets the tone of the book with reflective vigor and intellectual honesty that is present throughout, which is as contemporary as it is probing of psychoanalytic times past. The effect of the entire work is an invitation to reflect upon and reevaluate one's own psychoanalytic assumptions, as Cooper attempts to evenly hover on a continuum that totally embraces neither idealism nor nihilism. The individual essays cumulatively coalesce into the full force of Cooper's thinking. His quiet revolution predates and updates present-day dilemmas of competing treatments and theories, both from within and outside psychoanalysis, and, most currently, the passions that surround resolutions on local options, certification, training analyst appointments, and inclusiveness that are being voted on by members of the American Psychoanalytic Association as this review is being written. The book creates a déjà vu effect of back to the future.

Cooper's first chapter is preceded by a scholarly and affectionate introduction by Elizabeth Auchincloss, which must be acknowledged in its own right. Auchincloss does much more than summarize the content and organization of the volume's eighteen essays. Her introduction/overture is a satisfying and informative chapter. She sets the tone for a book that is the history of a man, a description of an era in psychoanalytic history, and a tribute to the evolution of Cooper's creative thinking. His essays, many of which were invited and presented at symposia and panels, are divided into four parts, covering the time span between 1973–1998; they are representative of a larger opus of over 150 papers composed between the years 1947 and 2002. The essays can be read satisfyingly as indi-

vidual chapters, and, when read serially, they gain momentum regarding the complexities that challenge basic assumptions about theory, clinical practice, research, organizational politics, interdisciplinary work, and inclusion/exclusion in professional organizations.

Part I ("The Quiet Revolution") and Part II ("Challenging the Boundaries of Psychoanalysis") examine the changes in American psychoanalysis as it has evolved from Freud's framework. It is here that Cooper shares his beliefs about psychoanalytic training, clinical practice, local institutes, and issues on the national and international stage. In the early chapters, he explores the implications of neurobiology, infant research, a comparison of psychotherapy and psychoanalysis, and empirical research, as he tastes "new wine in old bottles" (p. 51), promoting greater tolerance of ideas that have substance despite—or precisely because—they have not fermented over time in the psychoanalytic wine cellar. In 1986, he observed that "we cannot bring ourselves to talk a language other than the one that Freud taught us" (p. 53), and, "until recently, at least, the psychoanalyst with a new idea has also had to demonstrate that he remains within the context of Freud's thought" (p. 55).

Parts III ("Vicissitudes of Narcissism") and IV ("The Analyst at Work") focus on clinical issues, with particular emphasis on what Cooper has coined the *narcissistic-masochistic character*. When discussing treatment, Cooper generously opens wide his consulting room door as he invites us to think along with him about his work, and, by extension, our own, especially our complex relationships with patients. There is the repeated theme that to challenge and reexamine what we believe and who we are nourishes growth.

This short but powerful volume spans the spectrum of individual psychoanalytic development, from candidacy ("our teaching of our theory and technique . . . both inspires and misleads our young analyst" [p. 209]; "the development of analytic skills requires experimentation with uncomfortable and unnatural ways of thinking and reacting" [p. 210]), to hazards inherent in a psychoanalytic career, which include burnout ("analysts operate in a climate of extraordinary isolation . . . which has lead to certain intellectual perils" [p. 203]). Cooper notes that the sense of isolation he cites may

continue after termination, when the analyst may never hear from a patient (as do may other practitioners in the healing professions), or know if the analysis was truly helpful over time. Cooper warns that the difficulties inherent in being a psychoanalyst may cause him or her to "welcome the opportunity to enact an endless infantile drama of being unloved or unappreciated or overwhelmed" (p. 204).

Other areas that are discussed include the clinical practice of psychotherapy in relation to that of psychoanalysis:

> The financial constraints of analytic practice, the changes in the patient population, the scarcity of the ideal analytic patient, and the desire for quicker treatments have led many practitioners to reexamine the alleged difference . . . . Psychoanalysis and psychotherapy exist along a spectrum and . . . there is a large blur in the middle. [p. 105]

Here specifically, as elsewhere in the book, Cooper calls for reliable data to elucidate what may be a differing emphasis on the therapist as available introject after psychotherapy, on the one hand, and deep structural change that has occurred as a result of a successful psychoanalysis, on the other. Cooper notes that "the 'therapeutic' analysis is not one that has analyzed all dormant conflicts but is one that has enabled a sufficient reorganization of ego capacities . . . . Analysis is indeed interminable, as the human personality is constantly recreating itself" (p. 77).

As mentioned, this is a book whose chapters can be read out of order or from cover to cover, but once opened, it is hard to put down. I began by moving back and forth between chapters, and found that, as I got more and more into the revolution, I began to sense a leitmotif, whether or not such was intended by the author. I gravitated first to chapter 10 ("The Narcissistic-Masochistic Character"), seeking to understand better the challenges presented by a number of my own patients, as well as to think further about the reactions I experience when working with people who appear to be attached to suffering. For me, this chapter epitomizes the enduring message of Cooper's book. It reviews sadomaso-

chism from a historical perspective (Freud, Krafeft-Ebing, Brenner, Stolorow, Maleson, Grossman, and Bergler), and Cooper maintains that Bergler was foresighted in an "emphasis on the preoedipal period and narcissism" (p. 125).

Without giving this book's breadth and depth short shrift and thereby inappropriately making it appear reductionistic or simplistic, I might note that, if there is a leitmotif, it lies in Cooper's stance on the importance of early childhood and preoedipal dynamics. This theme appears again and again and includes a convincing reinterpretation of Sophocles' *Oedipus Rex*. Cooper's reading of this bedrock of psychoanalytic theory and practice suggests that, when we consider Oedipus' early parental abuse, abandonment, attempted infanticide, and adoption, it is not surprising to see the powerful vicissitudes of early traumatic losses played out in his adult lack of impulse control, of self-esteem, and of object relatedness.

For Cooper, it is not enough to focus on the triangular boundary violations emphasized in the play and in psychoanalytic theory and practice; he finds it imperative to also reexamine the "preoedipal world" (p. 59). This stance has enormous implications for clinical work with both adults and children, particularly regarding the adhesion to psychic pain. Triadic oedipal dramas in psychoanalytic formulations that are played out in the transference can be traced to preoedipal traumas that nourish the development of sadomasochism and narcissism. It is in this area that Cooper presents a brilliant discussion with detailed clinical examples of pleasure in displeasure and the defensive use of provocativeness and "injustice collecting" (p. 126), which often become sticky clinical quagmires within the analytic dyad. I would welcome Cooper's elaboration of issues that arise when preoedipal experiences around attachment, abandonment, and loss are used defensively by the patient to prevent movement beyond sadomasochistic provocation and suffering as a seemingly intractable mode of attachment and object relating, both inside and outside treatment.

The Quiet Revolution in American Psychoanalysis is both reassuring and disquieting, ultimately deidealizing complacency and

stagnation while encouraging a questioning attitude about what is considered psychoanalytic. Cooper's work compels us to continually take stock. I found the book to be filled with both hindsight and foresight, and had to repeatedly remind myself that most of these chapters were written over twenty years ago. The topics addressed are as vitally contemporary, and often as inflammatory, as they were in 1982 (and before), when Cooper wrote:

> We have every reason to believe that our knowledge and effectiveness will vastly increase in the future. It has been my hope that by considering some of the difficulties and perils of our professional lives, we will be better prepared to overcome them. I am optimistic that we will shortly be in a position to prove Freud wrong. We will discover that our profession is not impossible, merely difficult. [p. 206]

As the quiet revolution crescendos, one hopes that our literature will continue to be enriched by contributions to its repertoire —old and new—by Arnold Cooper.

JULIE JAFFEE NAGEL (ANN ARBOR, MI)

TRANSFORMING LIVES: ANALYST AND PATIENT VIEW THE POWER OF PSYCHODYNAMIC TREATMENT. Edited by Joseph Schachter. Lanham, MD: Aronson, 2005. 240 pp.

Transforming Lives is a compact, easy-to-read book of hope for analysands, candidates, and the field of psychoanalysis. Although the book's editor, Joseph Schachter, states that its goal is to help a potential analysand make the complex process of deciding to begin an analysis "better informed, clearer, and easier" (p. 1), *Transforming Lives* also helps psychoanalysts take a "better informed, clearer, and easier" view of the psychoanalytic experience.

The book is organized around seven chapters that describe seven analyses as written by their different and anonymous psychoanalysts. In addition, five of the analysts shared their chapters with their analysands (whose reactions are discussed in each chapter) and invited them to write up the analysis from their own points of

view; four of the analysands accepted this invitation. This clinical material is bracketed in the beginning of the book by Schachter's chapter reviewing the origins of psychoanalysis, for historical context, and at the end of the book by Zenobia Grusky's chapter on the process of collecting and publishing case material. In addition, a concluding summary chapter by Schachter directly addresses many of the basic issues and controversies in psychoanalysis illustrated by these seven analyses.

Transforming Lives is not an intellectual primer of psychoanalytic technique, but rather an affective description of the most powerful effects of psychoanalysis. Although belonging to a genre of books written to help the public understand psychoanalysis,[1] *Transforming Lives* stands alone in this literature by anonymously presenting multiple overviews of complete analyses and by presenting accounts by the analysands themselves. *Transforming Lives* not only describes and documents the power of psychoanalysis to bring about lasting transformative changes in patients looking for hope and help with emotional pain, but does so in a format that brings needed hope to the field itself. As the book's editor, Schachter has done a wonderful job of finding seven psychoanalysts willing to share their work intimately and anonymously with us. Although seven analysts are listed at the end of the book as the group constituting its contributors—Henry J. Friedman, Zenobia Grusky, Maria Ponsi, Arlene Kramer Richards, Alan Skolnikoff, Jeffrey Stern, and Susan C. Vaughan (in addition to Schachter himself)—the individual author of each of the seven clinical chapters is not identified. As Schachter says in his introduction:

> I tried to select psychoanalysts with a wide range of explicit personal qualities. The group of seven analysts includes men and women, training analysts and nontraining ana-

[1] See, for example, the following books: (1) Volkan, V. (1984). *What Do You Get When You Cross a Dandelion with a Rose? The True Story of a Psychoanalysis*. New York: Aronson; (2) Lichtenberg, J. (1985). *The Talking Cure: A Descriptive Guide to Psychoanalysis*. Hillsdale, NJ: Analytic Press; (3) Vaughan, S. (1997). *The Talking Cure: The Science Behind Psychotherapy*. New York: G. P. Putnam's Sons; and (4) Stockton, W. (2005). *Now It All Makes Sense*. Charlottesville, VA: Free Will Publishing.

> lysts, Americans and Europeans, heterosexuals and homosexuals, Democrats and Republicans, and, last but not least, people who vacation in the mountains and people who vacation by the sea. [p. 5]

These analysts' altruistic willingness to sacrifice their own narcissistic needs by remaining anonymous in relation to the individual cases they describe, for the sake of confidentiality and for future unknown analysands, as well as for the advancement of psychoanalysis, is admirable. And that this task can be accomplished with an emphasis on large areas of clinical agreement amongst analysts, with little regression to theoretical squabbling, is truly encouraging. That over half the analysands described in the book also share their versions of their analytic experience is a welcome and important addition to the literature and a testament to the transforming process that they experienced with their analysts.

Although some reviewers might criticize Schachter's approach to the definition and goal of psychoanalysis as incomplete or incorrect, I do not. His attempt to cull out pertinent goals and techniques that underlie and unite contemporary schools of psychoanalysis, as explicated in the book's introduction, is helpful and successful:

> The essential qualitative characteristics of psychoanalysis are the attention paid to the ways that conscious and unconscious feelings and fantasies of both analyst and patient influence the interaction between them. As the analytic partners examine these interactions, the patient begins to understand how feelings and expectations of which he or she may not be aware can shape reactions—to the analyst and to other persons as well. The patient learns something about how these feelings and expectations developed earlier in life, the purposes they served then, and what (possibly less useful) purposes they serve now. In exploring the past, the patient develops a meaningful personal narrative that helps explicate the specific ways that he or she has been shaped by past experiences and feelings. Finally, and of great importance, as the work progresses, the patient engages in a series of broadening

> new experiences with the analyst that he or she may never have had before and that enhance the fluidity of his or her interactions with other persons. [p. 3]

In addition, Schachter, without any denigration, points out those areas of theory and technique about which agreement has not been reached. He says, for example:

> As yet no agreement has been reached about the *mutative factors* that contribute to patient improvement . . . . We have to settle for uncertainty about the mutative factors . . . in . . . analytic treatments, although this is not fully satisfying for any of us—patient, analyst, or reader. But the uncertainty does not change the fact that treatment can produce a dramatic, positive transformation in a patient's life. [p. 15, italics in original]

Schachter's honest and direct reframing of what are usually described as theoretical and technical disagreements into areas of uncertainty that both analysand and analyst have to share and tolerate helps begin the important process of developing an alliance between the potential analysand and the analyst around sharing the burden of this conflict. In addition, *Transforming Lives* attempts to promote an alliance within the profession through candid presentations of these seven analysts' struggles with intermittent uncertainty on the way to success. The book clearly demonstrates the analysts' ability to bear the experiences of both uncertainty and power at one and the same time, and implies that this ability in the analyst is an important part of the transformative process in psychoanalysis.

The potential audience for *Transforming Lives* is large and varied. This book will be helpful for anyone considering psychoanalytic treatment. And, certainly, *Transforming Lives* will also be helpful for clinicians who are thinking of becoming psychoanalysts and for candidates who have already made the decision. The book would be wonderful (and easy) summer reading for candidates about to begin their first-year classes. And many teachers in psychoanalytic education will find *Transforming Lives* a helpful ad-

dition to their reading lists in both technique courses and case conferences.

Schachter opens the book with his chapter entitled "An Early Psychoanalytic Success: Freud's Treatment of the 'Rat Man.'" This chapter suffers a bit from an overly ambitious set of complex goals that make it more difficult to read than the clinical material in the following chapters. One of Schachter's main aims here is to help a potential analysand prepare for a contemporary therapeutic experience; he wants to provide reassurance that the analysand will not simply be facing a passive, blank screen who is primarily interested in theory. He attempts to accomplish this by reexamining Freud's early case report of the Rat Man. At the same time, Schachter attempts to explain how contemporary analysts might work differently with the same case, and to refocus the Rat Man case from the viewpoint of Freud as a beginning theoretician to that of Freud as a successful clinician. One of Schachter's major points in the chapter is that, whatever theoretical goals Freud pursued, his clinical work with the Rat Man, like the work of the seven contemporary analysts in *Transforming Lives*, produced a powerfully successful and lasting transformation in the analysand.

What comes through in a profound way throughout the book is the ability of all these contributors to share their work with a wide variety of audiences simultaneously. They speak with potential analysands completely ignorant about or negative toward psychoanalysis and with colleagues advanced in the field as respected equals.

The seven chapters of case reports are all engrossing and quite varied in styles of writing and analyzing. This gives the overall premise—that psychoanalysis is transformative, even if we do not know why—much more descriptive authority than if the reports were all from analysts of the same school. The reports are all written with a degree of caring, honesty, and emotional candor that might not be possible without the analysts' anonymity.

The voices that ring the most true, however, are the patients'. Their reports, as varied in style and content as the analysts', show capacities for deep internal deliberation and understanding about themselves, their analyses, and their analysts that demonstrate emo-

tional skills attained through the analytic experiences they describe. The patient reports are not just simple testimonials submitted for love and approval. All of them reveal individuals who are now able to tolerate the interweaving of complex feelings about themselves and about their analysts, and who can be simultaneously similar to and different from their analysts. And some of these former patients want to help others suffering a psychological pain that they themselves well remember.

Transforming Lives concludes with an excellent chapter by Schachter in which he addresses a wide range of questions that might arise for a potential analysand or candidate, and that do, in fact, arise for most analysts who must tolerate the uncertainties of everyday work. Because the concluding chapter follows the seven clearly successful cases, here Schachter's stance appears relaxed, helpful, and inquisitive, rather than negative, challenging, or demeaning. He discusses straightforwardly and respectfully what we know and what we do not yet know about psychoanalysis in a comprehensive but down-to-earth review of contemporary psychoanalytic literature on such diverse topics as effectiveness, mutative elements, transference, and brain changes.

Transforming Lives is a helpful book that serves several purposes. It provides the beginnings of informed consent for analysands and an overview of the psychoanalytic process and psychoanalytic literature for candidates. And, at the same time, it presents an important statement of agreement among contemporary psychoanalysts that can provide a hopeful foundation for future progress in our field.

STEVEN M. SHULRUFF (DENVER, CO)

THE THERAPEUTIC PROCESS: A CLINICAL INTRODUCTION TO PSYCHODYNAMIC PSYCHOTHERAPY. By J. Mark Thompson and Candace Cotlove. Lanham, MD: Aronson, 2005. 311 pp.

The Therapeutic Process aims to impart insights to beginning students and clarity to experienced clinicians. Numerous clinical vi-

gnettes strengthen this book, as do the excellent presentation and discussion of many dreams. In fact, almost an entire chapter (chapter 4, "Listening"—an idiosyncratic choice of title) is devoted to an introduction to dream theory and clinical work with dreams. There are good historical perspectives on the development of major theoretical concepts, and seminal psychoanalytic thinkers are referenced throughout the book, each with some comment about his/her theory or technique. A comprehensive bibliography complements every chapter; however, some cross-referencing between chapters would have been helpful to afford the reader with a sense of continuity and context of themes and topics.

Chapter 1 ("The Goals of Psychodynamic Psychotherapy"), chapter 2 ("Initial Evaluation of the Patient"), and chapter 3 ("Formulation") instruct the student in how to begin a psychodynamic psychotherapy. They read like an encyclopedic overview of psychoanalytic theory and points of technique. The condensed information and tendency toward lists, here and elsewhere, might prove overwhelming for a beginning student of psychotherapy. In chapter 5, the characterization of defenses as primitive, middle level, or "neurotic"/mature (i.e., among other categorizations) may encourage a reliance upon descriptive rather than psychodynamic thinking, with a consequent stereotyping of patients. The explanation of resistance, in the same chapter, is rather brief, and the complexity and clinical application of the concept are not well conveyed.

The authors' approach is eclectic; they advise utilization of theory as a vehicle with which to understand the dynamics of an individual patient. Pine's (1988, 1989) important papers on what he described as the four psychologies of psychoanalysis—structural theory, ego psychology, object relations theory, and self psychology—are cited several times.[1] The presentation of Pine's four theories is combined with clinical vignettes that demonstrate how

[1] See (1) Pine, F. (1988). The four psychologies of psychoanalysis and their place in clinical work. *J. Amer. Psychoanal. Assn.,* 36:571-596; and (2) Pine, F. (1989). Motivation, personality organization, and the four psychologies of psychoanalysis. *J. Amer. Psychoanal. Assn.,* 37:31-64.

the theories might be applied. The aforementioned articles do not include information about either intersubjectivity or the relational perspective, which—given our current milieu—need to be addressed in any work that purports to teach the therapeutic process. The last fifteen years have brought a plethora of papers and books and an often vociferous debate about the importance of considering the dyad of patient and therapist. Additionally, both the virtue and plausibility of neutrality have been challenged in recent literature; therefore, the absence of any mention of these topics is a shortcoming of this book, and, to a degree, outdates it.

Parts of the later chapters of *The Therapeutic Process* are especially enjoyable to read. In chapter 6, the paramount importance of transference is well emphasized. The concept is defined; it is put into the context of everyday life; and various manifestations of transference during psychotherapy are described. The discussion of countertransference, which has been amalgamated with the discussion of empathy to constitute chapter 7, lacks substance, although the thorough discussion of empathy was valued by this reviewer, who finds that this central concept is frequently ignored. Clinical vignettes are absent here, except for a brief description of a therapist's dreaming about a patient. Only one model of countertransference is presented—that of Racker—who stressed concordant and complementary identifications. Newer ideas about the nature of countertransference are so much in the forefront of modern psychoanalytic thinking that a limitation to this solitary reference is a serious lack and leaves the concept of countertransference inadequately addressed. Neither the concept of enactment nor the idea of a therapeutic dyad is included.

Chapter 8 enumerates a variety of types of interpretations, as well as other interventions and their potential usefulness. A long, numbered list of rules about the "art" of delivering an interpretation is followed by another numbered list about ways to recognize whether an interpretation was accurate. Clinical knowledge might best be culled from these lists in the setting of a seminar or supervision. Chapter 8 contains the only brief reference to abstinence and neutrality in the context of the importance of boundary-defining rules to avoid serious boundary transgressions.

Chapter 9 ("Working Through") presents a useful perspective on the course of a long-term psychoanalytic therapy culminating in termination, which is addressed in chapter 10. Markers such as reaction to separations from the therapist, formation of new relationships, and symptom diminution are noted. An increase in a sense of continuity with the past, changes in dream patterns, and alterations in the defensive repertoire and in the superego and ego ideal are clearly explained. The recovery of repressed memories, reconstruction, internalization, a strengthening of the observing ego, and the concept of a *false self* are all briefly explored. Ideal and non-ideal terminations are differentiated; the processes of mourning and transference resolution are identified. There is mention of the inevitable limitations of any given therapy, and life goals are differentiated from treatment goals.

The Therapeutic Process introduces the student to the complexities of the therapeutic process. Its usefulness will be optimized when discussed with instructors in concert with clinical work. The book is uneven in the thoroughness of presentation of the major concepts of psychodynamic psychotherapy. The absence of reference to relational concepts, enactments, or the vicissitudes of countertransference cause parts of the book to be outdated. There is no discussion of the pros and cons of neutrality and only brief mention of boundary issues and violations. That said, the clarity of the discussions of transference, of empathy, and of working through is to be appreciated, as is the fluidity of the writing about these concepts. This book should find a niche as an aide to the teaching of psychodynamic psychotherapy.

SYBIL A. GINSBURG (ATLANTA, GA)

PSYCHOTHERAPY PEARLS. By Fred M. Levin and Meyer S. Gunther. Philadelphia, PA: Xlibris, 2004. 296 pp.

In this book, Levin and Gunther approach the task of teaching the fundamentals of doing psychotherapy by using their experience in studying the nature of learning. They lay out insight or "pearls" of wisdom that they have accumulated from their research and clinical experience, and encourage the reader to pick up whichever ones speak to him/her—either because the insight is interesting, because it addresses a current clinical problem, or because he/she is ready to think about this particular idea. By encouraging the reader to be spontaneous in perusing the book and playing with the bits of information it contains, they model a fundamental aspect of what they are trying to teach: the establishment of an atmosphere in which the patient is encouraged to start at the point where he/she is and to talk freely. By taking this approach, the therapist helps the patient settle into the best position to learn from therapy.

Levin and Gunther are probably excellent seminar leaders. They have a vast store of knowledge about psychotherapy. Their clinical experience and insight come through clearly in their discussions. Even if one does not agree with all their conclusions, most are soundly reasoned and based on clinical experience. They display a pragmatic, sensible, comfortable use of clinical knowledge and psychoanalytic and biological theory. They are succinct and generally stick to ordinary language; they have tried to organize the book so that the therapist/reader can turn to chapters of interest depending on his/her current clinical problems or state of professional development.

The authors present some interesting ideas in the course of their elaborations on the fundamentals of psychotherapy. For example, I found myself puzzling over their discussion of confidentiality in the chapter entitled "Pearls about the Therapeutic Relationship." In my mind, the importance of confidentiality lies in the analyst's obligation to protect the patient's communications. Therefore, it was startling to find a discussion of confidentiality stemming

from the point of view of the analyst's (or therapist's) hope that the patient will treat the analyst's communications as confidential: "*To be properly forthcoming, the therapist also needs to know that what he says is considered private and will be respected and kept confidential by the patient.* This enables him to share his heartfelt feelings and observations without fear" (p. 58, italics in original; throughout the book, the snippets of information identified as *pearls* are italicized).

There is something of importance here. In moments of intense involvement with the patient, the therapist does feel a sense of trust in the patient, which encourages the therapist's engagement with the patient and the furthering of the therapeutic work. This is not something often written about in discussions of clinical technique.

There are also some clinical points stated nicely in *Psychotherapy Pearls:* e.g., the role of the patient's children in the stimulation of the patient's conflicts (p. 130), and the therapist as someone able to link the patient's conflicts to his/her past and to be a witness to the reality of the patient's experience (referred to as the therapist's "spotting function," pp. 107, 140). While most of the chapters are introductory by virtue of their brevity, some nevertheless manage to be complete. For example, in the three-page chapter on regression (beginning on p. 206), there is a concise discussion, without technical jargon, of regression as defense, pathological expressions of regression and its consequences, regression in the service of the ego and in the service of the treatment, and developmental aspects of regression and progression in the functioning of the therapist as well as in the patient.

In spite of these positive aspects of the book, I do not think it achieves its objective to "enhance your comprehension, recall and application of the psychotherapy knowledge which you have gathered previously and better tie it to what you will learn tomorrow" (p. 12). The book suffers from the organizational style in which the authors have chosen to present their ideas. It has an aphoristic quality, and it is not easy to read a book of aphorisms. Perhaps one might consider it a book to turn to when confronted with a particular clinical problem or to peruse when pondering a clinical

topic. But, even then, given the brief examination it gives each of the topics, the book would not be sufficiently helpful if one wanted to explore a particular clinical issue in depth. For beginning students, there are other, more basic articles and books.[1] For advanced students, journal articles or books on selected topics would be more appropriate.

Although the ideas the authors present are for the most part accurate and interesting, and although they are a clear distillate of extensive clinical experience, the chapters are too short and condensed to invite critical thinking about the subject matter. In addition, this book is in need of editing; misspellings (*repetoir* for *repertoire,* p. 190), omissions of words ("that can overlooked," p. 216), and a large number of misused apostrophes ("new patient's are almost," p. 26) mar the reading experience significantly.

HARVEY H. FALIT (ANN ARBOR, MI)

[1] See, for example: (1) Gabbard, G. (2004). *Long-Term Psychodynamic Psychotherapy: A Basic Text*. Washington, DC: Amer. Psychiatric Press; (2) Levy, S. (1984). *Principles of Interpretation: Mastering Clear and Concise Interventions in Psychotherapy*. New York: Aronson; and (3) McWilliams, N. (1994). *Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process*. New York: Guilford.

PSYCHE AND BRAIN: THE BIOLOGY OF TALKING CURES. By Fred M. Levin. Madison, CT: International Universities Press, 2003. 252 pp.

Although there have been efforts to integrate the explosion of knowledge in neuroscience with psychoanalysis in the last decade, these attempts have had little effect on the clinical practice of analysis. Fred Levin, a faculty member in the departments of both neurology and psychiatry at the University of Chicago, and one of the small but growing group of analysts knowledgeable about advances in neuroscience, aims to change that with this book, a follow-up to his 1991 publication, *Mapping the Mind*. His (quite reasonable) assumption is that the theory of treatment utilized in psychoanalysis should not conflict with what we are learning about how the brain functions.

Toward that end, *Psyche and Brain* summarizes a "highly selective sample" (p. 19) of recent research findings that Levin feels are of particular relevance to analysis. His knowledge base is extraordinary, drawing not only from neuroscience, but also from genetics, cognitive psychology, evolutionary biology, mathematics (chaos theory), and other fields. Since the book is a collection of previously published, separate papers that cover a wide range of topics, it can feel as though it wanders "all over the place," though Levin does return to certain important themes.

Though the focus on technical neuroscience makes the book difficult reading at times, Levin presents the information clearly and concisely, often offering alternative explanations of complex concepts to make them more comprehensible. (The large number of references provides those who are interested with access to further information on the topics Levin introduces.) On the basis of information from outside the psychoanalytic situation, Levin claims that certain psychoanalytic techniques could be more efficacious (see below), but he fails to demonstrate this with sufficient clinical material. In addition, he moves between different levels of abstraction in reaching his conclusions, so that this reader was not convinced that the data leads us to the technical recommendations he advocates. Nonetheless, *Psyche and Brain* is worthwhile reading for those interested in provocative ideas about the possible implications of neuroscience for psychoanalytic technique, as well as in updating their knowledge of neuroscience and cognitive psychology in matters that may well turn out to have relevance for our field.

One of Levin's more interesting speculations involves the relationship between certain defenses and the nature of communication between the brain's hemispheres. The left brain is associated with logic and reasoning and declarative memory, while the right is responsible for processing intuition, prosody of language, and facial expression, and for developing emotional meaning. He suggests that disavowal occurs with the willful blocking of information flow across hemispheres, leading to detailed memory (in the province of the left brain) being devoid of emotional coloring (the province of the right brain), as is seen in obsessional patients. When re-

pression occurs, typical of hysterics, there is suppression of left hemisphere input, resulting in isolation of affect from content. He proposes that psychoanalysis might facilitate a bridging of hemispheres through sensitivity to the languages of both. (Also of interest is research cited by Levin that demonstrates that the corpus callosum, the bridge connecting the hemispheres, is not fully functional until age three and one-half, providing an anatomical explanation for why conflict might begin at that age.)

In the clinical example that purports to demonstrate this, a patient uses his left hand to make a gun gesture. Once the analyst points this out, the patient becomes aware of his anger at the analyst for taking a vacation, leading him to then remember episodes of having been abused in childhood. Levin concludes that "the only way to fully appreciate what the gun interpretation accomplished is to consider our perspective on intrahemispheric blocks" (p. 33). While I agree that neuroscience does give us a new way of understanding this vignette, it does not provide us with a new technical approach. As Levin is well aware, the approach advocated here (attention to a patient's body language) was utilized before our discovery of the relevant neuroscientific knowledge. This is true of all the technical approaches advocated by Levin; the data he adduces from fields outside of analysis might illuminate neurological aspects of human functioning, but they do not lead to any directly corresponding changes in psychoanalytic technique. In addition, the findings of neuroscience will tend to justify those technical approaches that emphasize the earliest developmental experiences. Levin is aware of this when he states, "Psychology and neuroscience do not routinely include information in their models about the highest level of man's psychological and affective organization" (p. 60).

It is not surprising that Levin, who trained in Chicago, finds that neuroscience leads one toward principles associated with self psychology. Thus, his recommendations include empathic immersion, attention to the "self in the world" (p. 232), the effort to avoid shame, and so on. One might expect that an analyst with a theoretical orientation different from Levin's could find data that

would justify his or her own particular approach. An example of this is provided by Ross, who uses data about declarative and procedural memory to hypothesize about the therapeutic action of defense analysis.[1]

Levin also considers these two types of memory in his discussion of *priming,* in which implicit (procedural) information, characteristic of the vestibulocerebellar and other brain memory systems located in the right hemisphere, is stored as "motor memory."[2] In order for unconscious memories to be retrieved, part of the original experience that created the memory must recur through action modes or sensory stimulation. Levin concludes that a "significant, probably early experience" (p. 29) cannot be accessed in analysis without the analyst's either identifying enactments (action) or being empathically attuned to the patient and willing to give his or her associations spontaneously, thereby providing the necessary sensory stimulation for recall. Levin suggests that this approach is especially indicated with those patients who become silent and appear stuck in trying to remember something.

Levin states that Freud utilized similarly active techniques (according to a report by Grinker, one of his patients) by making periodic, spontaneous remarks about such things as the reaction of Freud's dog to the patient's associations! Levin believes that most experienced analysts utilize spontaneous activities, like playfully singing or whistling an interpretation, but do not admit to such activities publicly. Of course, it is difficult to know how commonly such interventions are used by experienced analysts; those who focus on the interpretation of defense and do not emphasize the recovery or reconstruction of preoedipal memories are less likely to engage in such behaviors.

However, even assuming that Levin's notion of common practice is veridical, and that the technical approach he advocates is mutative, there are other ways to explain the effectiveness of the

[1] Ross, J. M. (2003). Preconscious defense analysis, memory, and structural change. *Int. J. Psychoanal.,* 84:59-76.

[2] Levin is aware, of course, that not all neuroscientists view procedural and implicit memory as identical concepts, but he assumes so for the purposes of this discussion.

analyst's spontaneity. For example, perhaps more informal behavior by the analyst makes some patients feel less inferior to, and therefore less frightened by, the analyst, and the subsequent lifting of anxiety allows for greater access to memory. Nonetheless, the idea that the concept of priming is useful for analysts to consider is a plausible one, and, in fact, the concept has drawn a fair amount of interest from other authors as well.

One of the less controversial points made by Levin is that the elucidation of brain mechanisms, genetic factors, and neurotransmitter changes in clinical entities such as ADHD and OCD supports the utilization of combined treatment approaches. He adds that analysts who fail to recognize biologically based symptoms as such might misinterpret them, to the detriment of the patient. He gives as an example the mistaken view that the failure in school of a learning-disabled patient is a manifestation of a masochistic wish to fail. As is well known, other erroneous beliefs have been popular at times during the history of psychoanalysis—the most notorious being the concept of the schizophrenogenic mother.

Among analysts practicing today, there is a range of approaches to the treatment of syndromes such as panic disorder and major depression, incorporating a willingness to consider biological factors or not, to varying degrees. Some rarely use medications, while others employ them frequently.

It seems to me that our challenge at present is to determine which modality or combination of modalities is appropriate in those commonly occurring cases where symptoms of depression, anxiety, or obsessive-compulsive disorder are subsyndromal. In order to clarify his or her thinking in formulating a treatment plan, the clinician must consider to what degree psychodynamic factors have contributed to the etiology of symptoms. Levin's focus on this issue is helpful, and it contrasts with the intentional dismissal of notions of physical causality among analysts advocating a hermeneutic approach and with the more passive neglect of it in recent analytic literature. Although the understanding of etiology is admittedly problematic and complex, I cannot see how we can engage in psychoanalysis and dynamic psychotherapy without

some idea of how unhealthy compromise formations, inadequate mirroring, etc., have contributed to pathogenesis.

Levin proposes that, in addition to technique, other aspects of psychoanalytic theory must also be modified in order to achieve compatibility with findings from neuroscience and cognitive psychology. He maintains that there is a correlation between certain ideas developed by cognitive psychologists, the process of priming described by neuroscientists, and transference as understood by psychoanalysts. Transference has been described as so ubiquitous that it must serve an evolutionary function, and Levin hypothesizes that it is a "computationally cheap" (p. 92) method of comparison that enhances the odds that transference needs will be met. He adds that, if interpreted within a supportive dyadic experience, transference can represent an opportunity for learning.

Levin criticizes the concept of *internal representation* as both too vague to have consistent meaning and too easily reified. He states that the notion of representation does not correlate with any network yet known in the brain, proposing that it be replaced by the term *expert systems,* which describes the brain's ability to judge similarity and to transfer knowledge between content domains. However, Levin does not justify such a paradigm shift by describing in detail how replacing the old term with a new one will help in the clinical situation. In addition, since so little is known about the brain, especially at higher levels of complexity, the fact that no brain network has been discovered that correlates with the notion of internal representation is not a convincing argument for abandoning the concept.

Levin pays a good deal of attention to the Executive Control Network (ECN), an overarching system that regulates the brain's focus of attention. One element of the ECN, located in the parietal lobe, determines the ability to detach one's attention from the subject. Levin instructs analysts to notice if they are repeatedly assisting patients in making transitions in thinking, for Levin feels that patients who have difficulty in this area may have subtle damage to their parietal lobes, requiring the analyst to adjust his or her technique accordingly. Another aspect of ECN pathology is demon-

strated by a patient who attempts to accomplish too much at once —not because of a sense of omnipotence or masochism, but due to a disturbance in the cerebellar module, a component of the ECN that assists in the handling of the flow of thoughts. In this latter case, Levin suggests, the analyst can be most effective by "reminding the patient in timely and gentle ways of important related material from preceding sessions" (p. 115).

It is likely that many analysts learn to do exactly that with this kind of patient, but, in focusing on subtle neurological deficits, Levin helps broaden the sphere of problems that we view as not resulting from intrapsychic conflict, imploring analysts to widen their field of perception in evaluating pathology and to adjust their technique as a result. In practice, it may be difficult to know whether one is dealing with a cognitive deficit or a form of psychologically driven pseudostupidity. Usually, there is other evidence of a particular conflict or set of conflicts that has contributed to the symptom, if it is dynamically based. Perhaps there will be a time when data from brain imaging will be capable of identifying such subtle pathology. Until then, we are forced to use our own observations to come to our best estimation of what is causing our patients' difficulties.

Fred Levin has provided us with the framework for a new way to think about our patients. Although I believe that not all of his efforts have yet been substantiated, time will tell how useful they prove to be. He deserves our gratitude for his significant work in attempting the kind of integration that is likely to become increasingly important for our field as more is learned about how the brain functions.

ROBERT M. SMITH (NEW YORK)

MY LIFE IN THEORY. By Leo Rangell. New York: Other Press, 2004. 363 pp.

To paraphrase an old Chinese curse, psychoanalysis in the past half century has certainly lived through interesting times. Leo Rangell is uniquely positioned to provide what he describes as "a

direct observational history by a participant-observer of the second half of the psychoanalytic century" (p. 3). In *My Life in Theory,* an ambitious and at times poignantly elegiac retrospective of his life through the lens of theoretical developments (and vice versa), he functions as an eyewitness to, and interpreter of, the shifting winds in psychoanalysis over his lifetime.

Few others can claim the vantage point Rangell has had in the critically important development of our field in the postwar period. The breadth of change he has witnessed and participated in and the number of psychoanalytic luminaries he has known and worked with are indeed vast, and his book travels over an infinitely interesting terrain, one he has been privileged to witness more closely and more at length than many others. Having served twice as president of the American Psychoanalytic Association and twice as president of the International Psychoanalytical Association, Rangell has indeed been "at the vortex of the scientific and organizational issues throughout this period" (p. 3), and is able to offer an intriguing and irreplaceable perspective.

Rangell proves himself to be a highly engaging presenter of psychoanalytic history. At the center of important institutional schisms and conflicts and as a participant in fundamental theoretical and organizational debates, he witnessed events that he describes in a vivid, detailed, and intimate manner. We hear about his professional development and about relationships with colleagues, mentors, and teachers. There are charming details, such as his meeting with Jacob Arlow on the subway as they traveled to their analytic hours in the early 1940s, constituting "the first psychoanalytic study group I knew of" (p. 68). His description of the psychoanalytic scene in Los Angeles and its interaction with Hollywood is a fascinating one, as is his detailing of his relationship with Ralph Greenson. Important episodes, such as the conflict between Anna Freud, Heinz Kohut, and himself over the 1969 presidency of the International Psychoanalytical Association, and the effect of pluralism on the American Psychoanalytic Association, are covered in detail from his close-up perspective. Rangell writes:

> Analysts today cannot know firsthand the subtleties of the interrelationships among the pioneers . . . . Yet these subtleties may have played major roles in theoretical and scientific developments . . . . I have tried to offer descriptions of such social and interactive factors as I have observed in my own experiences among the leading analysts of the second half of the century. [pp. 8-9]

There is in fact a gossipy, confiding tone at times, which is quite absorbing and animates and enlivens his recounting of psychoanalytic history. Even well-known facts become much more interesting when they are vividly recounted by someone who experienced them in real time. In fact, as a first-person account of some of the major players in the field and their interactions, the memoir provides a valuable and interesting perspective, as well as often making for lively and engaging reading.

The work is more ambitious than that, however. Rangell has had strong opinions about the disarray and confusion he feels our field has fallen into, and is passionately devoted to identifying what he believes are the central tenets of psychoanalysis, and why it is important to clarify and preserve them. He makes a strong stance against the relativistic approach that he sees as threatening a coherent and valuable body of ideas, and, in this sense, his work provides a valuable counterweight to current trends in the field that take a more permissive stance toward the relative values of different theoretical schools.

Rangell aims to provide a history of psychoanalytic theory that identifies what he feels are the core beliefs worthy of praise and preservation. He describes two paths in the development of theory: the "cognitive-rationalistic, on one hand, and the affective-inspirational-identificatory, on the other" (p. 22). While the idea that one can distinguish between these two is questionable, and a methodology that might be used to try to do so is never addressed, Rangell tries to salvage a core scientific bedrock that has survived the shifts of different psychoanalytic fashions, which is certainly an important, if fraught and difficult, aim.

Rangell provides a somewhat simplified version of theoretical shifts, sometimes seeming to present himself as an objective observer who can narrate a history while not being himself bound by subjective and interpersonal factors; but this is a problem that besets many historians, and, insofar as his own subjectivity inevitably affects his recounting of psychoanalytic history, Rangell's is a subjectivity worth spending time with.

Rangell portrays his vision of what he considers to be the desired path for psychoanalysis and describes his "Unified Theory of Psychoanalysis." He argues that part of the decline of psychoanalysis can be attributed to an incoherent acceptance of a multiplicity of views, and his own version of a unitary theory intends to select out fundamental ideas, laid down by Freud, that still have the most to contribute to our field, and to identify to what extent theoretical advances occurred more in the spirit of enlargements upon what Freud had provided, rather than as true novelties or departures. He believes in theory by accretion and describes himself as a "developed Freudian" (p. 10).

Rangell identifies four fallacies and flaws that have "bedeviled the course of our theoretical history" (p. 45), which consist of replacing an old theory with a new one when both may apply; putting forth a partial explanation as an entire theory; failing to apply insight gleaned in one sphere to related clinical situations; and failing to follow the consequences of new insights. He interprets various psychoanalytic developments through the spectrum of what he feels are these fundamental problems and offers his own corrective view.

There are some difficulties in the work. Rangell writes:

> My own effort in psychoanalytic theory throughout my sixty years has been to tease out and advance the progression of the unitary theory begun by Freud, retaining what has proven to be enduring (not necessarily ideal or complete) and accruing to this developing whole whatever new discoveries also prove valid and enduring. [p. 51]

This raises the critical questions of how to define validity in our field, how psychoanalytic hypotheses can be tested, what counts as psychoanalytic data, and how theories are made and advanced. This is a key set of questions for our field that requires further attention. By arguing that "every element of the new theories . . . is included in the Freudian system" (p. 30), Rangell may be giving too little credit to the contribution of any post-Freud theoretical developments. Rangell writes, "The ambivalence about the field, in my opinion, stems in essence from widespread uncertainty as to the validity of its theoretical core" (p. 41). But there is a risk that Rangell's work could contribute, in a sense, to this ambivalence; if our work is so hard to define and at the same time so easily reduced to these unified themes, and if it is true that changes are only accretions and that theoretical differences have little essential impact, does this undermine the appeal of psychoanalysis as a truly developing field?

When, for example, Rangell states of Freud's early work that "unity was the theme" (p. 4), one can certainly take issue with this and identify many other themes that could be considered as central. And yet it is hard not to be moved by the struggle to identify coherence and unity in what seems at times to have devolved into a somewhat chaotic contemporary psychoanalytic scene. Rangell asks us to identify as clearly as possible what it means for psychoanalytic thinking to evolve, and how to preserve the best of the past while not hampering our move into the future. We can disagree with some of his conclusions, but not with his dedication to our field, evidenced so vividly in his many contributions to psychoanalysis and his devotion to its future vitality.

Rangell has an important overarching goal. The hope is to overcome the divisiveness that has so affected recent psychoanalytic history and to find more common ground. This aim is an important one, both internally for the field, and for the coherence and appeal that psychoanalysis holds for the public—something Rangell is also acutely aware of. Rangell provides an incisive social history of the difficulties that are inevitable in any group of competitive professionals developing a theory of the mind. His

commitment to unification poses its own difficulties and drawbacks, but one must regard his path, both in this book and in his professional life, as a coherent and passionate struggle toward assuring the survival of the field to which he has devoted his long and active life.

DARIA COLOMBO (NEW YORK)

THE GADDINI-WINNICOTT CORRESPONDENCE, 1964 TO 1970. *Psychoanalysis and History*,[1] 2003, 5(1):1-69. Edited by Andrea Sabbadini.

That Donald W. Winnicott has made important contributions to the field of psychoanalysis is undeniable. This has not always been so, however. Winnicott's views were not always well received. Controversy swirled around him at times. An intermittent, bitter rivalry took place between him and Melanie Klein, with dispute as to which of them had a right to claim originality of certain ideas. Traditional Freudian psychoanalysts did not always welcome Winnicott's observations on certain aspects of preoedipal development, which seemed to some to challenge Freud's emphasis upon the centrality of the Oedipus complex in psychoanalytic theory. He never found himself comfortably in the mainstream of the psychoanalytic community, which made him unhappy to a significant extent, despite personal ambition, inner certainty that his observations were valuable, and a dogged insistence upon presenting his views to his not always receptive professional colleagues.

How welcome it had to be to Winnicott to come to know Renata Gaddini,[2] both professionally and personally, as a kindred spirit who had much in common with him and who fully and unabashedly appreciated and admired his seminal contributions. As Nina Farhi puts it in her introduction to this publication of the Gaddini–Winnicott correspondence, the two of them had a

[1] *Psychoanalysis and History* is a peer-reviewed journal devoted to both the study of the history of psychoanalysis and the application of psychoanalytic ideas to historiography.

[2] Renata Gaddini was then the wife of the noteworthy psychoanalyst and contributor to the psychoanalytic literature, Eugenio Gaddini (1916-1985).

> . . . mutual and lifelong preoccupation with the indivisibility of psyche and soma as a basis for health . . . [and a] shared sense of isolation as pediatricians working in a field that remains vigorously inimical to the concept of health to which psychoanalysis has so much to contribute. [p. 3]

Unlike those who either viewed Winnicott's ideas as a threat to their established positions, or competed with him for supremacy as a groundbreaker of new ideas, Gaddini not only embraced his ideas wholeheartedly, but she also "regarded Winnicott as her mentor" (p. 3). As emerges from the correspondence between them, she established herself as a good friend who offered him repeated kindnesses, not only professionally but personally as well.

Winnicott had his shortcomings, however. Gaddini spent a full year, with Winnicott's blessing, translating his book, *The Family and Individual Development*, into Italian in an effort to introduce his ideas to Italian readers. It was a herculean labor of love. Imagine her astonishment and dismay when she discovered that Winnicott, apparently casually, had also granted permission to someone else to produce an Italian translation, only to then absentmindedly forget that he had done so!

A group of letters between Winnicott and Gaddini in 1967 relate to this unfortunate occurrence of two translations of his book. To this reviewer's reading of the letters, Gaddini comes across as much the more admirable of the two. Winnicott expressed himself as "absolutely dismayed" (p. 16) and asserted repeatedly to Gaddini that he much preferred her translation to the one that surprised him by arriving unexpectedly on his desk as a printed volume. Nevertheless, he does not appear to have done much to rectify the situation that he had so carelessly created. Gaddini seems to have been both remarkably tolerant of the injury inflicted upon her and extremely gallant in her reaction to the entire debacle.

The letters go on to reflect upon a personal injury that Winnicott himself experienced, just a year later, which he apparently did not weather as stoically or flame-resistantly as Gaddini had done. In November 1968, although in ill health, he presented a paper, "The Use of an Object and Relating through Identifications,"

at the New York Psychoanalytic Society. The prepared discussants harshly lambasted the paper. Winnicott felt severely injured. At the time, I was just starting out as a psychoanalytic candidate and had read his publications with great interest. I thought that his presentation was wonderful and felt that the discussants did not know what they were talking about; I told him so as he rushed out of the building with a scowl on his face. He responded with what looked like a forced smile.

Shortly after that presentation, Winnicott developed an influenza-like illness and was hospitalized. His health, already impaired (he had had two heart attacks in the past, after which he continued to have cardiac problems), deteriorated steadily thereafter. The last letters in this collection of the Gaddini–Winnicott correspondence clearly reflect his physical weakness and failing power. He referred repeatedly to illness; and the letters themselves demonstrate quite clearly that he was no longer the man he had once been.

Just before Winnicott's trip to New York, a woman had sent him a letter in which she sought his opinion about her two-year-old daughter's habit of pulling on her hair while she sucked her thumb, which struck her as correlating somehow with his concept of transitional objects and transitional phenomena. Winnicott not only replied to her (rather weakly), but he also sent a copy of his correspondence with the woman to Gaddini, who responded by attempting to initiate an epistolary collaboration with Winnicott in studying the phenomena of hair twirling, hair pulling, and trichotillomania/alopecia areata. She sent him a series of letters in which she described cases of children who pulled (and sometimes ate) their hair, and she shared with him things she read on the subject. In their correspondence, except for expressing admiration for her work on this and related areas, Winnicott contributed extremely little either in the way of clinical observations or of his own reflections on the subject.

The few letters Winnicott wrote during the two-year period extending from the end of 1968 to the end of 1970, in fact, center

largely upon his own ill health and his efforts to revitalize himself via reading (including ancient Greek science, Shakespeare's *Coriolanus* and *Pericles*, Rilke's poetry, and Virginia Woolf's *The Waves*), carrying out a few interesting clinical consultations, and pulling together some of his papers into a book, published posthumously in 1971 *(Playing and Reality*—which included a later version of the paper he had presented in 1968 at the New York Psychoanalytic Society). Gaddini did her best to stir and inspire him with tidbits of observations she made at psychoanalytic meetings, comments about interesting experiences involving their psychoanalytic colleagues, and so on. But on the 25th of January, 1971, Winnicott suddenly died of a heart attack, ending a productive, complex, and very colorful life.

* * * * * * * * *

Two interesting papers by Gaddini were published in the same issue of *Psychoanalysis and History* that contains the Gaddini–Winnicott correspondence. One of them, "The Precursors of Transitional Objects and Phenomena," originally published in 1985, contains a clear description of the evolution of the transitional object from precursor, "into-the-mouth" objects (e.g., the nipple, the baby's thumb or middle fingers) and objects of "skin contact and tactile sensation" (e.g., the mother's body, a wrapping blanket) that serve to reduce disintegration anxiety experienced by the baby after birth, and then the physical and emotional tensions associated with repeatedly being awakened by hunger. The precursors are only experiential givens that "provide for the continuity and completion that was lost at birth" (p. 56). They become true transitional objects when weaning initiates a painful separation process; the infant responds by *creatively* manufacturing, out of the precursor objects, a not-me/not-mother, intermediate entity that occupies the space between itself and its mother and helps the baby deal with the terrible feeling of loss experienced during the weaning process.

Gaddini also compares and contrasts (normal) transitional object precursors with the (pathological) infantile fetishes that

Greenacre (1968, 1969)[3] observed as being created during the latter part of the second year, by children who have become cognitively aware of their genitals at the same time that, for various reasons, they are perceiving the world around them as threatening:

> At times it is the precursor plus something else, usually mother's clothing or a foot or a shoe, which are combined in the child's attempt to restore a sense of completion of the self and his threatened sexual identity . . . . The infantile fetish represents a part object and not a function in relationship to a person. Therefore it is not like a transitional object, which serves as a symbol . . . with which the child evokes the lost union with the mother. [p. 57]

The transitional object, Winnicott pointed out, is utilized in a virtual manner that puts it into a realm in which it both allows the mother to be lost and simultaneously creates an illusion of still having the mother. As Gaddini puts it, "Winnicott was a master of the in-between area" (p. 57).

Gaddini presents two fascinating brief vignettes of three-year-old boys who developed a fetishistic attachment to their mothers' stockings or feet in response to the sequential terrors of losing the mother's breast via a faulty and traumatic weaning experience, followed by experiences that promoted intense castration anxiety. Gaddini moves on from this to a critical examination of certain ideas elaborated by Melanie Klein, Hanna Segal, and Wilfred Bion, as she presents some of her own ideas about passage from the use of protosymbols that signify *denial* of absence of the object to the use of true symbols that facilitate *acceptance* of the loss of the object. She agrees with Winnicott's assertion that this developmental step is a prerequisite for achieving a capacity for sublimation and for advancing to real emotional independence and the crystallization of a well-functioning self-system as a fundamental mental organization.

[3] See Greenacre, P. (1968). Perversions: general considerations regarding their genetic and dynamic background. *Psychoanal. Study Child,* 23:47-62; and Greenacre, P. (1969). The fetish and the transitional object. *Psychoanal. Study Child,* 24:144-164.

In Gaddini's other article in this same issue, "Creativity and the 'Nebulous' in Winnicott," originally published in 2000, the author defends Winnicott against criticism of his "obscure way of expressing himself, an imperfection which may annoy his listeners or readers because it demands from them an effort to understand" (p. 63). She links his open-ended, poetic, "casual" way of expressing himself—in words as well as via invention of the "squiggle"—to his preoccupation with potential space, play, and creativity. She regards the latter as having been indispensable in generating his observations about the way in which the earliest interactions between mother and baby mediate development of the mind out of bodily experience, as well as establishment of the kind of basic trust, as Erikson termed it, that is essential for the development of a "true self." She finds Winnicott's at times obscure and uncertain ways of expressing himself quite tolerable:

> The "squiggle," as we know, is nothing but a sign entirely empty of intrinsic meaning . . . . For Winnicott the same is true of a word offered to give way to any meaning. In creative terms . . . both have the capacity to give way to the other's expression. They both want to introduce in a casual way a situation of causality . . . . The casual has no specific demand and, for this very reason, favors the expression of self, of the true self, which we call the creative expression . . . . The casual is potential; it gives room to thinking; it promotes responses. Causality . . . is the essence of learning from experience . . . . [It] is limited, calculable and classifiable. Causality therefore appears curtailing, rigid, non-evolutionary, non-spontaneous, and so it limits the expression of self and of creativity. [pp. 63-64]

Gaddini's argument may be cogent, but it is not altogether clear to me why investigation into the place of creative illusion in the developmental process should necessarily interfere with an investigator's ability to express him- or herself clearly to colleagues. I also cannot help wondering how Gaddini feels about the *casual* way in which Winnicott gave permission to two different

people to translate one of his books—and what grief this *caused* her! In her unwavering, completely tolerant and forgiving way of championing Winnicott no matter what he does, it seems to me that she is being very much like the warm, nurturing, good enough mother who provides the optimal holding environment that Winnicott indicated is vital for an infant if it is to thrive emotionally.

For my own part, I unwaveringly recommend "The Gaddini–Winnicott Correspondence" as well worth reading to anyone who is interested in Winnicott and the history of psychoanalysis. Gaddini's two articles in the same issue of *Psychoanalysis and History* serve as an interesting adjunct.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ABSTRACTS

RECENT FINDINGS IN NEUROSCIENCE AND THEIR RELEVANCE TO PSYCHOANALYSIS

ABSTRACTED BY FRED M. LEVIN, M.D.

These abstracts are primarily of articles published in the journal *Science*. Their subjects are considered potentially important for psychoanalysis, particularly in regard to mind–brain relations and cognitive controls. I begin with the topic of research on corollary discharge, on the one hand, and reports on important revisions of the neuron doctrine, on the other; I then add a discussion of our conceptions of what controls development and behavior, citing recent work in molecular biology on protein pathways.

PART I: OF CRICKETS AND MEN

A recent article by Poulet and Hedwig (2006) clarifies an older neurological concept, that of *corollary discharge,* in a way that may help us better understand a key aspect of brain organization and mental life. These researchers wired the nervous systems of singing crickets sufficiently to anatomically determine "a single, multisegmental interneuron [that] is responsible for the pre- and postsynaptic inhibition of auditory neurons . . . . Therefore, this neuron represents a corollary discharge interneuron that provides a neuronal basis for the central control of sensory responses" (p. 518).

The central idea, in a nutshell, is that the cricket's "ears" (located in their feet) modify its hearing based upon information forwarded from motor areas to sensory areas about motor plans (e.g., intentions for action, such as the instruction to flap the cricket's wings, an action that could well add to auditory input). Let me elaborate.

Kolb and Winshaw (1980) define *corollary discharge* as:

> . . . transmission by one area of the brain to another, informing the latter area of the former [area's] actions [or intentions to act]. Commonly [this is] used more specifically for a signal from the motor system to the sensory systems [announcing] that a particular movement is being produced. [p. 476]

For example, in the case of the cricket experiments, at the time the motor system begins to execute a signal to flap the cricket's wings, a signal (*corollary discharge*) is sent to the sensory system to tell it of this incipient action, thereby allowing the cricket to factor in the effects of the increased sound of the wings, as the cricket is listening to other signals and trying to carefully identify them for various purposes, including discrimination of self-generated sounds from those outside that might indicate danger. If this mechanism helps avoid errors in discriminating internally generated from externally generated sounds, it would obviously have clear adaptive value for the cricket.

It seems clear from this example that the mind-brain is organized to protect its owner, whether cricket or man, and that the long hypothesized corollary discharges (sometimes also called *efference copies* [Poulet and Hedwig 2006, p. 518]), experimentally demonstrated in the cricket experiments, are indeed critical to the creation of a solid basis for safety.

Now let me relate the above comments on corollary discharge to psychoanalysis. Although it may at first seem a huge leap, it is not unreasonable to consider the possibility that corollary discharges might well occur in man, where they could play a role similar to that seen in the cricket experiment—namely, to help the sensory systems of the human brain know quickly of some intended action plans, such as developing a psychoanalytic transference. As in the case of the cricket, this would have profound significance in keeping sensory areas alerted to make a more refined distinction between inside/outside (self versus other), as a source of the complex blend of sensory experience that results from

transference interactions. Presumably, this input would not necessarily enter into consciousness, but could nevertheless serve as an internal signal, with a number of possible roles:

1. It could assist our ability to identify "events" as following from our own intentionality, better differentiating them from those with external sources; and
2. It could help in our making use of this knowledge (outside of our awareness); and
3. It could guide our responses within the transference interaction in subtle ways.

Considering all this, we owe a debt to Poulet and Hedwig (2006) for reminding us that much is going on inside our nervous systems that facilitates not only our ability to exploit sensory phenomena (which we consider transference to be one variety of), but also improves our conceptualization of how we might learn from process. Put differently, if we take corollary discharge seriously and apply it to transference phenomena, our refined ability to detect transferences and learn from them may involve intuition or insight that is itself grounded in internal efference copies or corollary discharge from motor systems to sensory systems within our brains.

Thus, the internal communication between brain systems is critical for the creation and utilization of complex mental functions such as transference. And the complex mechanisms of these processes would seem to be discoverable only if we pay attention to minute details as they are reported in interdisciplinary research of the kind described in the articles cited.

PART II: REVISION OF THE NEURON DOCTRINE

Originally, the so-called *neuron doctrine* (a creation often credited to Ramon-y-Cajal, the Spanish anatomist and Nobel Prize winner) held that:

> . . . a neuron is an anatomically and functionally distinct cellular unit that arises through differentiation of a precursor neuroblast cell. The neuron was thus postulated to be a commensurable unit that could be arranged geometrically, and whose resulting functions could be calculated more or less mathematically. [Bullock et al. 2005, p. 791]

It was also assumed that interneuronal communication was limited to neurotransmitter-related, electrical activity at the synapses. However, things have gotten much more complex over the years; for example, Bullock et al. (2005) describe the modern view as follows:

> The neuron . . . [is now seen] as a discrete cell that processes information in [many] more ways than originally envisaged: Intercellular communications by gap junctions, slow electrical potentials, action potentials initiated in dendrites, neuromodulatory effects, extrasynaptic release of neurotransmitters, and information flow between neurons and glia all contribute to information processing. [p. 791]

Thus, we see that synapses are still important, but by no means the exclusive basis for neuronal networking.

As is well known, there is reason to believe that Freud, early on (1895), understood the importance of synapses (see also Freud 1973). Thus, for him, there were essentially two ways in which neurons affected one another: (1) they transfer quantity, quality, and exciting effect; and (2) each of these elements ultimately leads to one consequence: the transfer of information. In its focus on information transfer, Freud's perspective was actually very much in tune with the revised version of neuron doctrine.

The synapse (synaptic cleft) was first seen by electron microscope in 1954. Hodgkin and Huxley (1952) won a Nobel Prize for defining the action potential and its chemistry (classically, an all-or-nothing response, passing down the neuron in the form of a depolarization wave that moves inside, contingent upon the movement of electrolytes such as sodium ions, mostly outside the cell, and

potassium ions, mostly inside the cell, though they move outside during the electrical depolarization wave). By 1959, however, we also knew that, rather than having an all-or-nothing quality, electrical discharge in neurons is graded and it decays over distance (Bullock et al. 2005, p. 791).

Let us consider neuronal gap junctions or gap junction channels, which are a type of junction between two cells through which ions and small molecules can pass. Synchronized cellular responses to a variety of intercellular communication is allowed through the regulation of the direct passage of low-molecular-weight metabolites (<1000 daltons) and ions between the cytoplasm of adjacent cells. In other words, gap junctions are actually protein pores in cell membranes that are small aqueous channels (for example, potassium or sodium channels, themselves influenced by calcium), and these are widespread in mammalian nervous system neurons, just as synapses are widely distributed. Moreover, these gap junctions can "synchronize neuronal firing" (Bullock et al. 2005, p. 791), just as synapses can. We know, further, that these gap junctions do not fire all the time, but are modulated by transmission from chemical synapses of the same "presynaptic" neuron (Bullock et al. 2005, p. 792). And, to make things even more complicated, unexpectedly, gap junctions exist between neurons and glial cells, not just between neurons. This latter finding was not anticipated but is now fully documented.

Still another complexity involves *neuromodulation* and *neuromodulatory substances* (for example, amines and neuropeptides). The time range of their effects on neurons can extend reactions to minutes or hours, in contrast to the time frame of thousandths of a second for classical synaptic events. Behavior, learning, and memory are clearly influenced by the effects of neuromodulators on neurons. M.-M. Mesulam (2000), at Northwestern Feinberg School of Medicine, has contributed to this area of knowledge by demonstrating that such neurotransmitters—when released and *diffused broadly* within the brainstem, for example (rather than via synapses)—can have a broad impact. Obviously, this makes tracing neurotransmitter pathways within the brain dramatically more dif-

ficult than merely following patterns of synaptic connectivity. Thus, we have glial cells and neurons communicating with each other in complex ways, and employing unusual methods, rather than generating simple depolarizations and neurotransmitter release at *localized* synapses only.

Moreover, there is a new understanding in the past decade that action potentials sometimes actually travel backward from the axon into the soma of the neuron and then into the dendrites! Obviously, this complicates the dendrites' response to input from other neurons. The types, densities, and properties of the newly recognized, voltage-gated ion channels are obviously very diverse (Bullock et al. 2005, p. 792).

And we have not exhausted the subject of neuronic/glial relations (deserving of a separate, special review). An example of recent significant findings in this area is that glial cells provide various supplies to neurons, thus enabling neurons to fulfill their functions, such that, without glial support, neurons could not accomplish what they ordinarily do. Naturally, this finding undermines our theory that neurons constitute the leading edge of neuronic transmission of critical information; instead, we may begin to reconceptualize the brain as a complex system in which neurons and glial cells work together by various means to keep each neuron functioning optimally and to provide the hypercomplex functions we associate with minds and brains. Moreover, we now know that glia can give birth to new neurons (Bullock et al. 2005, p. 792), affecting the hippocampal areas in each temporal lobe, the olfactory nerves, and no doubt in other areas as well.

One additional surprising complication is the discovery that the surface receptor known as *dfrizzled2,* at the neuromuscular junction, when bound by a particular ligand, releases a fragment that travels to the nucleus of the cell and signals synapse formation (Mathew et al. 2005)! Thus, the neuromuscular junction also plays a previously unknown role in synaptic activity.

There are, of course, many implications for psychoanalysis that flow from this totally new understanding of intercellular communication within the brain. One obvious conclusion is that we need

to consider those functions that have time courses over longer periods as a result of their relationship to neural systems that operate in such a manner. This means, for example, paying more attention to such structures as the *periaqueductal gray* (PAG), which has much to do with managing human affectivity, and is also beginning to give us a much greater appreciation of what happens in dreaming —the royal road not only to the Freudian unconscious, but also to appreciating memory consolidation mechanisms and their impact on our affects, goals, and psychological development.

PART III: PROTEIN CELLULAR PATHWAYS: A NEURO-PSYCHOANALYTIC PERSPECTIVE

Background

Clearly, the human brain is influenced by various levels of control: at the level of genes, transcription factors, and various proteins; at that of cellular-synaptic and gap-junction levels, involving neurons and glia (astroglia and oligodendroglia); and at the levels of other neurocellular networks and functional systems. How the information in our genes gets transferred from DNA to RNA, and is expressed, stored, or destroyed in various protein (polypeptide) systems or so-called pathways that control the complex chemistry of cells, is a most important matter of study that has rarely been summarized and examined for a psychoanalytic purpose.

A major problem for neuropsychoanalysis is the very great challenge of correctly distinguishing what is especially relevant among the research findings in adjacent sciences and what is not. A subsidiary issue is the need to appreciate complexity in the organization of the mind and brain without oversimplifying our theories. Previously (Levin 2002), I presented background information on cytokines and their abilities to turn genes on and off, reporting especially on the work of Eric Kandel et al., among others. I explained that the brain and immune system are currently considered to make up a single system (the *neuroimmune network,* or NIN) with multiple aspects. Importantly, the NIN plays a role in memory such

that emotional attention activates new synapse formation (Levin 2003).

Here I will briefly summarize work on P-Bodies, on the various kinds of RNA—including mRNA (messenger RNA), miRNA (micro RNA), rRNA (ribosomal RNA), tRNA (transfer RNA), and RNAi (interference RNA)—and on mRNA degradation. Regarding the latter, I will describe Dicer, RISC, and Argonaute, elements in a complex system that regulates mRNA. This should help us better appreciate the importance of proteins in the form of systems (pathways) involving cofactors, cytokines, gene activators, and in-activators (those cytokines also known as *transcription factors*), all of which ultimately exert a powerful influence on the final outcome of the processing of important cognitive and emotional information, and generally upon behavior in our species.

Apoptotic (self-destructive) cellular pathways are also noted, along with the subject of endonucleases for their relevance to cancer (as well as for development in particular), and, more generally, for what they tell us about gene functioning. Increasingly, understanding human behavior psychoanalytically will involve combining detailed genetic information with interacting environmental information, where the genetic–environmental interaction occurs at multiple levels within mind and brain.[1]

P-Bodies (also known as *GW* or *Dcp bodies*) are the tiny speckles discovered ten years ago by Caponigro and Parker (1995) at the University of Arizona, while working on yeast cells; P-Bodies are the sites of both storage and degradation of RNA, and are considered "the heart of the cell's machinery for regulating protein synthesis" (Marx 2005, p. 764). To appreciate the significance of P-Bodies, it may be helpful to review the six steps in protein synthesis, as follows:[2]

1. First, the reading of genes to create *messenger RNAs* (mRNAs) from DNA takes place. This, of course, occurs

[1] See, especially, the contributions of Ambros (2006), professor of genetics at Dartmouth Medical School and winner of the 2006 Genetics Society of America Medal for his work on the role of miRNA in development and behavior.

[2] For more information about these processes, see Freeman 2000/2002.

in the cell nucleus, where DNA (in the form of chromosomes) is located.

2. *Messenger RNAs* are made up of a large and a small ribosomal subunit, along with the initiating transfer RNAs (tRNA), which assemble onto the mRNA.

3. The ribosome (located in the cell cytoplasm) is then correctly positioned at the initiation codon by two RNA elements, *A* and *P*. Just upstream of the initiation codon is what scientists call a *Shine-Dalgarno sequence,* which pairs with the 3'-end of 16S ribosomal RNA (rRNA).

4. The next step is called *translation elongation* and involves several substeps. First, with the initiator tRNA placed at the P site of the ribosome, aminoacytl-tRNA enters the ribosome at the A site.

5. Next, the amino acid at the P site is transferred to the tRNA at the A site. (The tRNA is constructed of a short backbone with three bases on the other side, coding for a particular amino acid; the tRNAs are assembled in units in this way, specifying one amino acid at a time, until all such amino acids are lined up in series and connected to each other, thus forming the correct protein [polypeptide] that represents the instruction set of a particular gene.) The ribosome moves one codon farther along the mRNA, releasing the empty tRNA; this cycle is repeated as the ribosome travels along the mRNA, resulting in a growing polypeptide chain. The next stage is called *translational termination,* which is triggered by a *stop codon* in the mRNA. Stop codons are recognized by *release factors,* which help release the fully synthesized polypeptide chain from the ribosome.

6. Translation then ends with dissociation of the ribosomal subunits.

In this way, the chromosomes in the nucleus of the cell are copied by mRNA, which leaves the nucleus and joins the ribosomes in the cytoplasm (cytosol). Proteins are produced at the ribosome—basically, one for each gene—and these are capable of building cell structures and of functioning as enzymes (i.e., catalysts) for various processes. They are essentially long chains of small molecules called amino acids. Different proteins are coded by using different sequences of amino acids. The four key base pairs (abbreviated *A, T, G, C*)[3] that appear in the DNA make up the code in the form of triplets, and larger stretches of this code are referred to as genes. Once produced on the ribosome, such peptides (proteins) can travel through the endoplasmic reticulum to reach other sites within the cell.

So what is going on in P-Bodies? From the above description, we can conclude that P-Bodies can operate as mRNA "chop shops." But the question then becomes: What is accomplished by the demolition of mRNA? One answer seems to be that it can help in the fight against disease (e.g., cancer, autoimmune disease, viral invasion) or excessive heat. In the case of autoimmune illness, in at least one patient, antibodies seem to have been sequestered in the P-Bodies (Marx 2005, p. 765). Betrand Seraphin and his colleagues (cited in Couzin 2005) at the CNRS Center for Molecular Genetics at Gif sur Yvette, France, have also shown that P-Bodies contain a protein called *RCK* that may help drive cancer development, and thus microRNA seems to be implicated in various human cancers. "The storage of mRNA in P-Bodies could [also] help regulate embryonic development" (Marx 2005, p. 765).

Importantly, *sometimes mRNA is not destroyed but merely inactivated,* allowing for the RNA to be reactivated again at a later time. This inactivation can also be brought about by a different mechanism, namely, a type of RNA called *RNAi,* which stands for *interference RNA.* This type of RNA was discovered about ten to fifteen years ago by researchers studying how and why certain known genetic characteristics of flowers did not penetrate as expected.

[3] The pairs are so named because *A* always matches *T* and *G* always matches *C.*

Further, Roy Parker, working with Gregory Hannon at Cold Spring Harbor Laboratory on New York's Long Island, together with George Sen and Helen Blau at Stanford University Medical School (cited in Couzin 2005), found that mRNA degradation occurs in P-Bodies, and located the proteins Argonaute 1 and 2, which are the key components of the RNAi machinery (known as *RISC*) that are concentrated in P-Bodies (Marx 2005, p. 765). Based upon the work of the Parker-Hannon team, and that of Witold Filipowicz (cited in Couzin 2005) at the Miescher Institute in Basel, Switzerland, we now know that there is also a miRNA (or microRNA), which represses the translation of mRNA into proteins without degrading it. This is accomplished, apparently, by the so-called RISC machinery active in P-Bodies. It seems that RISC proteins direct mRNAs to the P-Bodies. The picture we are beginning to form shows that mRNA moves into and out of P-Bodies, so that the P-Bodies are not dead ends, but part of a dynamic system for translation, repression, degradation, and storage.

A final note on P-Bodies: Roy Parker and Jeff Coller (cited in Couzin 2005) have shown that cells lacking two P-Body proteins (*Dhh1 p* and *Pat 1*) can no longer turn off protein translation. This and other details emerging from recent studies suggest that, *within the P-Body, there is a balance between translation at the polysome for protein synthesis and repression of protein synthesis in favor of storage of mRNA.*

The importance to psychoanalysis of the vicissitudes of the various kinds of RNA will become clearer in the next two sections of these abstracts. I apologize to the reader for the complexity of this narrative, but would like to note that it represents my personal effort to present brain science without oversimplifying it, so that we can bring our knowledge up to par with that of specialists in other areas, and so that we may better appreciate how these specialists are reaching out to us in trying to match their findings at a microscopic level to our findings at a clinical level. Our communication with scholars outside the field of psychoanalysis will facilitate a productive interdisciplinary collaboration.

The Complex Role of riRNA and Apoptotic Pathways (Apoptosis)[4]

It has recently been found that interference RNA (RNAi) and miRNAs silence gene expression, and in doing so can help provide an antiviral mechanism in plants and animals (Wang et al. 2006). The story began when Frank Slack, a biological researcher on worms, made an important discovery in 1997. He managed to delete one of the 120 known worm miRNAs in experimental worms, and found that one-half of them consequently died. Conversely, replacing the miRNA kept worms intact. Slack investigated this phenomenon and discovered that the particular miRNA deleted was *let-7,* and that its deletion prompted the overexpression of *Ras,* a gene strongly associated with cancer. So, clearly, miRNA let-7 can blunt the effect of Ras.

A paper recently published in the *New England Journal of Medicine* describes thirteen miRNAs that form a signature associated with a particular prognosis and disease progression in chronic lymphocytic leukemia (CLL). Phillip Sharp at Massachusetts Institute of Technology and Joshua Mendell at Johns Hopkins University have been extensively exploring the connection between miRNA and cancer. They have identified a cluster of six miRNAs that are associated with *c-Myc,* a proto-oncogene—that is, when the proto-oncogene is expressed, this cluster of six miRNAs is activated. Sharp and Mendell believe that these miRNAs control the balance between cell death (*apoptosis*) and cell proliferation for the particular blood elements in CLL.

Hammond and Mendell et al. conducted an experiment in which they forced the overexpression in mice of six miRNAs associated with lymphoma. After 100 days, all experimental mice and none of the controls developed lymphoma! This was the first direct-versus-indirect proof of the role of miRNAs in cancer. Shortly afterward, Carlo Croce of Ohio State University, Columbus, reported that, in two patients with CLL, the loss of two miRNAs

[4] *Abstractor's Note:* For details about the information summarized in this section, particularly about the research studies mentioned only briefly here, please refer to Couzin (2005) and/or Denicourt and Dowdy (2005).

boosted the expression of a gene promoting cell survival, thus tipping development toward leukemia. Theoretically, defects in transcription factors could also be playing a role, which was confirmed by Nikolaus Rajewsky at New York University, Michael McManus at the University of California, San Francisco, and Tyler Jacks at Massachusetts Institute of Technology's Center for Cancer Research. Another recent article by Croce et al. indicates that two patients with CLL were recently found to have miRNA mutations, confirming the suspicion that this is one pathway to cancer—that is, the flawed expression of miRNA.

Denicourt and Dowdy (2005) reported on a novel way to stop cancer that involves using new (so-called *mimetic*) molecules that activate the apoptotic programs in tumor cells. Supporting research was carried out by Walensky et al. (2004) and Li et al. (2004). The drugs these researchers have developed mimic key interactions that belong to either the receptor-dependent (extrinsic) or mitochondrial-dependent (intrinsic) apoptotic pathways of normal cells. The extrinsic pathway is associated with the cell membrane, and the intrinsic pathway centers within the organelles mentioned above—specifically, the mitochondria.

The mimetic compounds utilized were *SMAC compound 3* and *SAHB (BH3).* The first anticancer drug (which mimics SMAC) attacks XIAP (an inhibitor of apoptosis), which closely resembles the membrane-related TNI receptor superfamily called *death receptors* (TNFR1, IAI, and TRAIL). Proteins such as FDD are recruited and influence DISC (death-inducing signaling complex), which leads to the activation of caspace 8 (Casp-8), which in turn cleaves and activates Casp-3, the executioner enzyme. The second anticancer drug (which mimics BH3) heads for the mitochondria, where proapoptotic BCL2 family members BAX and BAK translocate, along with BID. BID activates BAX and BAK, which itself mediates the release of cytochrome *c* in the cytosol, which then triggers the assembly of the apotosome (APF1 and casp-9), followed by activation of casp-3 and other caspaces.

The next section of these abstracts will help pull together elements of our discussion by describing *Argonaute, RISC,* and *gene*

silencing. Briefly, the study of cancer growth is useful not only for its emphasis on treatment, but also for understanding normal development. And development is something we need to understand in order to better appreciate the developmental changes in mind-brain that occur over the human life cycle—changes that are genetically controlled but highly influenced by environmental factors, and carried out via protein–protein pathways expressing the interaction between genes and environmental input.

What about Argonaute, RISC, and Gene Silencing?

Sontheimer and Carthew (2005) have reported on Argonaute and RISC. Specifically, they credit Liu et al. (2004) and others with finding the catalytic subunit that executes RNAi—that is, that provides the "slicer" function. According to these reviewers, slicer "has been staring us in the face for years" (Sontheimer and Carthew 2005, p. 1409), but we did not see it—just as in Sophocles' play, Oedipus, the killer of Laius (Oedipus' father), was not appreciated at first to be Oedipus himself!

In most eukaryotes (organisms with cells having nuclei), RNAi (RNA interference) is one method of silencing double-stranded RNA (dsRNA) by chopping it up into strands of 21- to 23-nucleotide-long siRNA fragments. These fragments then associate with a large protein assembly called the *RNA-induced silencing complex* (RISC). A siRNA within RISC recognizes specific mRNAs through base pairing, and in this way guides RISC to the appropriate targets. The RISC complex harbors a catalytic activity that specifically cleaves the bound mRNA without affecting the guide siRNA. RISC has been known for four years, but the catalytic subunit "slicer" (the protein) has only just been identified.

Argonaute2 was the first protein subunit found in RISC. There are a number of other proteins, which form a family characterized by the presence of so-called PAZ and PIWI "domains." PAZ helps with the step of binding to siRNA that which is to be cleaved. Researchers have now demonstrated more of the details of the functions of Argonaute proteins within RISC, and, in particular, *it has been proven that Argonaute2 is "slicer."* The PIWI domain is the

precise harbor where "slicer" resides. In other words, the PIWI domain "act[s] as an endonuclease (scissors) that cleaves the mRNA strand within the siRNA/mRNA 'duplex'" (p. 1409). Other nucleases complete the process. Argonaute2-deficient mice prove its importance for development; the result is defective formation of the neural tube, heart, etc. There is much still to be understood about the role of Argonaute2 in early developmental events.

Liu et al. (2004), in their abstract, summarize the situation as follows: Gene silencing through RNAi is carried out by RISC, the RNA-induced silencing complex. RISC contains two signature components, small interfering RNAs (siRNAs) and Argonaute family proteins. The multiple Argonaute proteins present in mammals are both biologically and biochemically distinct, with a single mammalian family member, Argonaute2, being responsible for messenger RNA cleavage activity. This protein is essential for mouse development, and presumably for human development as well.

The goal of Liu et al. has been to understand the role of "slicer activity." I believe that, as we understand more about RISC and Argonaute2, we may better understand development generally. For example, Lien et al. (2006) have shown that the hedgehog pathway plays a decisive role in regulating the size of the human cerebral cortex (both the number and size of cells) during development, based upon input from so-called *adherens junctions* between cells (a critical negative feedback loop).

If we are to understand development, we need to appreciate not only the important psychological/ethological releasing factors for its various steps; we also need to appreciate the multiple biological *grundlagen* (basic structures) upon which the various releasers act, which, for all mammals, critically involves the protein pathways described in these abstracts.

Let me add an additional comment. It may be of interest to those interested in the study of cancer that, a few years ago, some research emerged on the subject of telomerase. This enzyme is produced at the ends of chromosomes and helps them potentially repair the damage that occurs when chromosomes enter meiosis (duplication). Basically, each time the chromosomes duplicate,

they shorten a tiny bit. Junk DNA at the end of the chromosome prevents things from unraveling right away, but, eventually, when the chromosome is too short, it has a choice of either going into apoptosis or becoming immortal. The latter step occurs under the influence of telomerase (it repairs the end of the gene, known as a *telomere*), and this can begin the process of unlimited growth that we call cancer.

It should be apparent from the protein pathways described that much is understood about growth, development, and behavior at the microbiological, protein-pathway, gene-activation level. What is exciting is the collaboration of neuroscientists, geneticists, and other biologists with psychoanalysts of every persuasion. As Kandel (2006) has asserted, this is our future, on the research side—to integrate knowledge at every level:

> [We need to make psychoanalysis] . . . a more rigorous, biologically based science . . . . [We need] . . . to make a serious effort to verify its concepts and show which aspects of therapy work, under what conditions, for what patients and with which therapists . . . . If we can, we will revolutionize the field. After all, Freud always said that one day in the future we will need to bring psychoanalysis and the biology of the mind together. [p. 47][5]

The protein pathways carry out all cellular processes. They turn genes on and off, generate energy for the cell, control communication, provide defenses against viruses for plants and animals, accomplish growth and development, and contribute to life and death. We are deeply engaged, via neuropsychoanalysis, in the careful, stepwise integration of biology and psychology with regard to mind and brain. We are arriving at a critical crossroad where we can remain ignorant of other disciplines' study of some of the same things that we in psychoanalysis are studying, or we can learn about these disciplines, become cross-trained, and carry out interdisciplinary research together. By opening ourselves up in the latter way, we are beginning to see which theories of mechanisms of recov-

[5] See also Adler 2006.

ery in psychotherapy or psychoanalysis make sense when examined from the perspective of complex multiple frames of reference. So far, psychoanalysis is holding its own, which should give us all more confidence.

In this sense, our understanding of brain chemistry, including, for example, Argonaute2, is not limited to knowing that it is a slicer, the RISC-related component for gene silencing; rather, in Argonaute2, we have nothing less than a symbolization in concrete terms of our determination to travel together like the "argonauts" of old into some of the great mysteries of life, and to emerge with precious new insights applicable to the amelioration of human suffering. The argument is simply this: we can better get there by combining the insights of psychoanalysis and neuroscience, and along the way learning about the details of how things work, from the perspective of multiple interdigitating points of view. Emotions are then seen to result from biological and psychological, closely correlative cascades within the mind and brain.

REFERENCES

Adler, J. (2006). After years of disfavor, Freud's theories are considered in a new light. *Newsweek,* pp. 42-46, March 27.

Ambros, V. (2006). http://www.dartmouth.edu/~mcb/faculty/ambros.html.

Bullock, T. H., Bennett, M. V. L., Johnston, D., Josephson, R., Marder, E. & Fields, R. D. (2005). Neurosciences: the neuron doctrine. *Science,* 310:791-793.

Caponigro, G. & Parker, R. (1995). Multiple functions for the poly (A) binding protein in mRNA decapping and deadenylation in yeast. *Genes & Develop.,* 9:2421-2432.

Couzin, J. (2005). Cancer biology: a new cancer player takes stage. *Science,* 310:766-767.

Denicourt, C. & Dowdy, S. F. (2005). Medicine: targeting apoptotic pathways in cancer cells. *Science,* 305:1409-1410.

Freeman, W. H. (2000/2002). Protein synthesis, animation. http://www.biostudio.com/demo_freeman_protein_synthesis.htm.

Freud, S. (1895). Project for a scientific psychology. *S. E.,* 1.

——— (1973). *Abstracts of the Standard Edition of the Complete Psychological Works of Sigmund Freud,* ed. C. L. Rothgeb. New York: Aronson.

Hodgkin, A. L. & Huxley, A. F. (1952). A quantitative description of membrane current and its application to conduction and excitation in nerves. *J. Physiology,* 117:500-544.

Kandel, E. (2006). Interview: biology of mind. *Newsweek*, p. 47, March 27.

Kolb, B. & Winshaw, I. Q. (1980). *Fundamentals of Human Neuropsychology*. San Francisco, CA: W. H. Freeman.

Levin, F. M. (2002). The neuroimmune network and its relevance to psychoanalysis. *Psychoanal. Q.,* 71:617-627.

——— (2003). *Psyche and Brain: The Biology of Talking Cures*. Madison, CT: Int. Univ. Press.

Li, L., Thomas, R. M., Suzuki, H., De Brabander, M. K., Wang, X. & Harran, P. G. (2004). A small molecule SMAC mimic potentiates TRAIL- and TNFalpha-mediated cell death. *Science,* 305:1471-1474.

Lien, W.-H., Klezovitch, O., Fernandez, T. E., Delrow, J. & Vasioukhin, V. (2006). AlphqE-Catenin controls cerebral cortical size by regulating the hedgehog signaling pathway. *Science,* 311:1609-1612.

Liu, J., Carmell, M. A., Rivas, F. V., Marsden, C. G., Thomson, J. M., Song, J.-J., Hammond, S. M., Joshua-Tor, L. & Hannon, G. J. (2004). Argonaute2 is the catalytic engine of mammalian RNAi. *Science,* 305:1437-1441.

Marx, J. (2005). Molecular biology: P-Bodies mark the spot for controlling protein production. *Science,* 310:764-765.

Mathew, D., Ataman, B., Chen, J., Zhung, Y., Cumberledge, S. & Budnik, V. (2005). Wingless signaling at synapses is through cleavage and nuclear transport of receptor dfrizzled2. *Science,* 310:1344-1347.

Mesulam, M.-M. (2000). *Principles of Behavioral and Cognitive Neurology*. New York: Oxford Univ. Press.

Poulet, J. F. A. & Hedwig, B. (2006). The cellular basis of a corollary discharge. *Science,* 311(5760):518-522.

Sontheimer, E. J. & Carthew, R. W. (2005). Molecular biology: argonaute journeys into the heart of RISC. *Science,* 305:1409-1410.

Walensky, L. D., Kung, A. L., Escher, I., Malia, T. J., Barbuto, S., Wright, R. D., Wagner, G., Verdine, G. L. & Korsmeyer, S. J. (2004). Activation of apoptosis in vivo by a hydrocarbon-stapled BH3 helix. *Science,* 305:1471.

Wang, X.-H., Aliyari, R., Li, W.-X., Li, H.-W., Kim, K., Carthew, R., Atkinson, P. & Ding, S.-W. (2006). RNA interference directs innate immunity against viruses in adult drosophila. *Science,* 312:452-454.

---

111 North Wabash Avenue
Suite 1022
Chicago, IL 60602-1905

e-mail: f-levin@northwestern.edu